



#### Patron in Chief:

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

#### Patron:

Dr. Mahmood Salah-ud-Din (Medical Superintendent LGH)

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# **Background History**

A piece of land measuring one square and seven acres 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 Mirza w/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 departments 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)

# **B**eds Occupancy Situation

Department/Unit	Currently Installed	Beds in Use
Peads Emergency	20	12
Surgical Emergency	20	21
Medical Emergency	42	42
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
Gynae U - II	22	22
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	36
Hemodialysis	34	35
Urology	70	18
Nephrology	12	12
Ortho-I	60	30
Ortho-II	36	34
Plastic Surgery(W-18)	24	24
Neurology (South) PINS	42	39
SURGICAL-I	62	52
SURGICAL-II	77	29
SURGICAL-III	54	43
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
Neuo I ICU PINS	-	13
Neuro I Male (South)PINS	48	46
Neuro I Female (North)PINS	44	42
Neuro Emergency(North)PINS	33	22
Neuro Emergency(South)PINS	46	41
Neuro. ICU Emergency PINS	13	12
Neuro II ICU PINS	11	10
Neuro II Male.(South)PINS	40	54
Neuro II Female.(North)PINS	39	37
Neuro II Female.(North)PINS  Neuro III HDU PINS		
	14	10 12
Neuro III ICU PINS	-	12

Neuro III Male.(South)PINS	50	40
Neuro III Female.(North)PINS	33	31
6 <sup>th</sup> Floor ICU	-	9
HDU PINS 6th Floor	34	-
PINS Private Rooms	10	-
Eye I	35	31
Eye II	24	21
Eye III	20	17
Skin ( W - 21)	21	22
Psychiatry	34	34
TB & Chest	20	20
Burn Ward	05	05
TOTAL	1686	1451

# **Protocols for Managing Overflow of Patients**

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

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

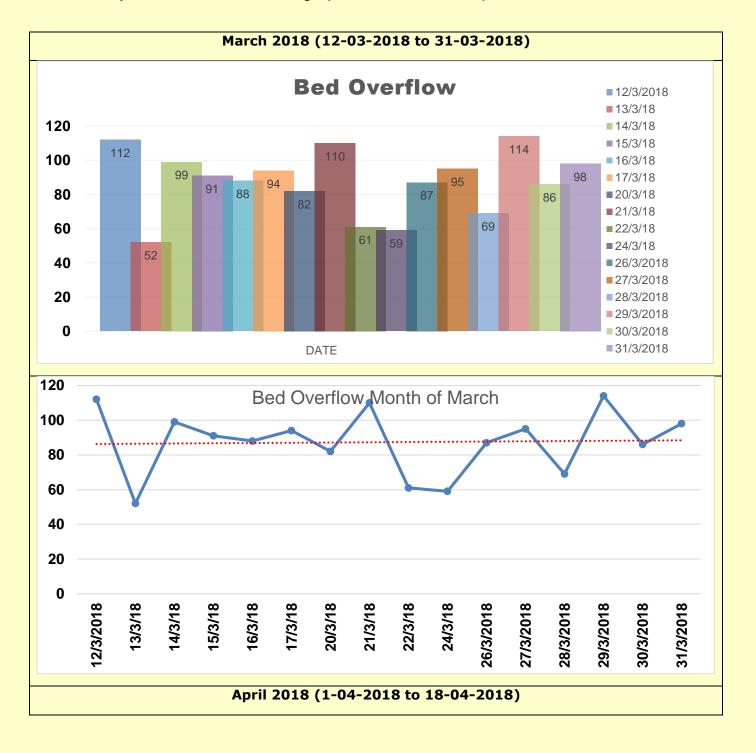
In case beds in Unit/Ward are fully occupied, and no bed is available, the stable patient(s) may be shifted to the Unit/Ward were vacant beds are available as per information given in the above table

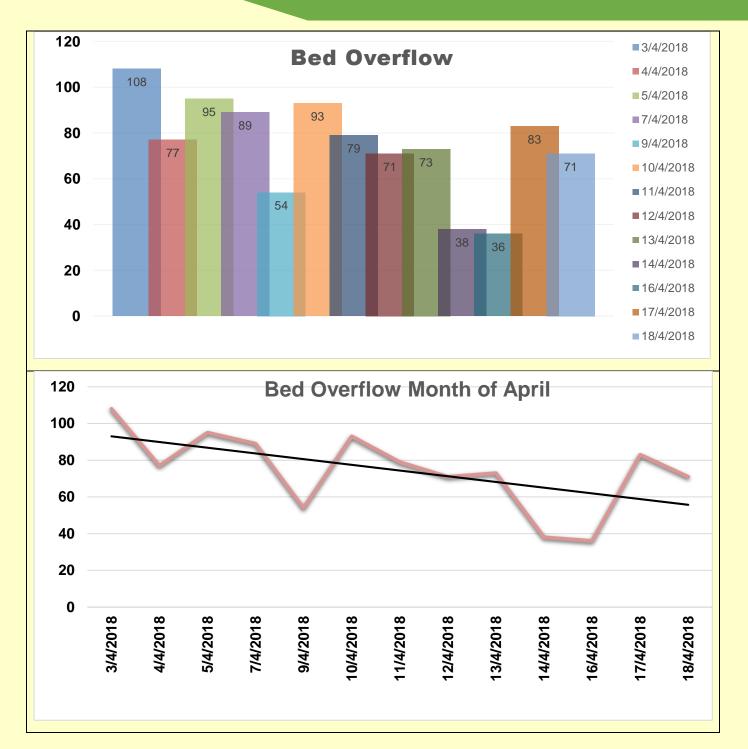
The treating Staff will be responsible to manage the shifted patients

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)

Since the start of beds management strategy, the overflow of patients has decrease considerably as is evident from the graphical trend lines depicted below:





## 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.

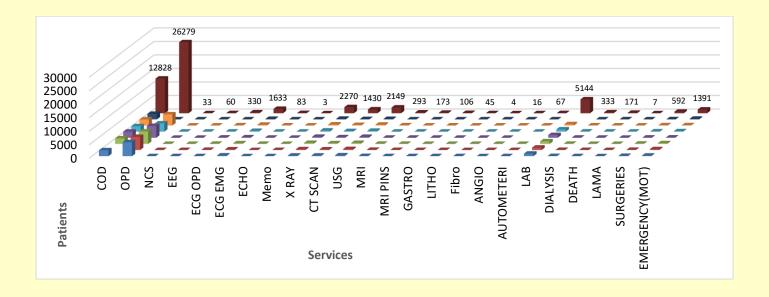
The healthcare statistics are critical to allocate and production efficiency. Inevitably, allocation decisions involve trade-offs--the costs of lost or missed opportunities in choosing one economic decision over another. Reliable statistical information minimizes the risks of healthcare trade-offs.

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.

# Services Provided

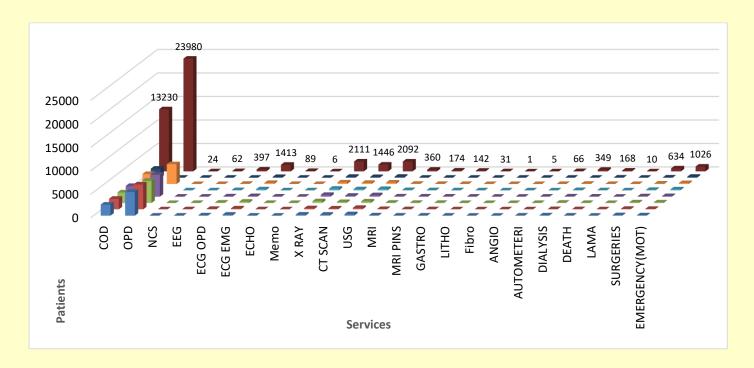
### Week 9, 2018

Date	26/2/2018	27/2/2018	28/2/2018	1/3/2018	2/3/2018	3/3/2018	4/3/2018	Total
COD	2195		2050	2284	2000	2250	2049	12828
OPD	5184	4873	4623	4387	3064	4148	Sunday	26279
NCS	12	6	3	4	2	6	Sunday	33
EEG	13	12	14	7	5	9	Sunday	60
ECG OPD	3	88	57	68	40	74	Sunday	330
ECG EMG	253	242	233	172	266	294	173	1633
ECHO	1	0	25	25	8	24	Sunday	83
Memo	0	1	0	2	0	0	Sunday	3
X RAY	210	308	356	374	406	380	236	2270
CT SCAN	221	235	226	197	217	208	126	1430
USG	300	374	358	332	324	307	154	2149
MRI	68	78	49	33	0	65	Sunday	293
MRI PINS	23	39	31	36	38	6	Sunday	173
GASTRO	15	22	11	22	11	25	Sunday	106
LITHO	9	10	9	6	5	6	Sunday	45
Fibro	4	0	0	0	0	0	Sunday	4
ANGIO	1	9	0	3	2	1	Sunday	16
AUTOMETERI	16	15	14		9	13	Sunday	67
LAB	954	893	957	1020	823	497	0	5144
DIALYSIS	54	57	56	53	52	61	0	333
DEATH	21	27	20	29	29	26	19	171
LAMA	0	1	3	0	3	0	0	7
SURGERIES	95	75	110	82	99	89	42	592
EMERGENCY(MOT)	202	325	253	87	148	117	259	1391



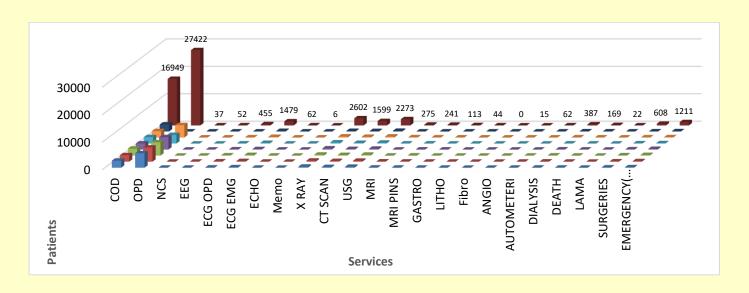
### Week 10, 2018

DATE	5/3/2018	6/3/2018	7/3/2018	8/3/2018	9/3/2018	10/3/2018	11/3/2018	Total
COD	2356	2260	2251	2298		2140	1925	13230
OPD	5041	5304	4731	4677		4227	Sunday	23980
NCS	3	4	4	8	3	2	Sunday	24
EEG	6	14	11	17	5	9	Sunday	62
ECG OPD	61	89	82	65	41	59	Sunday	397
ECG EMG	218	192	279	121	221	230	152	1413
ЕСНО	12	18	14	18	9	18	Sunday	89
Memo	1	0	1	1	1	2	Sunday	6
X RAY	228	234	386	384	355	333	191	2111
CT SCAN	211	190	209	201	239	253	143	1446
USG	319	316	339	320	291	307	200	2092
MRI	55	74	60	49	64	58	Sunday	360
MRI PINS	21	32	26	30	33	32	Sunday	174
GASTRO	24	31	25	28	14	20	Sunday	142
LITHO	4	5	4	5	4	9	Sunday	31
Fibro	0	0	1	0	0	0	Sunday	1
ANGIO	0	0	1	1	2	1	Sunday	5
AUTOMETERI	18	10	11	14	0	13	Sunday	66
DIALYSIS	61	56	63	55	53	61	0	349
DEATH	20	35	17	25	17	22	32	168
LAMA	0	3	0	3	2	0	2	10
SURGERIES	94	109	124	89	95	88	35	634
EMERGENCY(MOT)	72	99	116	123	210	198	208	1026



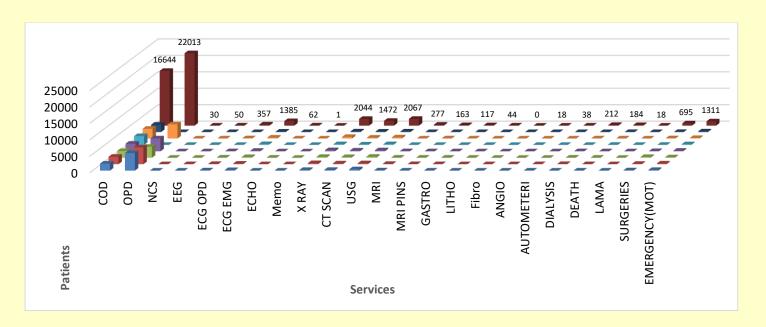
## Week 11, 2018

DATE	12/3/2018	13/3/2018	14/3/2018	15/3/2018	16/3/2018	17/3/2018	18/3/2018	Total
COD	2558	2370	2550	2245	2346	2340	2540	16949
OPD	5262	5158	4847	4510	3132	4513	Sunday	27422
NCS	5	7	7	3	6	9	Sunday	37
EEG	12	8	10	4	9	9	Sunday	52
ECG OPD	69	93	103	91	39	60	Sunday	455
ECG EMG	176	224	226	180	236	224	213	1479
ECHO	8	10	8	16	12	8	Sunday	62
Memo	2	0	0	1	0	3	Sunday	6
X RAY	413	384	369	437	426	372	201	2602
CT SCAN	243	263	228	227	235	254	149	1599
USG	349	335	352	320	324	344	249	2273
MRI	64	72	24	0	26	89	Sunday	275
MRI PINS	28	46	56	32	38	41	Sunday	241
GASTRO	18	21	18	23	10	23	Sunday	113
LITHO	6	7	7	8	5	11	Sunday	44
Fibro	0	0	0	0	0	0	Sunday	0
ANGIO	2	4	1	4	2	2	Sunday	15
AUTOMETERI	11	12	19	7	5	8	Sunday	62
DIALYSIS	58	50	63	54	50	62	50	387
DEATH	32	19	12	21	30	32	23	169
LAMA	3	2	0	5	4	3	5	22
SURGERIES	96	96	119	89	92	73	43	608
EMERGENCY(MOT)	165	196	231	265	143	116	95	1211



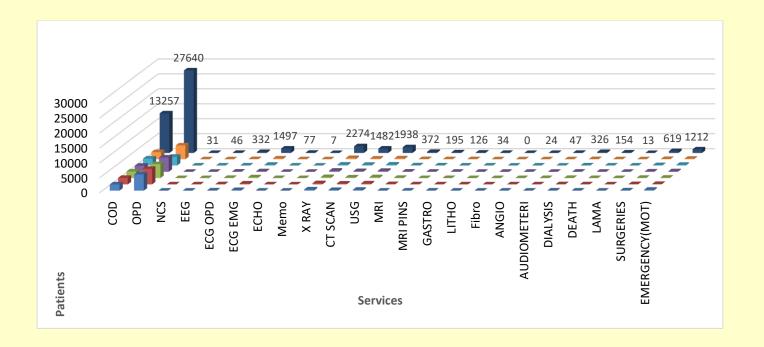
### Week 12, 2018

DATE	19/3/2018	20/3/2018	21/3/2018	22/3/2018	23/3/2018	24/3/2018	25/3/2018	Total
COD	2130	2250	2050	2330	2679	2955	2250	16644
OPD	5331	5096	3344	3942	Holiday	4300	Sunday	22013
NCS	4	6	6	7	Holiday	7	Sunday	30
EEG	9	10	6	13	Holiday	12	Sunday	50
ECG OPD	85	75	65	53	Holiday	79	Sunday	357
ECG EMG	165	165	215	171	250	268	151	1385
ЕСНО	10	0	25	15	Holiday	12	Sunday	62
Memo	0	0	1	0	Holiday	0	Sunday	1
X RAY	207	335	267	348	216	468	203	2044
CT SCAN	228	233	214	255	142	256	144	1472
USG	416	295	300	319	217	348	172	2067
MRI	72	93	57	52	Holiday	3	Sunday	277
MRI PINS	26	34	33	27	Holiday	43	Sunday	163
GASTRO	18	27	26	28	Holiday	18	Sunday	117
LITHO	11	9	7	10	Holiday	7	Sunday	44
Fibro	0	0	0	0	Holiday	0	Sunday	0
ANGIO	3	6	4	3	Holiday	2	Sunday	18
AUTOMETERI	17	12	0	9	Holiday	0	Sunday	38
DIALYSIS	3	51	58	54	Holiday	42	4	212
DEATH	25	27	26	24	35	24	23	184
LAMA	1	2	3	1	5	3	3	18
SURGERIES	100	102	258	86	47	68	34	695
EMERGENCY(MOT)	200	215	150	188	203	155	200	1311



## Week 13, 2018

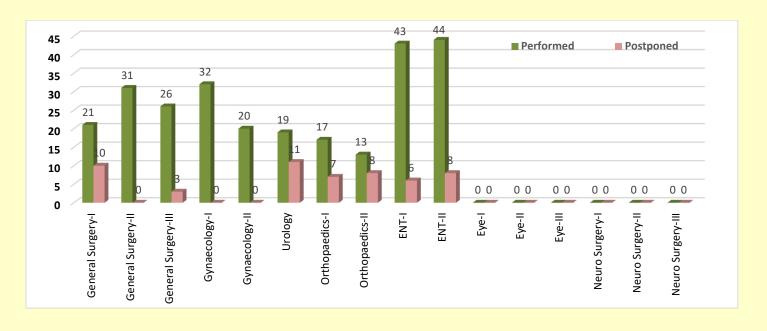
DATE	26/3/2018	27/3/2018	28/3/2018	29/3/2018	30/3/2018	31/3/2018	Total
COD	2100	2177	2200	2050	2330	2400	13257
OPD	5421	5213	4661	4793	2931	4621	27640
NCS	4	8	9	3	3	4	31
EEG	10	13	10	11	2	0	46
ECG OPD	69	49	69	58	27	60	332
ECG EMG	207	300	253	193	268	276	1497
ECHO	12	12	13	15	9	16	77
Memo	0	2	1	2	1	1	7
X RAY	416	411	341	391	303	412	2274
CT SCAN	239	283	221	240	252	247	1482
USG	318	343	300	326	329	322	1938
MRI	0	92	74	69	75	62	372
MRI PINS	36	39	10	34	44	32	195
GASTRO	19	24	18	28	8	29	126
LITHO	5	6	4	10	4	5	34
Fibro	0	0	0	0	0	0	0
ANGIO	4	5	4	4	4	3	24
AUDIOMETERI	12	10	11	14	0	0	47
DIALYSIS	56	49	61	51	46	63	326
DEATH	31	30	20	26	22	25	154
LAMA	3	3	0	1	5	1	13
SURGERIES	95	87	106	106	123	102	619
EMERGENCY(MOT)	305	150	140	181	250	186	1212



# Surgical Services Provided

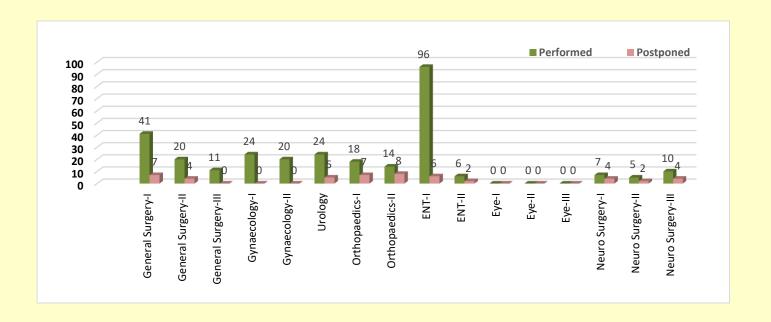
## Week 9, 2018

			Pe	erfor	med						Pos	tpo	ned			
Theatre	26	27	28	1	2	3	4	Total	26	27	28	1	2	3	4	Total
General Surgery-I	-	10	-	-	-	11		21	-	2	-	-	-	4		6
General Surgery-II	20	-	-	-	11	-		31	-	-	-	-	-	-		0
General Surgery-III	-	-	12	14	-	-		26	-	-	2	1	-	-		3
Gynaecology-I	-	11	-	7	-	14		32	-	-	ı	1	•	1		0
Gynaecology-II	5	-	12	-	-	3		20	-	-	ı	1	•	1		0
Urology	11	-	8	-	-	1		19	7	-	4	1	•	1		11
Orthopaedics-I	-	11	-	-	-	6		17	-	1	ı	1	•	3		4
Orthopaedics-II	-	-	-	9	-	4	Sunday	13	-	-	ı	4	•	2	Sunday	6
ENT-I	-	10	25	-	-	8	Sun	43	-	2	ı	1	•	2	Sun	4
ENT-II	7	-	•	9	28	•		44	5	-	1	3	-	-		8
Eye-I	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-II	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-III	-	-	-	-	-	1		0	-	-	ı	1	•	1		0
Neuro Surgery-I	-	-	1	-	-	1		0	-	-	ı	-	-	-		0
Neuro Surgery-II	-	-	1	-	-	1		0	-	-	ı	-	-	-		0
Neuro Surgery-III	-	-	1	-	-	1		0	-	-	ı	-	-	-		0



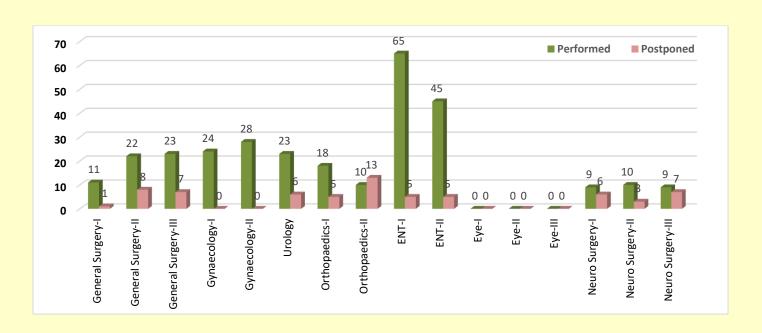
## Week 10, 2018

			Pe	erfori	med							Ро	stpo	oned		
Theatre	5	6	7	8	9	10	11	Total	5	6	7	8	9	10	11	Total
General Surgery-I	-	-	11	14	-	16		41	-	-	5	2	-	1		7
General Surgery-II	-	10	-	-	10	-		20	-	1	-	-	3	1		4
General Surgery-III	11	-	-	-	-	-		11	-	-	-	-	-	1		0
Gynaecology-I	-	13	-	8	-	3		24	-	-	-	-	-	•		0
Gynaecology-II	9	-	10	-	-	1		20	-	-	-	-	-	-		0
Urology	14	-	10	-	ı	-		24	3	1	2	-	-	ı		5
Orthopaedics-I	1	13	-	-	1	5		18	-	3	1	-	-	4		7
Orthopaedics-II	-	-	-	9	-	5	Sunday	14	_	1	-	5	-	3	Sunday	8
ENT-I	-	9	38	13	30	6	Sun	96	-	1	ı	5	-	ı	Sun	6
ENT-II	6	-	-	-	1	-		6	2	1	1	-	-	ı		2
Eye-I	-	-	-	-	-	-		0	_	1	-	-	-	ı		0
Eye-II	-	-	-	-	1	-		0	-	1	ı	-	-	ı		0
Eye-III	-	-	-	-	1	-		0	-	1	ı	-	-	ı		0
Neuro Surgery-I	-	4	-	-	3	-		7	-	3	1	-	1	ı		4
Neuro Surgery-II	1	-	5	1	ı	-		5	-	1	2	-	-	ı		2
Neuro Surgery-III	3	-	-	3	-	4		10	-	-	-	1	-	3		4



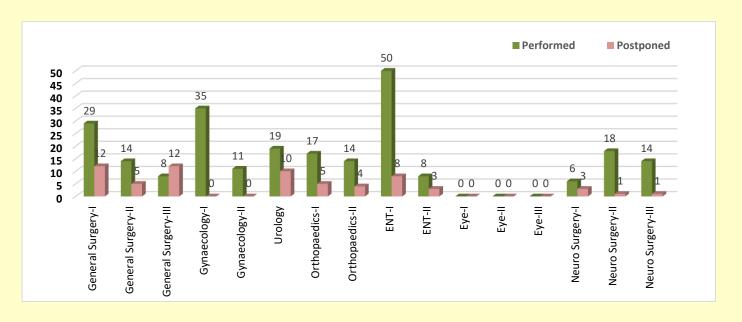
# Week 11, 2018

			Р	erfor	med						Р	ostpo	oned			
Theatre	12	13	14	15	16	17	18	Total	12	13	14	15	16	17	18	Total
General Surgery-I	-	-	5	-	-	6		11	-	-	1	-	-	-		1
General Surgery-II	-	12	-	-	10	-		22	-	3	-	-	5	-		8
General Surgery-III	11	-	-	12	-	-		23	1	-	-	6	-	-		7
Gynaecology-I	-	7	-	11	-	6		24	-	-	-	-	-	-		0
Gynaecology-II	13	-	13	-	-	2		28	-	-	-	-	-	-		0
Urology	12	-	11	-	-	-		23	-	-	6	-	-	-		6
Orthopaedics-I	-	13	-	-	-	5		18	-	1	-	-	-	4		5
Orthopaedics-II	-	-	-	7	-	3	Sunday	10	-	-	-	10	-	3	Sunday	13
ENT-I	-	6	50	-	-	9	Sun	65	-	2	-	-	-	3	Sun	5
ENT-II	11	-	-	9	25	-		45	3	-	-	2	-	-		5
Eye-I	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-II	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-III	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Neuro Surgery-I	-	4	-	-	5	-		9	-	4	-	-	2	-		6
Neuro Surgery-II	4	-	-	-	-	6		10	-	-	-	-	-	3		3
Neuro Surgery-III	-	-	5	4	-	-		9	-	-	3	4	-	-		7



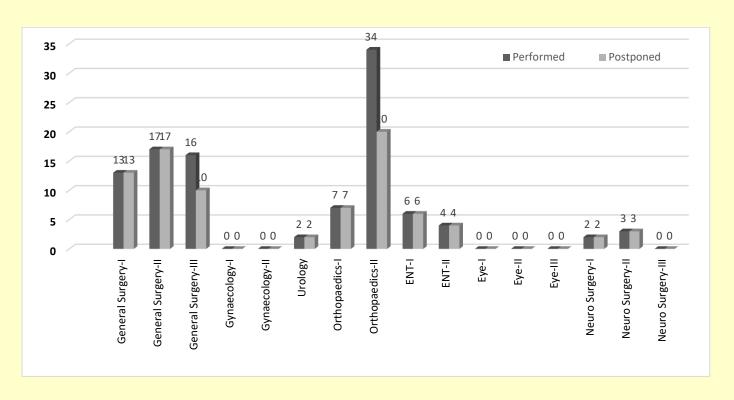
# Week 12, 2018

			P	erfor	med						P	ostp	oned			
Theatre	19	20	21	22	23	24	25	Total	19	20	21	22	23	24	25	Total
General Surgery-I	15	-	14	-		-		29	5	-	7	-		-		12
General Surgery-II	-	14	-	-		-		14	-	5	-	-		-		5
General Surgery-III	-	-	-	8		-		8	-	-	-	12		-		12
Gynaecology-I	-	14	12	9		-		35	-	-	-	-		-		0
Gynaecology-II	11	-	-	-		-		11	-	-	-	-		-		0
Urology	12	-	7	-		-		19	7	-	3	-		-		10
Orthopaedics-I	-	10	-	-		7		17	-	3	-	-		2		5
Orthopaedics-II	-	-	-	10	Holiday	4	Sunday	14	-	-	-	3	Holiday	1	Sunday	4
ENT-I	8	9	23	-	НоІ	10	Sun	50	3	3	-	-	오	2	Sun	8
ENT-II	-	-	-	8		-		8	-	-	-	3		-		3
Eye-I	-	-	-	-		-		0	-	-	-	-		-		0
Eye-II	-	-	-	-		-		0	-	-	-	-		-		0
Eye-III	-	-	-	-		-		0	-	-	-	-		-		0
Neuro Surgery-I	-	6	-	-		-		6	-	3	-	-		-		3
Neuro Surgery-II	-	-	7	11		-		18	-	-	1	-		-		1
Neuro Surgery-III	8	-	-	-		6		14	-	-	-	-		1		1



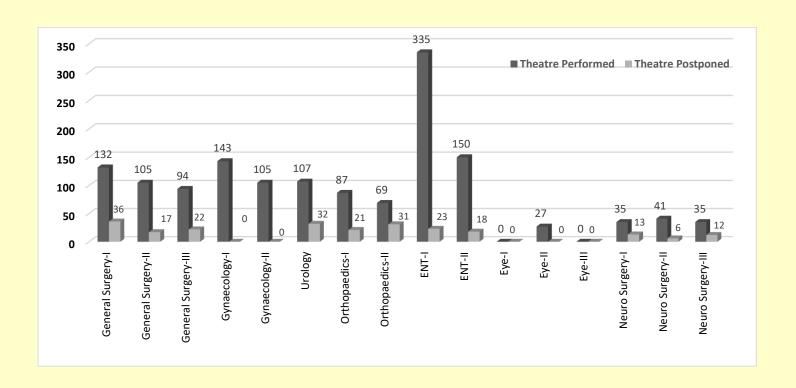
# Week 13, 2018

			Р	erfor	med						Р	ostpo	ned			
Theatre	26	27	28	29	30	31	1	Total	26	27	28	29	30	31	1	Total
General Surgery-I	-	-	14	-	-	16		30	-	-	7	-	-	3		10
General Surgery-II	-	10	-	-	8	-		18	-	9	-	-	4	-		13
General Surgery-III	14	-	-	12	-	-		26	4	-	-	6	-	-		10
Gynaecology-I	-	15	-	9	-	4		28	-	-	-	-	-	-		0
Gynaecology-II	11	-	10	-	-	5		26	-	-	-	-	-	-		0
Urology	12	-	10	-	-	-		22	-	-	2	-	-	-		2
Orthopaedics-I	-	12	-	-	-	5		17	-	1	-	-	-	3		4
Orthopaedics-II	-	-	-	14	-	4	day	18	-	-	-	14	-	3	day	17
ENT-I	-	10	25	-	34	12	Sunday	81	-	2	-	-	2	-	Sunday	4
ENT-II	4	-	-	43	-	-		47	4	-	-	-	-	-		4
Eye-I	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Eye-II	-	-	-	-	22	5		27	-	-	-	-	-	-		0
Eye-III	-	-	-	-	-	-		0	-	-	-	-	-	-		0
Neuro Surgery-I	7	6	-	-	-	-		13	1	1	-	-	-	-		2
Neuro Surgery-II	-	-	3	-	5	-		8	-	-	1	-	1	-		2
Neuro Surgery-III	-	-	-	2	-	-		2	-	-	-	-	-	-		0

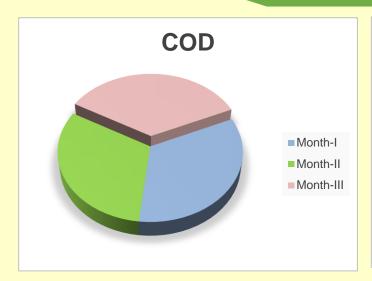


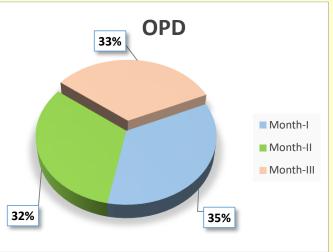
# **Consolidated Surgical Services Provided**

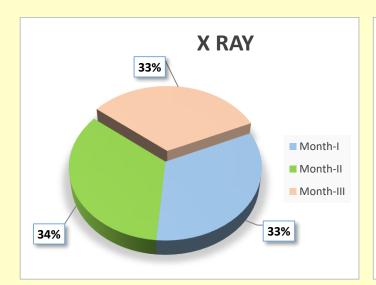
Theatre	9TH WEEK		10TH WEEK		11TH WEEK		12TH WEEK		13TH WEEK		GRAND TOTAL	
	Performe d	Postpone d	Performed	Postponed	Performed	Postponed	Performed	Postponed	Performed	Postponed	Performed	Postponed
General Surgery-I	21	6	41	7	11	1	29	12	30	10	132	36
General Surgery-II	31	0	20	4	22	8	14	5	18	13	105	30
General Surgery-III	26	3	11	0	23	7	8	12	26	10	94	32
Gynaecology-I	32	0	24	0	24	0	35	0	28	0	143	0
Gynaecology-II	20	0	20	0	28	0	11	0	26	0	105	0
Urology	19	11	24	5	23	6	19	10	22	2	107	34
Orthopaedics-I	17	4	18	7	18	5	17	5	17	4	87	25
Orthopaedics-II	13	6	14	8	10	13	14	4	18	17	69	48
ENT-I	43	4	96	6	65	5	50	8	81	4	335	27
ENT-II	44	8	6	2	45	5	8	3	47	4	150	22
Eye-I	0	0	0	0	0	0	0	0	0	0	0	0
Eye-II	0	0	0	0	0	0	0	0	27	0	27	0
Eye-III	0	0	0	0	0	0	0	0	0	0	0	0
Neuro Surgery-I	0	0	7	4	9	6	6	3	13	2	35	15
Neuro Surgery-II	0	0	5	2	10	3	18	1	8	2	41	8
Neuro Surgery-III	0	0	10	4	9	7	14	1	2	0	35	12

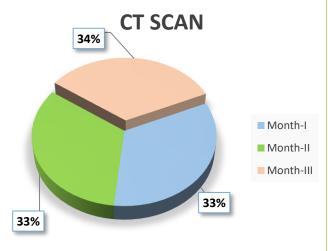


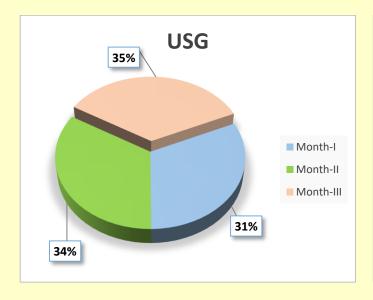
# Monthly Statistical Sitrep - III (26th Feb 20118 to 31st Mar 2018)

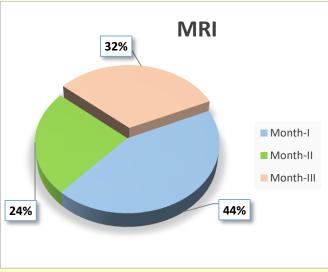












## **Nutritional Advisory Services**

The Lahore General Hospital, Lahore has a dedicated Dietetic department, which is functioning under the supervision of a qualified Dietitian.

The Lahore General Hospital, Lahore has food and dietary services that are equipped with adequate, qualified personnel. These services are augmented by a philanthropic NGO "Bahria Dastar Khawan" that meats the minimum standards of nutritional advisory for hospitalized patients. The food and dietetic services are running under the technical supervision of full-time qualified Dietitian, who is responsible for the management of dietary services on daily basis.

Dietary Policy of Lahore General Hospital, Lahore is focused for Diabetic, Paediatric, Obstetric and Dialysis patients, and is based on internationally accepted standards. This policy is meant to appropriately guide the patients for diet, according to their medical, surgical nutritional requirements. The salient para-meters include:

- 1. To meet special nutritional requirements of chronically debilitated patients;
- 2. Food is prepared in a manner that reduces risk of contamination and spoilage.
- 3. Food is stored in a manner that reduces the risk of contamination and spoilage;
- Enteral nutrition products are stored according to manufacturer's recommendations, hospital's policy as well as prevailing Food Safety Standards;
- 5. The distribution of food to the patients is timely;

The nutritional advisory services for Indoor patients are available round-the-clock while for Outdoor patients, these services are available during 08:00 am to 03:00 pm daily.

The nutritional advise is formulated according to the nature of ailment and nutritional needs of the patient.

# Legend

Name	Abbreviation	Name	Abbreviation
Post-Graduate Medical Institute	PGMI	Punjab Institute of Neuro Sciences	PINS
Lahore General Hospital	LGH	Ameer-ud-Din Medical College	AMC
Emergency Surgical Operation Theatre	E SOT	High Dependency Unit	HDU
Medical	Med	Casualty Outdoor	COD
Orthopedic	Ortho	Out Patient's Department	OPD
Paediatrics	Paeds	Ultra-Sonography	USG
Gynaecology	Gynae	Gastroscopy	Gastro
Unit	U	Fibroscopy	Fibro
Angiography	Angio	Laboratory	Lab
Left Against Medical Advice	LAMA	Emergency	EMG
Lithotripsy	LITHO	Surgical Operation Theatre	SOT
Gynaecology Operation Theatre	GOT	Urology Operation Theatre	UOT
Orthopedic Operation Theatre	ООТ	Neuro Surgery Operation Theatre	NOT
Nerve Conduction Study	NCS		