



Patron in Chief:

***Prof. Dr. Ghias-un-Nabi Tayyab (Chief Executive Officer/Principal)
PGMI/AMC/PINS/LGH & Allied Health Institutions***

Patron:

Dr. Mahmood Salahuddin (Medical Superintendent LGH)

Editor:

Dr. Nasir Mahmood Shakir (AMS Statistics/PGRs/SMB)

Sub Editor:

Amjad Riaz (SO)

Designers:

M.Ibrar (DEO)

Maria Shafique (S&D)

Sadia Hanif (JC)

Background History

A piece of land measuring one square and seven acre i.e. (256 Kanals) situated on Ferozpur, Road, Lahore was proposed for beggar house. The foundation was laid down by her Excellency Begum Naheed Sikandar Mirzaw/o Governor General of Pakistan on 27-02-1958.

The first phase of the building was completed in late 1958. An opening ceremony was held on 30-09-1958 by her Excellency Begum Naheed Sikandar Mirza. The Post-Graduate Medical Institute (PGMI) was established in 1974 in the building of Experimental Medicine Department of King Edward Medical College (KEMC), Lahore. The Lahore General Hospital started functioning in the existing building of proposed Beggar House. At that time, the hospital was used as convalescent home for the over flow of patients of Mayo Hospital, Lahore and there were no proper treatment / Diagnostic facilities available at Lahore General Hospital.

The department of Neuro-Surgery of KEMC was setup at Lahore General Hospital in 1966. This department was temporarily housed in old building till 1981.

After the birth of Post-Graduate Medical Institute (PGMI), Lahore in 1974, the Lahore General Hospital was affiliated with PGMI in July, 1975. Except the department of Neuro-Surgery, T.B & Chest; these both departments remained attached with KEMC.

In April 1984, new neurosurgery / Physiotherapy were completed, and these departments were shifted in new building (Neuro-Surgery Block).

In 1995, upon shifting of Allama Iqbal Medical College (AIMC) to its new campus, Jinnah Hospital, Lahore was affiliated with AIMC and PGMI was shifted to Services Hospital, Lahore. The Lahore General hospital was attached with AIMC. This continued till 31-05-1997 when Lahore General Hospital was re-attached with PGMI on 31-05-1997.

On 01-07-1998, the Lahore General Hospital was declared as an autonomous hospital. Dr. Sabiha Khurshid Ahmad was appointed as its first Chief Executive.

After the autonomy, new well equipped Operation Theaters of Urology and Orthopaedics were started, which lowered the huge burden of patients. The Surgical Operation Theatres were renovated and new Recovery Room added to it. A laundry Plant was also installed. Seven rooms for private patients declared in general side in addition to eighteen rooms of Neuro-Surgery Department.

At present, the PGMI consists of following components:

Educational Component:

1. Ameer ud Din Medical College (AMC)
2. Post-Graduate Medical Institute (PGMI)
3. College of Nursing (CON)
4. Institute of Allied Health Sciences (IAHS)

Healthcare Services Components:

1. Lahore General Hospital (LGH)
2. Punjab Institute of Neuro-Sciences (PINS)

Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Bed Occupancy Situation

Department/Unit	Installed	Beds in Use	Reasons for not utilizing Beds as per allocated strength
Peads Emergency	20	12	-
SurgicalEmergency	20	21	-
MedicalEmergency	42	42	2 Beds reserved for on duty doctor's use
Neuro Emergency	20	22	-
Ortho Emergency	17	20	-
Gynae Emergency	34	29	-
Surgical ICU Emergency	6	6	-
Triage Room		10	
Dangue+Congu		4	
CCU Emergency	9		-
E SOT Recovery Room	4	6	-
Gynae U - I	34	24	-
Antinatal U - I	20	20	4 Beds reserved for on duty doctor's use
Gynae U - II	22	22	4 Beds reserved for on duty doctor's use
Antinatal U - II	20	12	-
GOT Recovery Room	5	5	-
Medical-I	60	65	-
Medical-II	64	63	-
Medical-III	43	43	-
Medical I,II,III	28	27	
Gastroenterology	40	38	-
Hemodialysis	34	35	-
Urology	70	9	52 Beds not being utilized due to construction
Nephrology	12	12	-
Ortho-I	60	43	28 Beds not being utilized due to construction
Ortho-II	36	34	9 Beds not being utilized due to construction
Plastic Surgery(W-18)	24	24	4 Beds not being utilized due to damage
Neurology (South) PINS	42	39	-
SURGICAL-I	62	62	14 Beds not being utilized due to non-availability of space
SURGICAL-II	77	29	51 Beds not being utilized due to renovation of ward
SURGICAL-III	54	43	22 Beds are spare and need to be shifted to other departments
Surgical ICU Phase III	12	12	-
PAEDS	70	70	-
E.N.T- I	20	18	-
E.N.T- II	18	18	-
Neuro I HDU PINS	13	8	-
Neuro I ICU PINS		13	-
Neuro I Male (South)PINS		46	
Neuro I Female (North)PINS		42	-
Neuro Emergency(North)PINS		22	19 Beds not being utilized due to renovation in the Ward
Neuro Emergency(South)PINS		41	-
Neuro. ICU Emergency PINS		12	1 Bed not being utilized due to renovation in the Ward
Neuro. II ICU PINS		10	-
Neuro II Male.(South)PINS		54	-
Neuro II Female.(North)PINS		37	1 Bed not being utilized due to non-availability of space
Neuro III HDU PINS		10	-
Neuro III ICU PINS		12	-
Neuro III Male.(South)PINS		40	-
Neuro III Female.(North)PINS		31	-
HDU PINS 6th Floor			All Beds not being utilized due to construction
PINS Private Rooms	10		-
Eye I	35	31	3 Beds are for doctor's use on duty
Eye II	24	21	-
Eye III	20	17	-
Skin (W - 21)	21	22	-
Psychiatry	34	34	-

Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

TB & Chest	20	29	-
TOTAL	1681	1433	248

Protocols for overflow Beds

Bed capacity is a limited resource in all hospitals. The overpopulation of patients in a specialized Healthcare Establishment (HCE) results in patients being discharged before they have fully recovered in order to make beds available for more critical patients. Cases have been reported where patients share beds, are allocated to mattresses in hallways, patients to be left on ambulance stretchers, patient trolleys or in wheelchairs because patients cannot be allocated to beds. Each bed must have the right resources, such as oxygen access, communication to the nursing station and telemetry.

To compensate for the shortage of beds in public hospitals, extra beds are placed in the wards and in departments such as Paediatrics or Neonatal ICU. Previous statistics showed that, on average, the tertiary level care hospitals had a bed occupancy rate of 73% to 75%. Some of the mega tertiary hospitals like PIMS Islamabad and Mayo Hospital, Lahore had the highest occupancy of 105% on average. This high rate can be attributed to patients sharing beds or admitting more patients than the number of available beds. The high occupancy rates cause difficulties in the optimization of capacity utilization when manual allocations of beds are made.

The Lahore General Hospital, Lahore is a Tertiary level HCE with total bed strength of 1686. On the average, approximately 4000 patients visit the OPDs of LGH and PINS, Lahore on daily basis, while approximately, 2000 patients visit the Emergency Departments. On the average, as calculated on the basis of statistical data collected, about 174 to 210 patients are admitted in this institution daily.

The shifting of the newly admitted patients in proper wards, allocation of beds for these patients in their relevant units/departments requires a atomized system with minimal problems. This can only be achieved through correct data regarding bed occupancy of various departments. It was observed that few departments of this institution e.g. Gynecology and Pediatrics, admit patients without keeping in view the number of vacant beds available with them. This situation resulted in mismanaging overflow of admissions.

Keeping in view the current situation, it was decided that in future, all the clinical departments of LGH/PINS should admit patients in accordance to the statistical data pertaining to their department / unit. Following protocols were evolved to manage over flow:

Patient should not be admitted/shifted on a bed already occupied by a patient, doubling or tripling on beds is not allowed at all. Under-utilized/vacant beds should be shared with other units facing over flow

Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

The length of stay of patients in a bed should be as per standards, the patient should not be kept in ward un-necessarily on the reasons like excuses of human neglect like delay in collection of lab. reports etc.

In case an admission is received in the unit/department, the SR/Nursing Incharge (on duty) must ensure that newly admitted patient be allocated a vacant bed only

In case beds in Unit/Ward are fully occupied, and no bed is available, the stable patient(s) may be shifted to the Unit/Ward where vacant beds are available as per information given in the above table

The treating Staff will be responsible to manage the shifted patients

The Director Emergency will ensure management of over flow patients as per formula given above. However in case any change in shifting patients to another vacant bed, the concerned ward managers may be taken on board

The Officers deputed to inspect the unit/wards to check the implementation of above yardsticks. If two or more patients are found occupying a single bed, strict disciplinary action will be taken against the responsible(s)

Importance of Statistical Data

Data is the fuel for success for any size organization across all organizations. Insights from data help organizations to innovate and make smarter decisions based on facts, instead of gut feeling. Being data-driven is about giving the decision makers the power to explore data and make predictions.

Descriptive statistics summarize the utility, efficacy and costs of medical goods and services. Increasingly, healthcare establishments employ statistical analysis to measure their performance outcomes. The Healthcare establishments implement data-driven, continuous quality improvement programmes to maximize efficiency. The Government gauges the overall health and well-being of populations with statistical information.

The healthcare statistics are critical to allocate and production efficiency. Inevitably, allocation decisions involve trade-offs--the costs of lost or missed opportunities in choosing one economic decision over another. Reliable statistical information minimizes the risks of healthcare trade-offs.

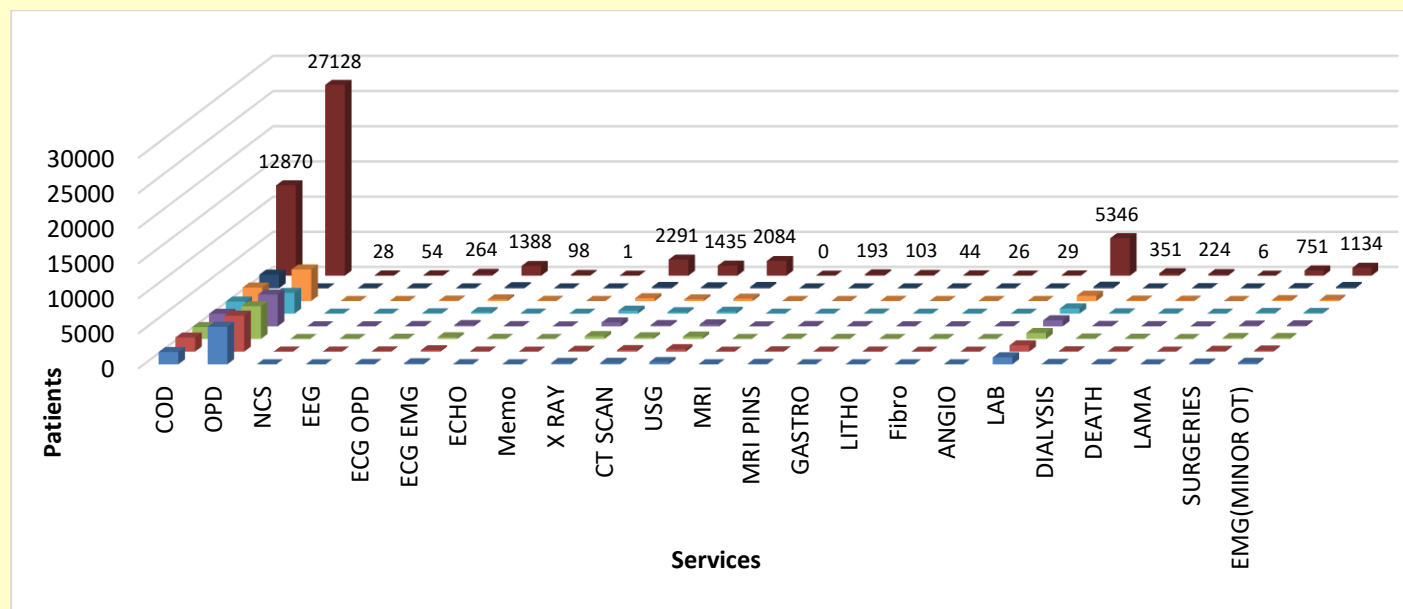
Public and private healthcare administrators, charged with providing continuums of care to diverse populations, compare existing services to community needs. The statistical analysis is a critical component in a needs assessment. Statistics are equally important to pharmaceutical and technology companies in developing product lines that meet the needs of the populations they serve.

Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Services Provided

Week 5, 2018

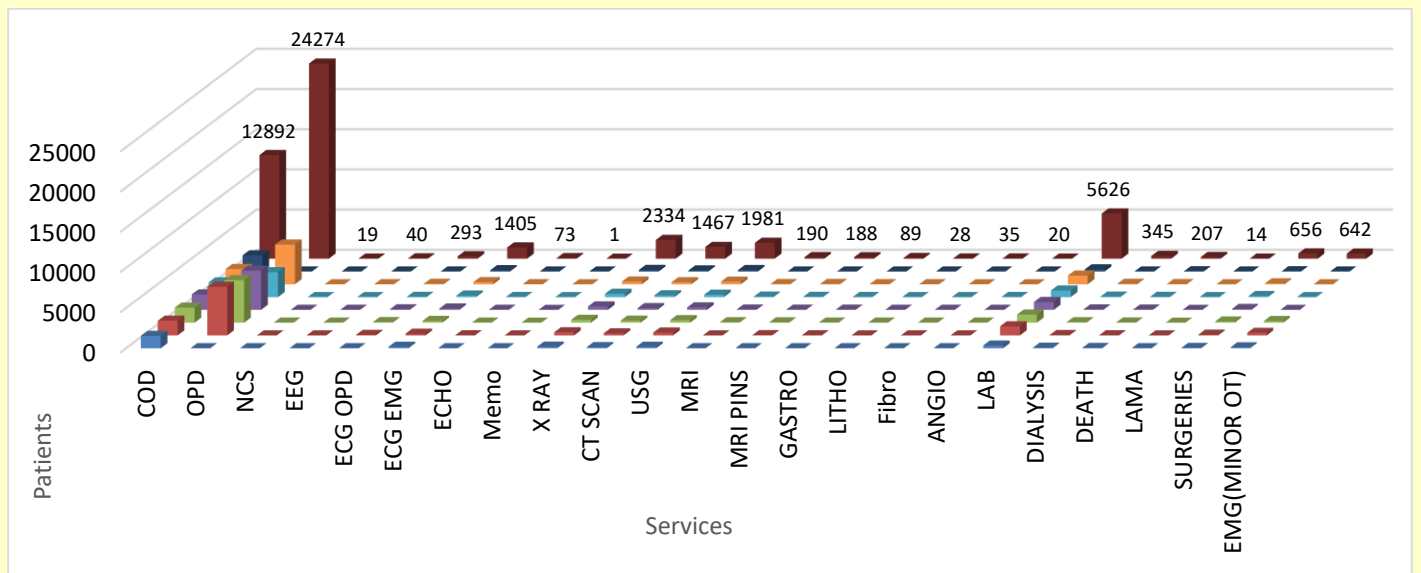
DATE	29-1-2018	30-1-2018	31-1-2018	1/2/2018	2/2/2018	1/2/20182	1/2/20183	Total
COD	1750	2020	1700	1790	1730	1920	1960	12870
OPD	5345	5131	4662	4532	2956	4502	Sunday	27128
NCS	5	5	3	5	4	6	0	28
EEG	14	11	10	8	4	7	0	54
ECG OPD	43	31	44	39	49	58	0	264
ECG EMG	140	207	238	186	217	235	165	1388
ECHO	17	16	17	18	10	20	0	98
Memo	0	1	0	0	0	0	0	1
X RAY	191	112	407	550	427	400	204	2291
CT SCAN	207	223	242	178	201	230	154	1435
USG	316	350	339	281	274	331	193	2084
MRI	0	0	0	0	0	0	0	0
MRI PINS	61	46	46	40	0	0	0	193
GASTRO	14	17	20	20	8	24	0	103
LITHO	7	8	7	6	7	9	0	44
Fibro	9	0	0	3	1	13	0	26
ANGIO	3	2	3	7	7	7	0	29
LAB	994	902	855	862	747	749	237	5346
DIALYSIS	62	52	64	60	58	55	0	351
DEATH	33	32	34	30	28	36	31	224
LAMA	4	1	0	0	0	0	1	6
SURGERIES	108	123	142	113	104	126	35	751
EMG(MINOR OT)	210	160	135	153	105	169	202	1134



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 6, 2018

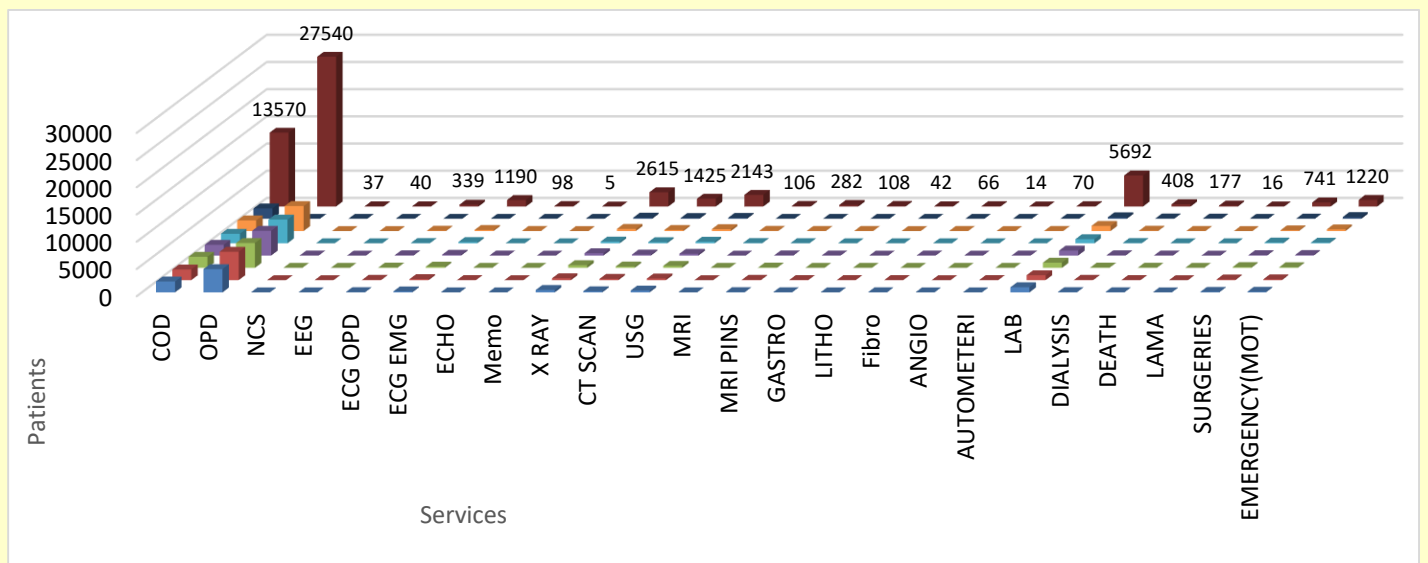
DATE	5/2/2018	6/2/2018	7/2/2018	8/2/2018	9/2/2018	10/2/2018	11/2/2018	Total
COD	1538	1832	1867	1918	1830	1900	2007	12892
OPD	holiday	6065	5285	4883	3097	4944	Sunday	24274
NCS	0	4	4	4	3	4	0	19
EEG	0	6	10	13	2	9	0	40
ECG OPD	0	72	62	70	30	59	0	293
ECG EMG	180	218	219	168	187	272	161	1405
ECHO	0	19	16	16	8	14	0	73
Memo	0	1	0	0	0	0	0	1
X RAY	203	401	346	424	421	344	195	2334
CT SCAN	133	261	251	221	223	247	131	1467
USG	191	367	313	312	292	326	180	1981
MRI	0	0	52	47	55	36	0	190
MRI PINS	0	41	40	32	34	41	0	188
GASTRO	0	24	13	25	14	13	0	89
LITHO	0	4	3	11	3	7	0	28
Fibro	0	11	7	14	0	3	0	35
ANGIO	0	2	5	5	5	3	0	20
LAB	334	1134	1003	982	817	1088	268	5626
DIALYSIS	58	52	61	58	56	60	0	345
DEATH	36	25	17	40	30	27	32	207
LAMA	7	1	0	2	2	2	0	14
SURGERIES	36	94	150	110	124	117	25	656
EMG(MINOR OT)	117	325	200	0	0	0	0	642



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 7, 2018

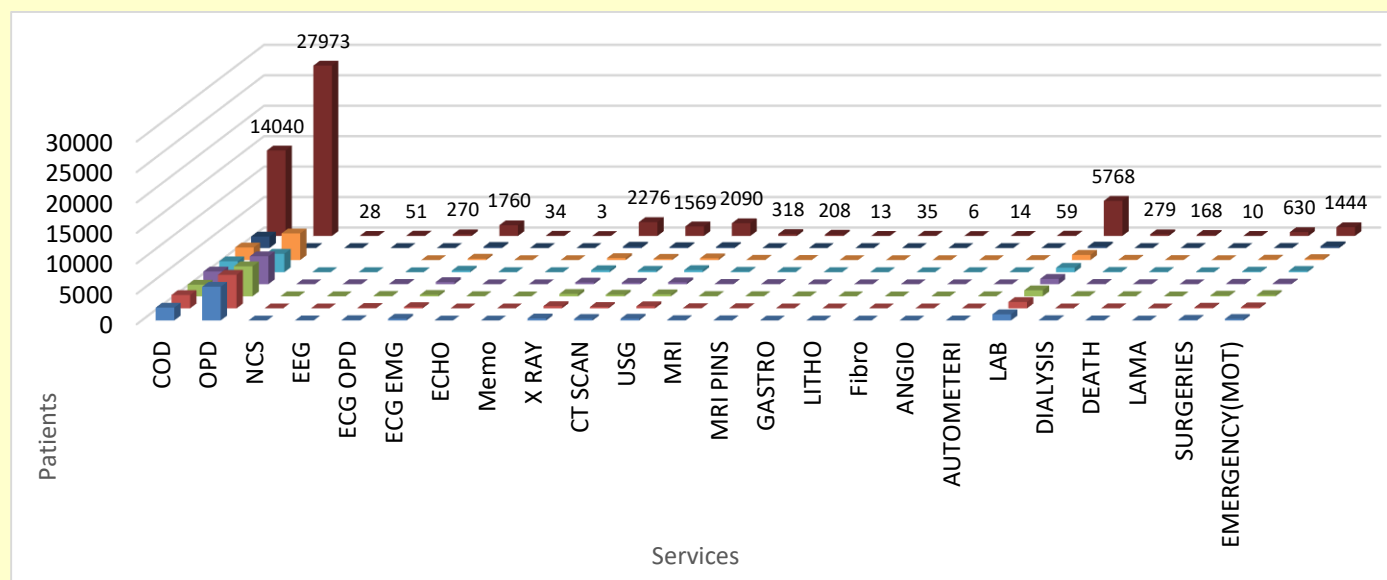
DATE	12/2/2018	13/2/2018	14/2/2018	15/2/2018	16/2/2018	17/2/2018	18/2/2018	Total
COD	2000	1960	2030	1980	1750	1950	1900	13570
OPD	4282	5211	4549	4555	4353	4590	Sunday	27540
NCS	7	6	10	9	1	4	Sunday	37
EEG	8	7	6	7	4	8	Sunday	40
ECG OPD	55	58	47	56	51	72	Sunday	339
ECG EMG	187	198	218	161	220	206	Sunday	1190
ECHO	13	13	17	19	15	21	Sunday	98
Memo	2	1	2	0	0	0	Sunday	5
X RAY	440	340	485	440	310	401	199	2615
CT SCAN	205	232	249	191	211	200	137	1425
USG	338	298	359	320	306	359	163	2143
MRI	0	0	0	0	58	48	Sunday	106
MRI PINS	54	64	44	47	42	31	Sunday	282
GASTRO	23	29	15	18	6	17	Sunday	108
LITHO	6	8	5	8	6	9	Sunday	42
Fibro	21	9	7	17	0	12	Sunday	66
ANGIO	2	4	4	4	0	0	Sunday	14
AUTOMETERI	16	8	11	9	9	17	Sunday	70
LAB	943	901	951	931	747	953	266	5692
DIALYSIS	60	58	61	61	61	57	50	408
DEATH	32	20	25	23	20	31	26	177
LAMA	4	5	2	0	4	1	0	16
SURGERIES	95	123	141	91	134	127	30	741
EMERGENCY(MOT)	120	140	110	100	120	310	320	1220



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 8, 2018

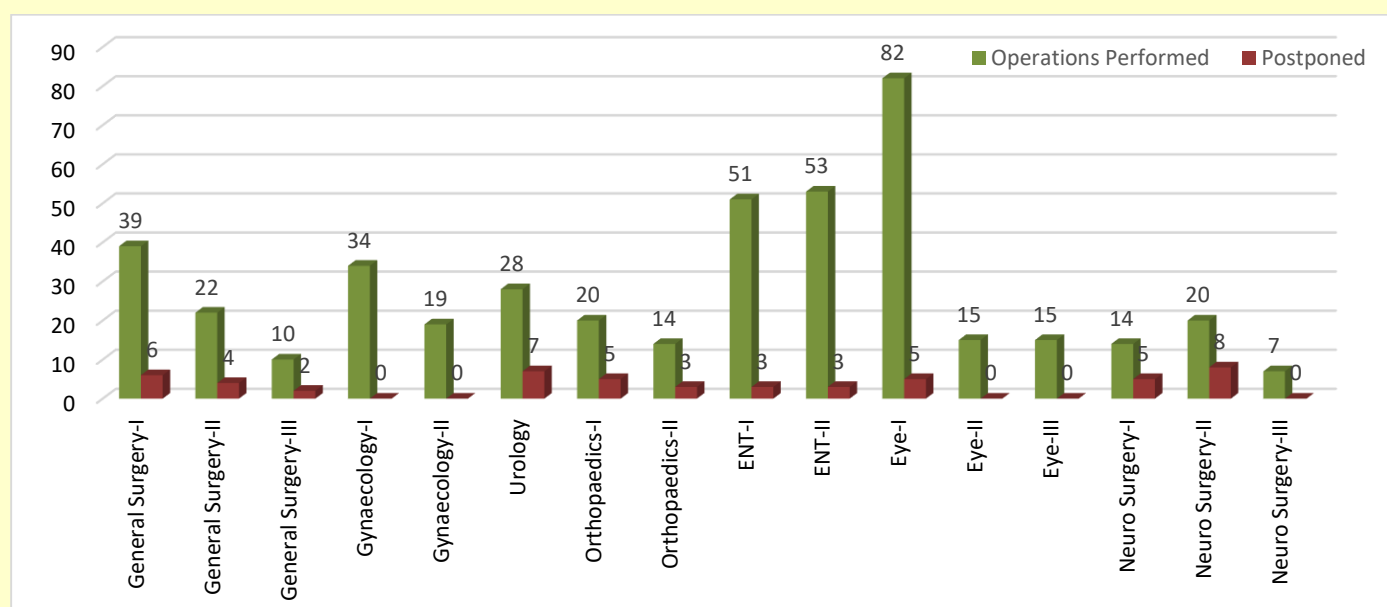
DATE	19/2/2018	20/2/2018	21/2/2018	22/2/2018	23/2/2018	24/2/2018	25/2/2018	Total
COD	2100	2200	1900	2100	1786	2076	1878	14040
OPD	5532	5518	4935	4593	3020	4375	Sunday	27973
NCS	4	6	8	6	4	4	Sunday	28
EEG	12	12	8	14	5	9	Sunday	51
ECG OPD	53	76	74	67	0	0	Sunday	270
ECG EMG	284	215	235	364	242	227	193	1760
ECHO	0	0	27	0	7	0	Sunday	34
Memo	0	0	1	1	1	0	Sunday	3
X RAY	326	381	392	276	334	338	229	2276
CT SCAN	246	236	260	247	226	210	144	1569
USG	283	355	327	319	341	303	162	2090
MRI	49	51	46	52	67	53	Sunday	318
MRI PINS	31	42	33	32	38	32	Sunday	208
GASTRO	3	6	3	0	1	0	Sunday	13
LITHO	4	7	8	7	3	6	Sunday	35
Fibro	4	0	2	0	0	0	Sunday	6
ANGIO	3	2	2	2	3	2	Sunday	14
AUTOMETERI	13	12	7	7	5	15	Sunday	59
LAB	1011	1051	988	881	725	861	251	5768
DIALYSIS	56	0	54	56	52	61	0	279
DEATH	16	28	24	25	32	17	26	168
LAMA	1	2	1	0	0	5	1	10
SURGERIES	106	128	112	84	96	75	29	630
EMERGENCY(MOT)	255	179	210	120	200	185	295	1444



Surgical Services Provided

Week 5, 2018

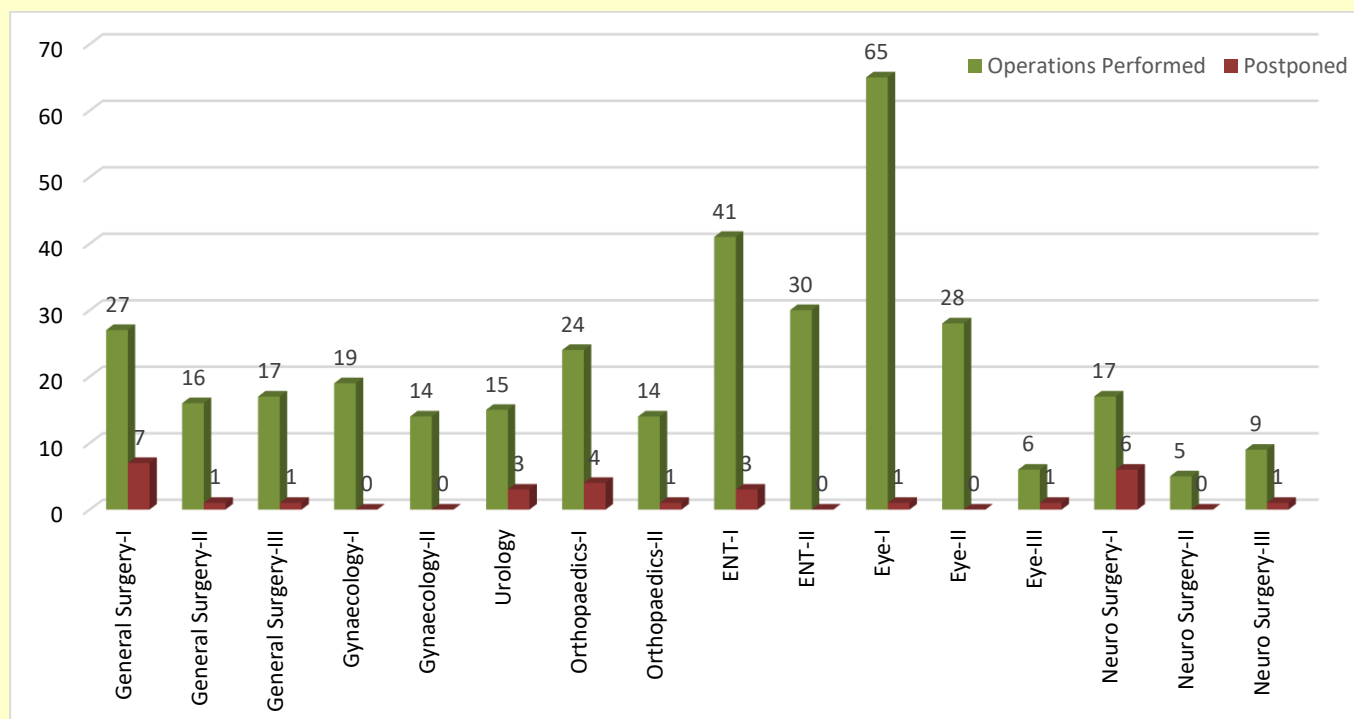
Theatre	Operations Performed							G.Total	Postponed Cases							G.Total
	29	30	31	1	2	3	4		29	30	31	1	2	3	4	
General Surgery-I	13	-	13	-	-	13	Sunday	39	1	-	4	-	-	1	Sunday	6
General Surgery-II	-	14	-	-	8	-		22	-	3	-	-	1	-		4
General Surgery-III	-	-	-	10	-	-		10	-	-	-	2	-	-		2
Gynaecology-I	6	14	-	10	-	4		34	0	0	-	0	-	0		0
Gynaecology-II	4	-	12	-	-	3		19	0	-	0	-	-	0		0
Urology	14	-	14	-	-	-		28	3	-	4	-	-	-		7
Orthopaedics-I	-	11	-	-	-	9		20	-	3	-	-	-	2		5
Orthopaedics-II	-	-	-	11	-	3		14	-	-	-	1	-	2		3
ENT-I	-	8	38	-	-	5		51	-	2	0	-	-	1		3
ENT-II	12	-	-	7	34	-		53	0	-	-	3	0	-		3
Eye-I	9	-	-	34	9	30		82	1	-	-	3	1	0		5
Eye-II	-	15	-	-	-	-		15	-	0	-	-	-	-		0
Eye-III	-	-	15	-	-	-		15	-	-	0	-	-	-		0
Neuro Surgery-I	-	7	-	-	7	-		14	-	2	-	-	3	-		5
Neuro Surgery-II	7	-	-	7	-	6		20	3	-	-	2	-	3		8
Neuro Surgery-III	-	-	7	-	-	-		7	-	-	0	-	-	-		0



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 6, 2018

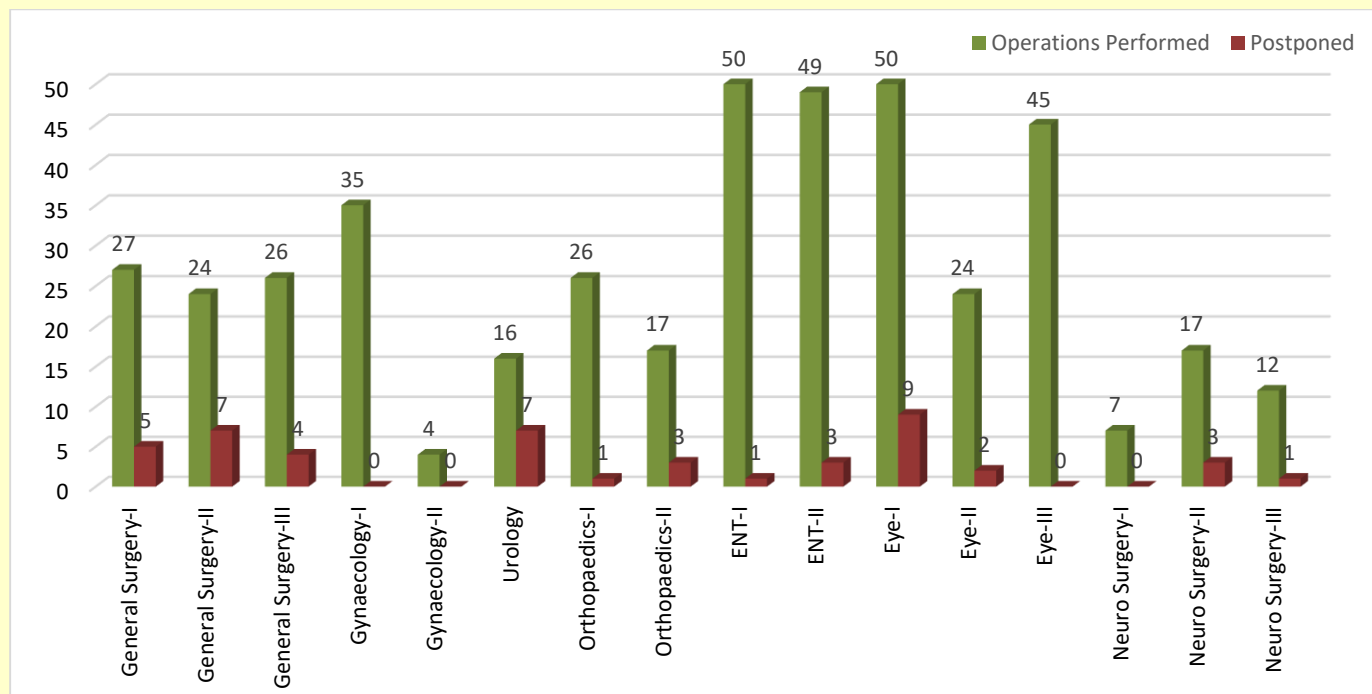
Theatre	Operations Performed							G.Total	Postponed Cases							G.Total
	5	6	7	8	9	10	11		5	6	7	8	9	10	11	
General Surgery-I	Holiday	-	12	-	-	15	Sunday	27	Holiday	-	2	-	-	5	Sunday	7
General Surgery-II		7	-	-	9	-		16		1	-	-	0	-		1
General Surgery-III		-	-	17	-	-		17		-	-	1	-	-		1
Gynaecology-I		9	-	4	-	6		19		0	-	0	-	-		0
Gynaecology-II		-	13	-	-	1		14		-	0	-	-	-		0
Urology		-	15	-	-	-		15		-	3	-	-	-		3
Orthopaedics-I		12	-	-	1	11		24		3	-	-	0	1		4
Orthopaedics-II		-	-	11	-	3		14		-	-	0	-	1		1
ENT-I		7	30	-	-	4		41		1	0	-	-	2		3
ENT-II		-	-	9	21	-		30		-	-	0	0	-		0
Eye-I		-	24	13	-	28		65		-	1	0	-	0		1
Eye-II		-	-	-	28	-		28		-	-	-	0	-		0
Eye-III		6	-	-	-	-		6		1	-	-	-	-		1
Neuro Surgery-I		5	-	-	6	6		17		2	-	-	3	1		6
Neuro Surgery-II		-	5	-	-	-		5		-	0	-	-	-		0
Neuro Surgery-III		-	-	9	-	-		9		-	-	1	-	-		1



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 7, 2018

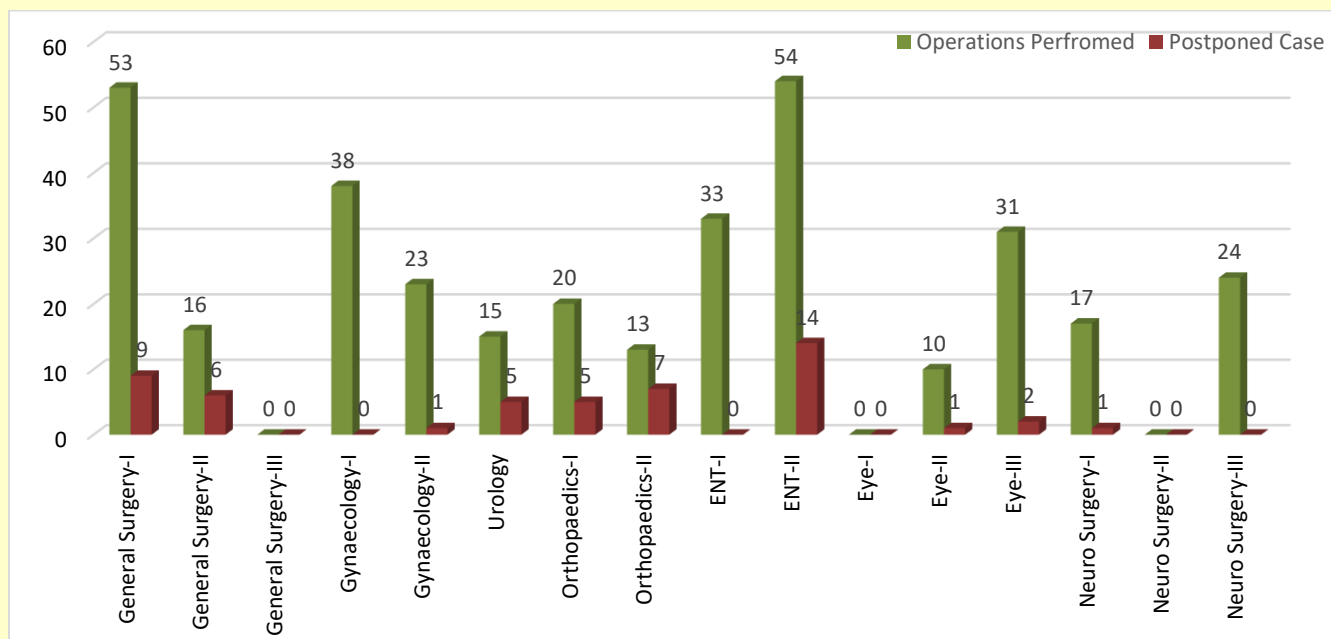
Theatre	Operations Performed							G.Total	Postponed Cases							G.Total
	12	13	14	15	16	17	18		12	13	14	15	16	17	18	
General Surgery-I	-	-	14	-	-	13	Sunday	27	-	-	4	-	-	1	Sunday	5
General Surgery-II	-	12	-	-	12	-		24	-	6	-	-	1	-		7
General Surgery-III	12	-	-	14	-	-		26	1	-	-	3	-	-		4
Gynaecology-I	10	13	8	4	-	-		35	0	0	0	0	-	-		0
Gynaecology-II	-	-	-	-	-	4		4	-	-	-	-	-	0		0
Urology	2	-	14	-	-	-		16	7	-	0	-	-	-		7
Orthopaedics-I	-	15	-	-	-	11		26	-	0	-	-	-	1		1
Orthopaedics-II	-	-	-	12	-	5		17	-	-	-	3	-	-		3
ENT-I	-	7	-	34	-	9		50	-	1	-	-	0	0		1
ENT-II	8	-	33	8	-	-		49	1	-	0	2	-	-		3
Eye-I	-	-	19	-	-	31		50	-	-	5	-	-	4		9
Eye-II	12	-	-	12	-	-		24	1	-	-	1	-	-		2
Eye-III	-	21	-	24	-	-		45	-	0	-	-	0	-		0
Neuro Surgery-I	-	-	-	7	-	-		7	-	-	-	-	0	-		0
Neuro Surgery-II	-	6	6	-	-	5		17	-	1	2	-	-	0		3
Neuro Surgery-III	8	-	-	4	-	-		12	1	-	-	0	-	-		1



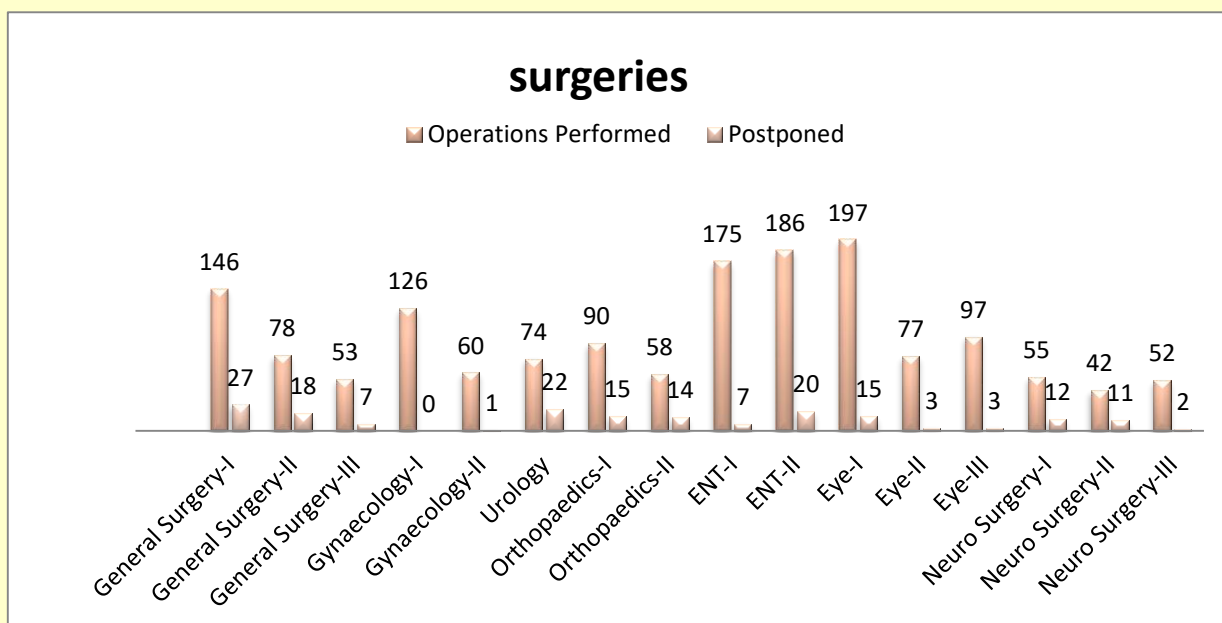
Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

Week 8, 2018

Theatre	Operations Performed							G.Total	Postponed Cases							G.Total
	19	20	21	22	23	24	25		19	20	21	22	23	24	25	
General Surgery-I	16	-	16	9	-	12	Sunday	53	3	-	1	2	-	3	Sunday	9
General Surgery-II	-	9	-	-	7	-		16	-	2	-	-	4	-		6
General Surgery-III	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Gynaecology-I	-	15	-	11	-	12		38	-	0	-	0	-	0		0
Gynaecology-II	10	-	11	-	-	2		23	0	-	1	-	-	0		1
Urology	13	-	2	-	-	-		15	5	-	0	-	-	-		5
Orthopaedics-I	-	13	-	-	-	7		20	-	1	-	-	-	4		5
Orthopaedics-II	-	-	-	9	-	4		13	-	-	-	5	-	2		7
ENT-I	-	4	29	-	-	-		33	-	0	0	-	-	-		0
ENT-II	9	-	-	6	28	11		54	3	-	-	9	0	2		14
Eye-I	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-II	10	-	-	-	-	-		10	1	-	-	-	-	-		1
Eye-III	-	31	-	-	-	-		31	-	2	-	-	-	-		2
Neuro Surgery-I	-	7	7	-	3	-		17	-	0	1	-	0	-		1
Neuro Surgery-II	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Neuro Surgery-III	10	-	-	8	-	6		24	0	-	-	0	-	0		0



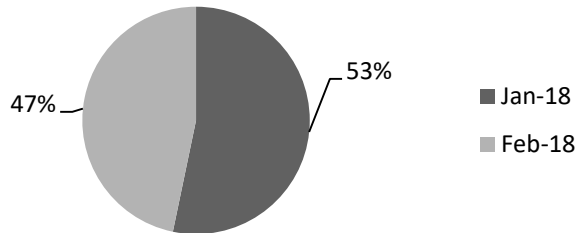
Consolidated Surgical Services



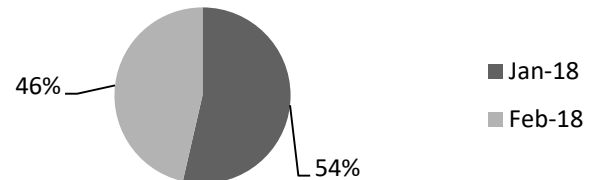
Name	Abbreviation
Post-Graduate Medical Institute	PGMI
Lahore General Hospital	LGH
Emergency Surgical Operation Theatre	E SOT
Medical	Med
Orthopedic	Ortho
Paediatrics	Paeds
Gynaecology	Gynae
Unit	U
Angiography	Angio
Left Against Medical Advice	LAMA
Lithotripsy	LITHO
Gynaecology Operation Theatre	GOT
Orthopedic Operation Theatre	OOT
Nerve Conduction Study	NCS

Name	Abbreviation
Punjab Institute of Neuro Sciences	PINS
Ameer-ud-Din Medical College	AMC
High Dependency Unit	HDU
Casualty Outdoor	COD
Out Patient's Department	OPD
Ultra-Sonography	USG
Gastroscopy	Gastro
Fibroscopy	Fibro
Laboratory	Lab
Emergency	EMG
Surgical Operation Theatre	SOT
Urology Operation Theatre	UOT
Neuro Surgery Operation Theatre	NOT
Electro Encephalography	EEG

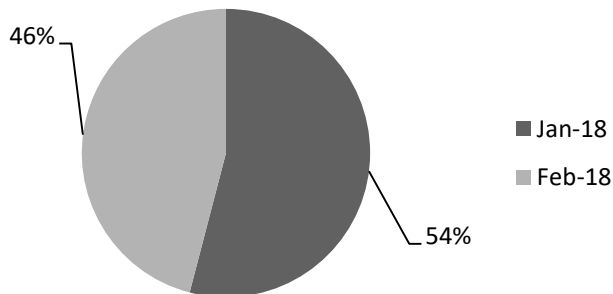
CAMPARISION OF OPD TURNOVER FOR 8 WEEKS



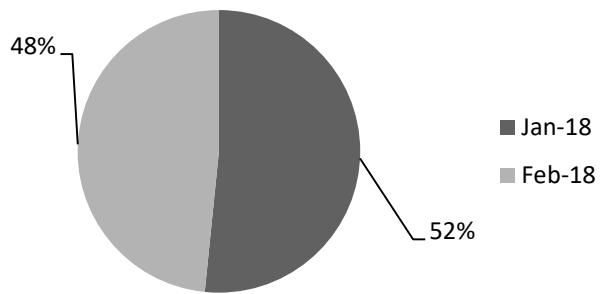
CAMPARISION OF EMERGENCY TURNOVER FOR 8 WEEKS



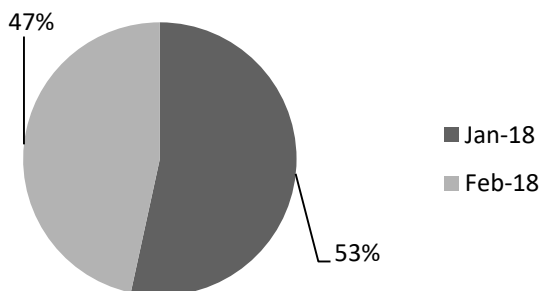
CAMPARISION OF X RAY FOR 8 WEEKS



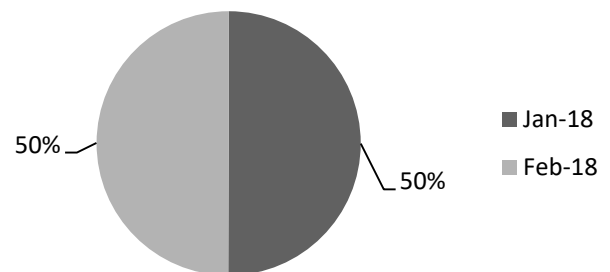
CAMPARISION OF USG FOR 8 WEEKS



CAMPARISION OF CT SCAN FOR 8 WEEKS



CAMPARISION OF MRI FOR 8 WEEKS



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

POST-GRADUATE TRAINEES CURRENTLY UNDER-TRAINING

Sr. No.	SPECIALTY / DEPARTMENT						TOTAL	Paid	Honorary
		FCPS	MS	MD	MCPS	Diploma			
1.	Anesthesia	13	14	0	0	1	28	Yes	-
2.	Dermatology	8	0	4	0	0	12	Yes	-
3.	ENT Unit-I	3	3	0	0	1	7	Yes	-
4.	ENT Unit-II	1	4	0	0	0	5	Yes	-
5.	Eye Unit-I	7	4	0	0	0	11	Yes	-
6.	Eye Unit-II	6	2	0	0	0	8	Yes	-
7.	Eye Unit-III	4	1	0	0	1	6	Yes	-
8.	Gynae Unit-I	14	7	0	0	0	21	Yes	-
9.	Gynae Unit-II	13	7	0	0	0	20	Yes	-
10.	Medical Unit-I	9	0	4	0	0	13	Yes	-
11.	Gastroenterology	15	0	3	0	0	18	Yes	-
12.	Medical Unit-II	13	0	6	0	0	19	Yes	-
13.	Medical Unit-III	15	0	2	0	0	17	Yes	-
14.	Neurosurgery Unit-I	12	9	0	0	0	21	Yes	-
15.	Neurosurgery Unit-II	13	6	0	0	0	19	Yes	-
16.	Neurosurgery Unit-III	8	7	0	0	0	15	Yes	-
17.	Orthopedic Unit-I	8	8	0	0	0	16	Yes	-
18.	Orthopedic Unit- II	3	2	0	0	0	5	Yes	-
19.	Paeds Unit-I	13	0	2	0	0	15	Yes	-
20.	Paeds Unit-II	8	0	3	0	0	11	Yes	-
21.	Psychiatry	1	0	1	0	0	2	Yes	-
22.	Plastic Surgery	3	3	0	0	0	6	Yes	-
23.	Pulmonology	5	0	2	0	0	7	Yes	-
24.	Radiology	22	0	5	0	0	27	Yes	-
25.	Neuro-Radiology	2	0	0	0	0	2	Yes	-
26.	Surgical Unit-I	17	6	0	0	0	23	Yes	-
27.	Surgical Unit-II	14	3	0	0	0	17	Yes	-
28.	Surgical Unit-III	9	9	0	0	0	18	Yes	-
29.	Urology	6	12	0	0	0	18	Yes	-
30.	Neurology	9	0	2	0	0	11	Yes	-
31.	Nephrology	4	0	2	0	0	6	Yes	-
32.	Pathology	4	0	0	0	0	4	Yes	-
TOTAL		282	107	36	0	3	428		

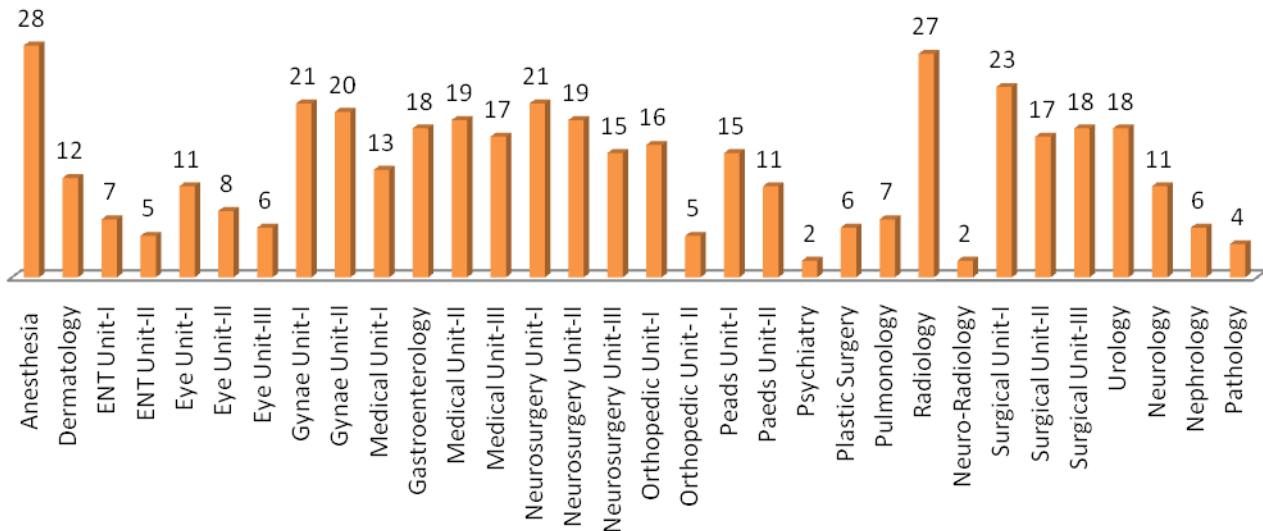
Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

IN-SERVICE PG TRAINEES

Sr. No.	Discipline/Specialty	Number of MOs/WMOs/Deputationists					Total
		FCPS	MS	MD	MCPS	Diploma	
1.	Anesthesia	1	1	0	0	0	2
2.	Dermatology	0	0	0	0	0	0
3.	ENT Unit-I	0	1	0	0	0	1
4.	ENT Unit-II	1	0	0	0	0	1
5.	Eye Unit-I	0	0	0	0	0	0
6.	Eye Unit-II	0	0	0	0	0	0
7.	Eye Unit-III	0	0	0	0	0	0
8.	Gynae Unit-I	1	2	0	0	0	3
9.	Gynae Unit-II	0	2	0	0	0	2
10.	Medical Unit-I	2	0	0	0	0	2
11.	Gastroenterology	1	0	0	0	0	1
12.	Medical Unit-II	0	0	0	0	0	0
13.	Medical Unit-III	0	0	2	0	0	2
14.	Neurosurgery Unit-I	0	5	0	0	0	5
15.	Neurosurgery Unit-II	2	5	0	0	0	7
16.	Neurosurgery Unit-III	2	7	0	0	0	9
17.	Orthopedic Unit-I	0	4	0	0	0	4
18.	Orthopedic Unit- II	0	0	0	0	0	0
19.	Peads Unit-I	1	0	0	0	0	1
20.	Paeds Unit-II	0	0	0	0	0	0
21.	Psychiatry	0	0	4	0	0	4
22.	Plastic Surgery	0	0	0	0	0	0
23.	Pulmonology	0	0	0	0	0	0
24.	Radiology	1	0	1	0	0	2
25.	Neuro-Radiology	0	0	0	0	0	0
26.	Surgical Unit-I	0	2	0	0	0	2
27.	Surgical Unit-II	1	3	0	0	0	4
28.	Surgical Unit-III	1	0	0	0	0	1
29.	Urology	1	2	0	0	0	3
30.	Neurology	0	0	0	0	0	0
31.	Nephrology	1	0	0	0	0	1
32.	Pathology	0	0	0	0	0	0
TOTAL		16	34	7	0	0	57

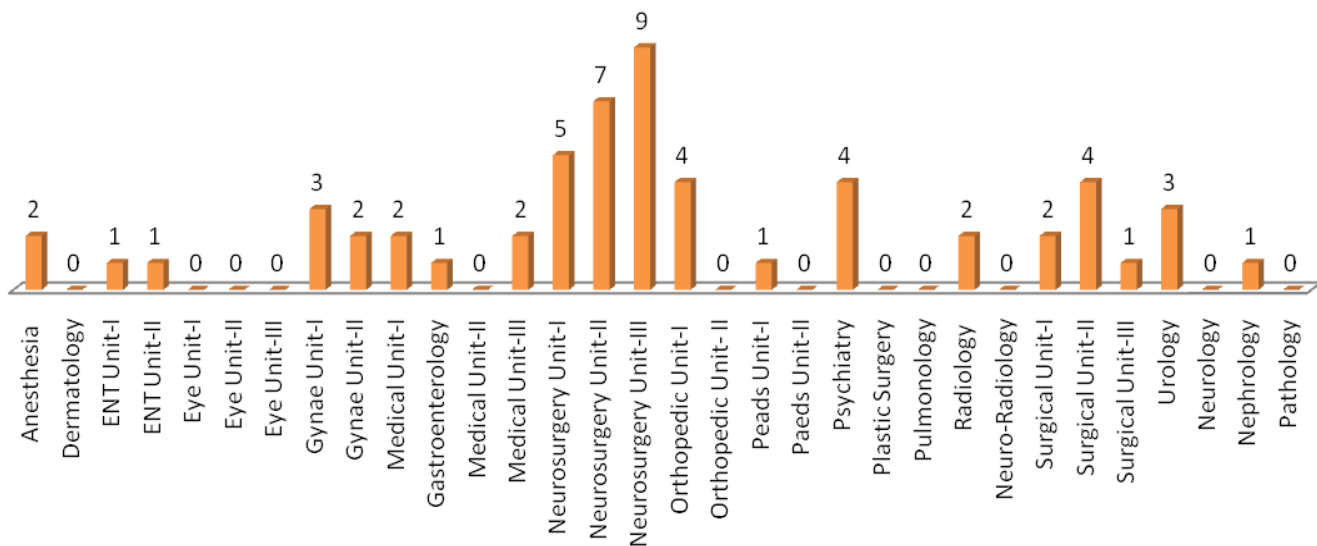
POST-GRADUATE TRAINEES

SUMMARY OF POST-GRADUATE TRAINEES



IN SERVICE

SUMMARY OF IN-SERVICE EMPLOYEES ENROLLED IN POST-GRADUATE TRAINING



Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

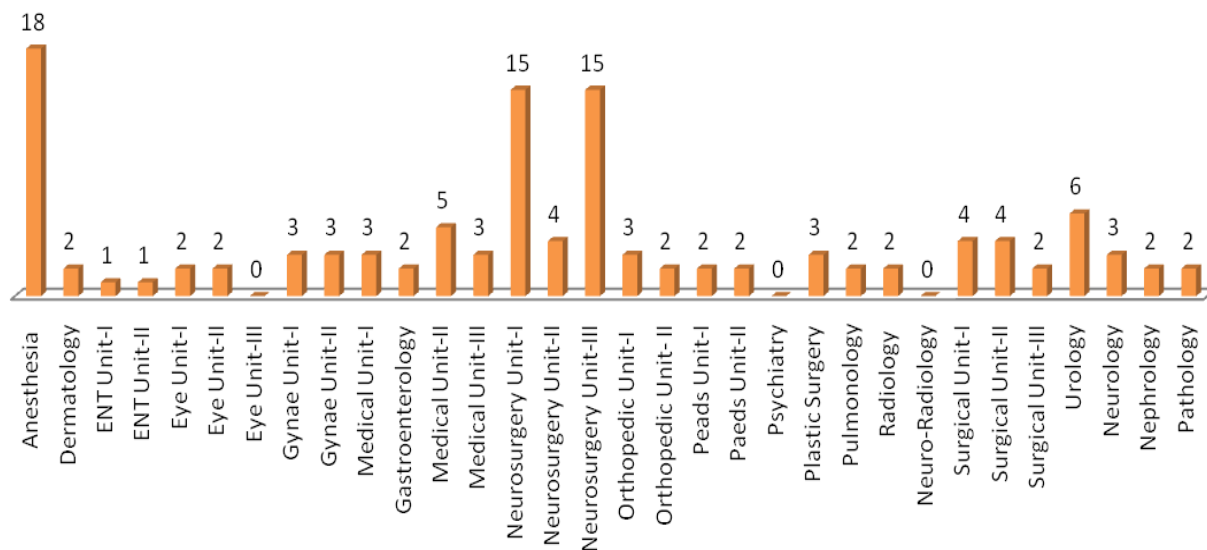
INDUCTION JANUARY 2018

INDUCTION JANUARY 2018

Sr. No.	SPECIALTY / DEPARTMENT						TOTAL	Paid	Honorary
		FCPS	MS	MD	MCPS	Diploma			
1.	Anesthesia	12	6	0	0	0	18	Yes	-
2.	Dermatology	1	0	1	0	0	2	Yes	-
3.	ENT Unit-I	0	1	0	0	0	1	Yes	-
4.	ENT Unit-II	0	1	0	0	0	1	Yes	-
5.	Eye Unit-I	1	1	0	0	0	2	Yes	-
6.	Eye Unit-II	2	0	0	0	0	2	Yes	-
7.	Eye Unit-III	0	0	0	0	0	0	Yes	-
8.	Gynae Unit-I	2	1	0	0	0	3	Yes	-
9.	Gynae Unit-II	1	2	0	0	0	3	Yes	-
10.	Medical Unit-I	1	0	2	0	0	3	Yes	-
11.	Gastroenterology	1	1	0	0	0	2	Yes	-
12.	Medical Unit-II	1	0	4	0	0	5	Yes	-
13.	Medical Unit-III	3	0	0	0	0	3	Yes	-
14.	Neurosurgery Unit-I	1	14	0	0	0	15	Yes	-
15.	Neurosurgery Unit-II	1	3	0	0	0	4	Yes	-
16.	Neurosurgery Unit-III	1	14	0	0	0	15	Yes	-
17.	Orthopedic Unit-I	3	0	0	0	0	3	Yes	-
18.	Orthopedic Unit- II	0	2	0	0	0	2	Yes	-
19.	Paeds Unit-I	2	0	0	0	0	2	Yes	-
20.	Paeds Unit-II	0	0	2	0	0	2	Yes	-
21.	Psychiatry	0	0	0	0	0	0	Yes	-
22.	Plastic Surgery	1	2	0	0	0	3	Yes	-
23.	Pulmonology	1	0	1	0	0	2	Yes	-
24.	Radiology	1	0	1	0	0	2	Yes	-
25.	Neuro-Radiology	0	0	0	0	0	0	Yes	-
26.	Surgical Unit-I	1	3	0	0	0	4	Yes	-
27.	Surgical Unit-II	1	3	0	0	0	4	Yes	-
28.	Surgical Unit-III	0	2	0	0	0	2	Yes	-
29.	Urology	1	5	0	0	0	6	Yes	-
30.	Neurology	1	0	2	0	0	3	Yes	-
31.	Nephrology	1	0	1	0	0	2	Yes	-
32.	Pathology	2	0	0	0	0	2	Yes	-
TOTAL		43	61	14	0	0	118		

INDUCTION JANUARY 2018

(NEWLY INDUCTED-SESSION JANUARY, 2018)



PGR SEATS

Old Sanctioned	Old Sanctioned Seats	515
	New Sanctioned Seats Session January, 2018	67
	Total Sanctioned Posts in LGH	582
	For Basic Sciences Posts Rotate to PGMI	55
New Sanctioned	Remaining Sanctioned Posts in LGH	527
	Total Paid PGR	425
Total Sanctioned	New Induction Session January, 2018 (Unpaid)	118
For Basic Sciences	Total PGRs With New Induction Session January, 2018	543
Remaining	Summary	
Total Paid	Remaining Paid Seats After Deduction of PGMI Seats for Basics sciences	527
New Induction	Total Paid PGRs Including New Session January, 2018	543
	Remaining Unpaid PGRs	-16

Total PGRs With New Induction Session January, 2018 543

Summary

Monthly Statistical Sitrep-II (29th Jan 2018 to 25thFeb2018)

ADP SCHEMES/PROJECTS

(FY-2017-2018)

Sr. No.	Name of Scheme / Project	Capital(Building)				Revenue(Equipment)			
		Funds Allocation (M)	Funds Released (M)	Funds Expenditure (M)	%Utilization of Funds (M)	Funds Allocation Revenue (M)	Funds Released Revenue(M)	Funds Expenditure Revenue (M)	% Utilization of Funds (M)
1	Punjab Institute of Neuro-Sciences PINS (Phase-II)	48.000	48.000	42.800	89%	5.00	5.00	Work in Progress	%
2	Punjab Institute of Neuro-Sciences PINS (Phase-III)	33.381	33.381	30.259	90.60%	266.637	266.637	Work in Progress	%
3	Rehabilitation of Phase-I,LGH, Lahore	54.827	54.827	12.466	22.73%	110.835	110.835	Work in Progress	%
4	Improvement of infrastructure including internal roads	80.514	80.514	22.400	27%	-	-	-	-
5	Establishment of Central Research Lab,PGMI/LGH	-	-	-	-	141.834	141.834	Work in Progress	%

FINANCIAL EXPENDITURE

Description	Total allocation for the Fiscal Year	Total Budget Released to Date	Expenditure to Date	Balance to Date
Salary & Allowance (Establishment Charges)	2,392,126,000	2,392,126,000	1,040,581,649	1,351,544,351
Non-Salary (Operating Expenses)	2,878,600,145	2,878,600,145	811,512,048	2,067,088,097
Utilities	173,870,000	173,870,000	110,420,334	63,449,666
Medicine	600,358,665	600,358,665	187,930,534	412,428,131
General Stores	17,150,000	17,150,000	6,287,207	10,862,793
M&R Equip/Transport/Furniture	69,144,496	69,144,496	32,681,506	36,462,990
M&R Building	110,387,959	110,387,959	69,337,993	41,049,966
Revenue Generated (From Receipt Register)				
Sr. No	Deptt.	Total Receipt	Deposited	
1	OPD	-	-	
2	Indoor	961900	961900	
3	Laboratory	1307464	1307464	
4	ECG	-	-	
5	X-Ray	486310	486310	
6	CT Scan	2506850	2506850	
7	Ultrasound	215228	215228	
8	Dental Procedures	73730	73730	
9	Ambulance	660	660	
10	Others	4886799	4886799	

Legend

Name	Abbreviation
Post-Graduate Medical Institute	PGMI
Lahore General Hospital	LGH
Emergency Surgical Operation Theatre	E SOT
Medical	Med
Orthopedic	Ortho
Paediatrics	Paeds
Gynaecology	Gynae
Unit	U
Angiography	Angio
Left Against Medical Advice	LAMA
Lithotripsy	LITHO
Gynaecology Operation Theatre	GOT
Orthopedic Operation Theatre	OOT
Nerve Conduction Study	NCS

Name	Abbreviation
Punjab Institute of Neuro Sciences	PINS
Ameer-ud-Din Medical College	AMC
High Dependency Unit	HDU
Casualty Outdoor	COD
Out Patient's Department	OPD
Ultra-Sonography	USG
Gastroscopy	Gastro
Fibroscopy	Fibro
Laboratory	Lab
Emergency	EMG
Surgical Operation Theatre	SOT
Urology Operation Theatre	UOT
Neuro Surgery Operation Theatre	NOT
Electro Encephalography	EEG