



**Patron in Chief:**

Prof. Dr. Agha Shabbir Ali (Chief Executive/Principal)  
PGMI/AMC/PINS/LGH & Allied Health Institutions

**Patron:**

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

**Editor:**

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

**Assistant Editors/Designers:**

M. Amjad (Statistical Officer)  
M. Ibrar (DEO)  
Maria Shafique (S&DA)

## 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.

**(Dr. Nasir Mahmood Shakir)**  
Ex-Deputy Secretary (ME)/  
AMS (Statistics/PGRs/Beds Bureau/HRS)  
**Editor**

## 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 Component:**

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

## Beds Occupancy Situation

Department/Unit	Allocated	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+Congo	-	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
Neuro I ICU PINS	-	6
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 III HDU PINS	14	10
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
CCU	-	07
<b>TOTAL</b>	<b>1686</b>	<b>1451</b>

## 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

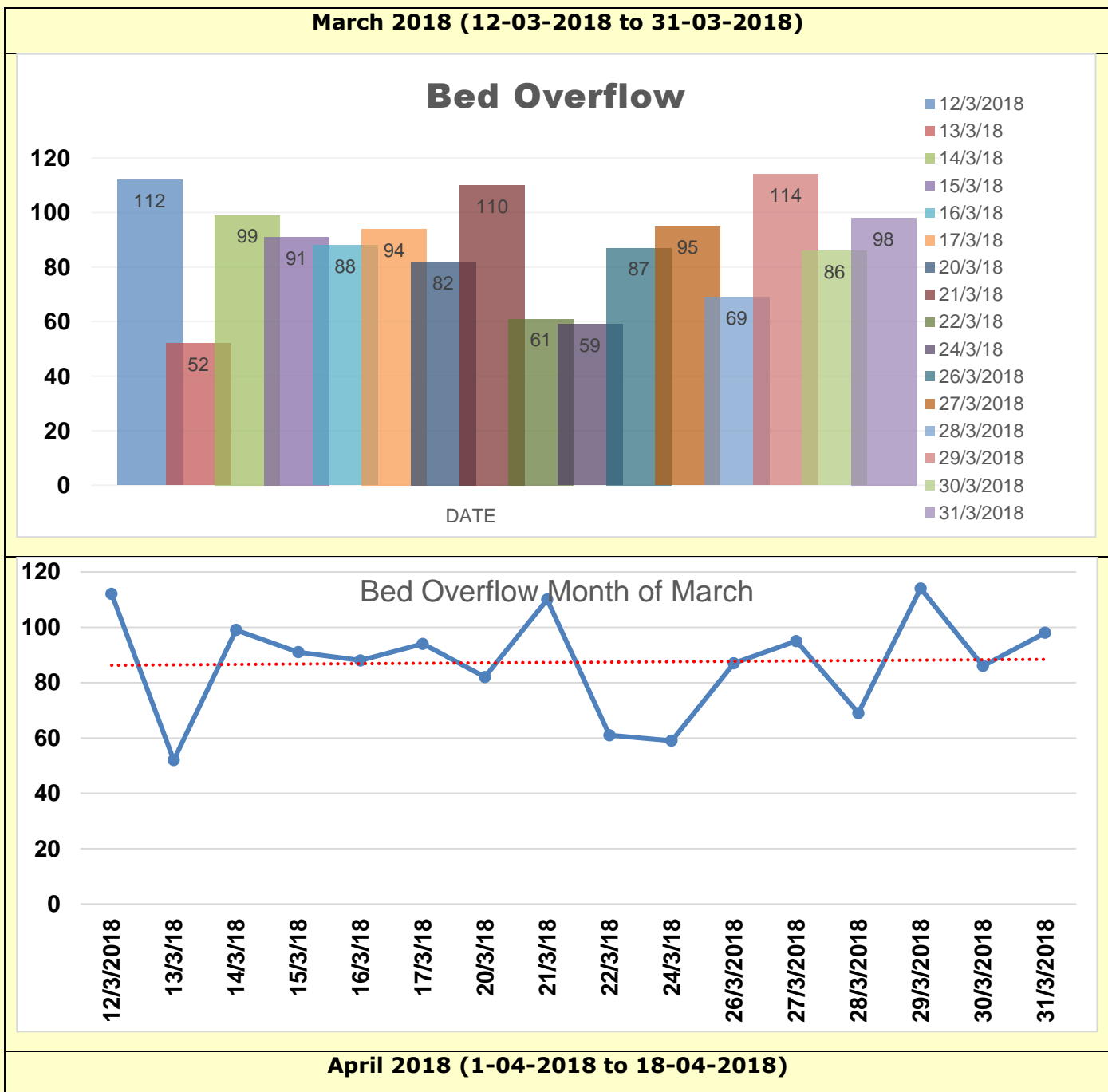
In case beds in Unit/Ward are fully occupied, and no bed is available, the stable patient(s) may be shifted to the Unit/Ward where vacant beds are available as per information given in the above table

The treating Staff will be responsible to manage the shifted patients

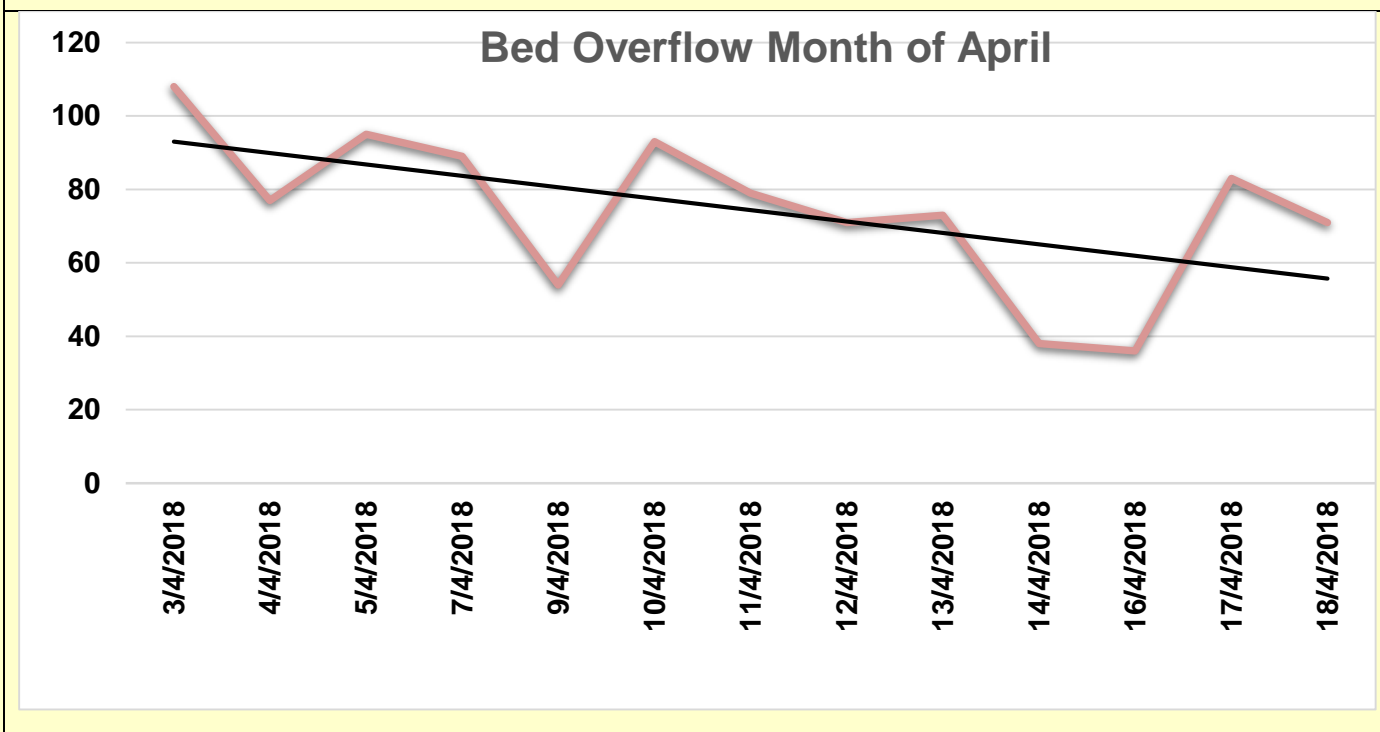
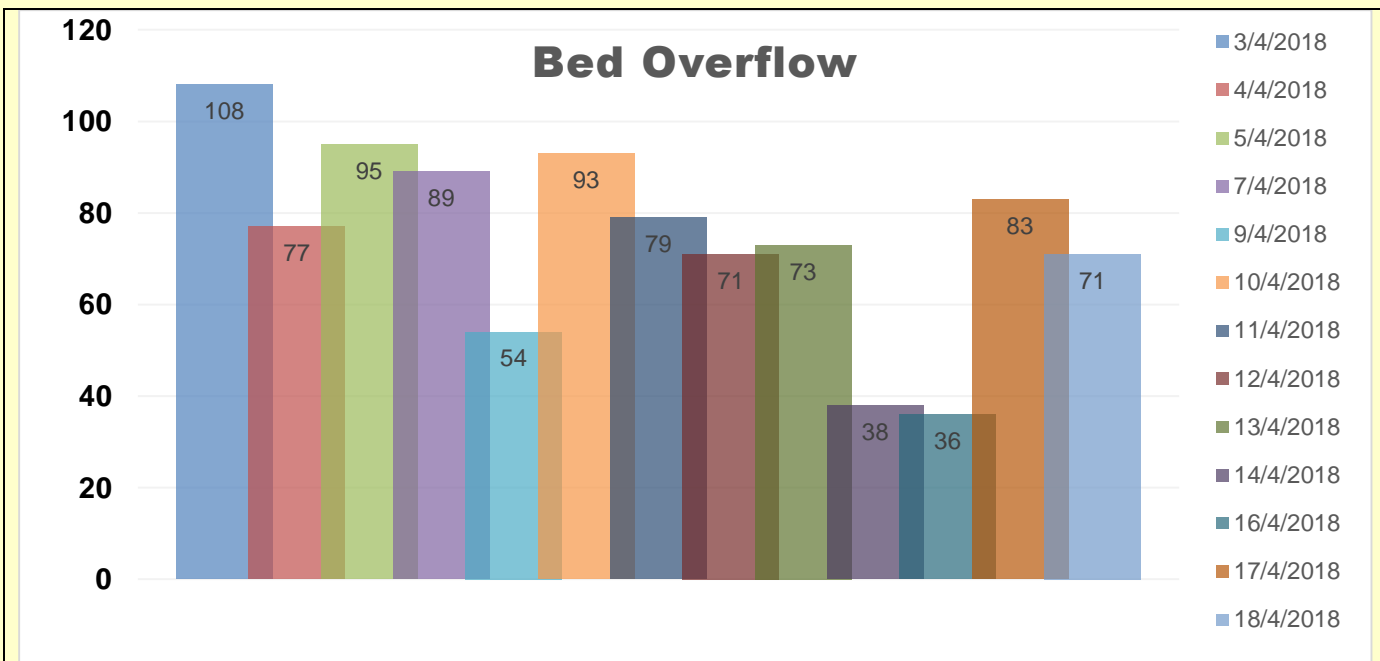
The Director Emergency will ensure management of over flow patients as per formula given above. However in case any change in shifting patients to another vacant bed, the concerned ward managers may be taken on board

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)

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



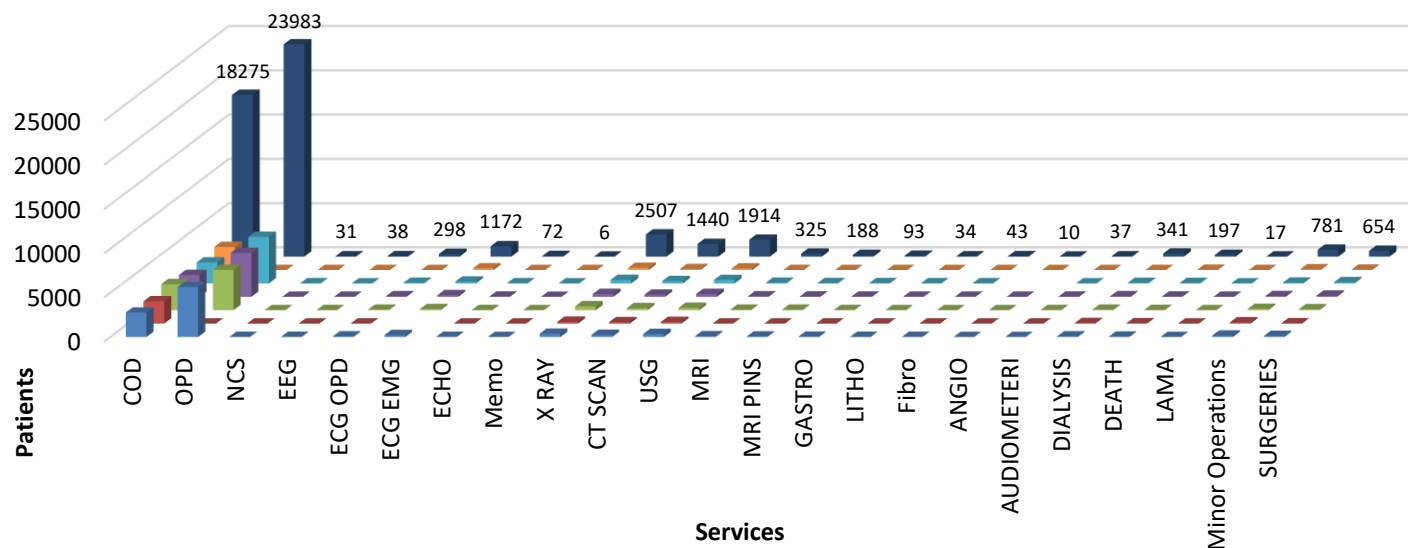




# General Services Provided

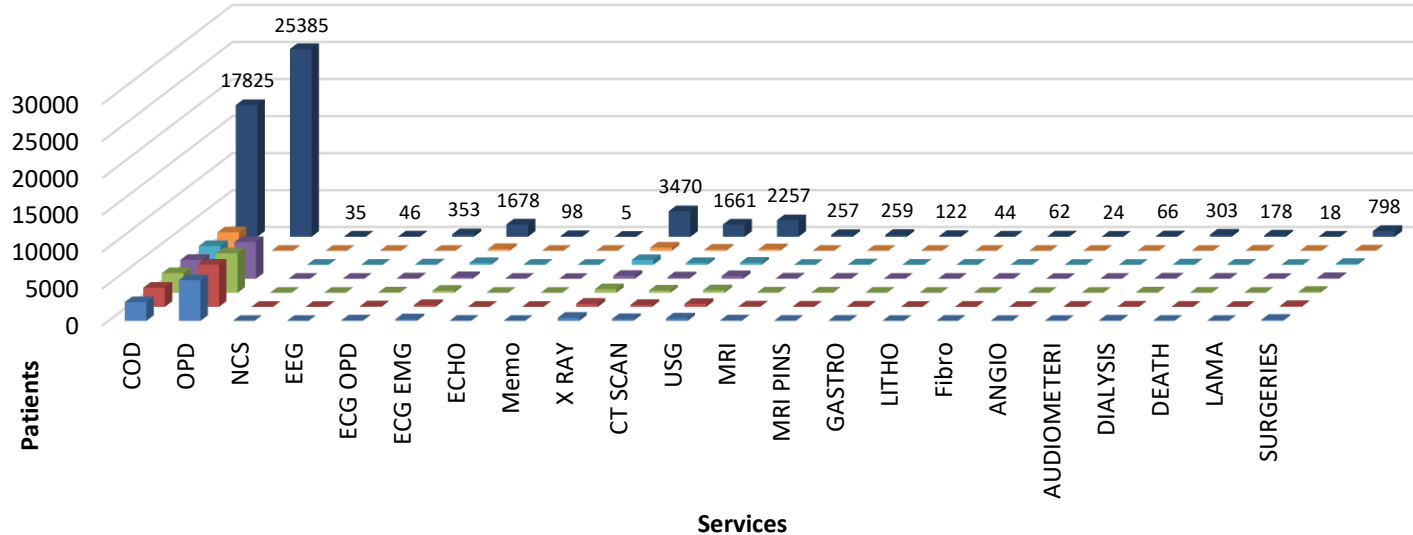
Week 18, 2018

DATE	30/4/2018	1/5/2018	2/5/2018	3/5/2018	4/5/2018	5/5/2018	6/5/2018	Total
COD	2766	2530	2952	2470	2570	2370	2617	18275
OPD	5657	Holiday	4573	4968	3516	5269	Sunday	23983
NCS	6	Holiday	5	8	3	9	Sunday	31
EEG	9	Holiday	6	13	2	8	Sunday	38
ECG OPD	68	Holiday	60	60	41	69	Sunday	298
ECG EMG	210		127	189	249	206	191	1172
ECHO	12	Holiday	9	23	9	19	Sunday	72
Memo	0	Holiday	3	0	1	2	Sunday	6
X RAY	367	204	444	317	531	397	247	2507
CT SCAN	237	158	226	242	211	261	105	1440
USG	335	184	265	316	258	386	170	1914
MRI	76	Holiday	53	52	81	63	Sunday	325
MRI PINS	48	Holiday	53	29	35	23	Sunday	188
GASTRO	25	Holiday	17	22	5	24	Sunday	93
LITHO	6	Holiday	5	8	4	11	Sunday	34
Fibro	14	Holiday	5	12	3	9	Sunday	43
ANGIO	2	Holiday	2	2	4		Sunday	10
AUDIOMETERI	0	Holiday	14	17	3	3	Sunday	37
DIALYSIS	58	58	55	57	56	57	0	341
DEATH	34	34	26	25	15	36	27	197
LAMA	1	0	4	2	3	7	0	17
Minor Operations	158	140	150	74	95	80	84	781
SURGERIES	114	38	105	125	99	131	42	654



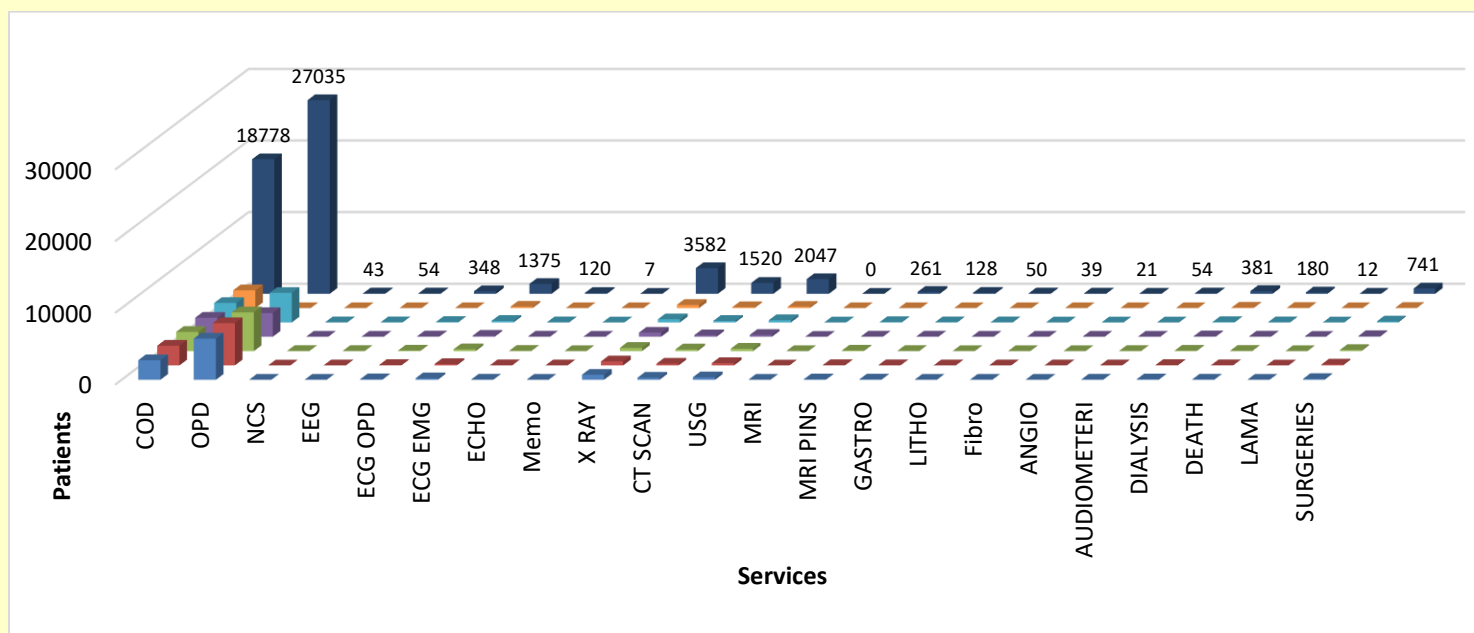
## Week 19, 2018

DATE	7/5/2018	8/5/2018	9/5/2018	10/5/2018	11/5/2018	12/5/2018	13/5/2018	Total
COD	2545	2600	2670	2560	2400	2550	2500	17825
OPD	5508	5734	5352	4989	3802		Sunday	25385
NCS	4	8	9	6	1	7	Sunday	35
EEG	8	8	7	8	3	12	Sunday	46
ECG OPD	65	74	61	55	34	64	Sunday	353
ECG EMG	210	242	289	236	206	250	245	1678
ECHO	14	21	14	17	12	20	Sunday	98
Memo	1	2	1	1	0	0	Sunday	5
X RAY	423	432	494	409	620	656	436	3470
CT SCAN	247	261	315	208	221	251	158	1661
USG	328	400	345	371	318	287	208	2257
MRI	69	62	46	51	29	0	Sunday	257
MRI PINS	22	39	37	36	63	62	Sunday	259
GASTRO	21	34	24	19	13	11	Sunday	122
LITHO	7	8	8	8	3	10	Sunday	44
Fibro	13	17	2	16	6	8	Sunday	62
ANGIO	4	4	4	3	3	6	Sunday	24
AUDIOMETERI	10	19	16	11	5	5	Sunday	66
DIALYSIS	55	31	59	50	49	59	0	303
DEATH	22	25	27	22	25	22	35	178
LAMA	1	4	3	0	5	3	2	18
SURGERIES	141	125	140	116	98	135	43	798



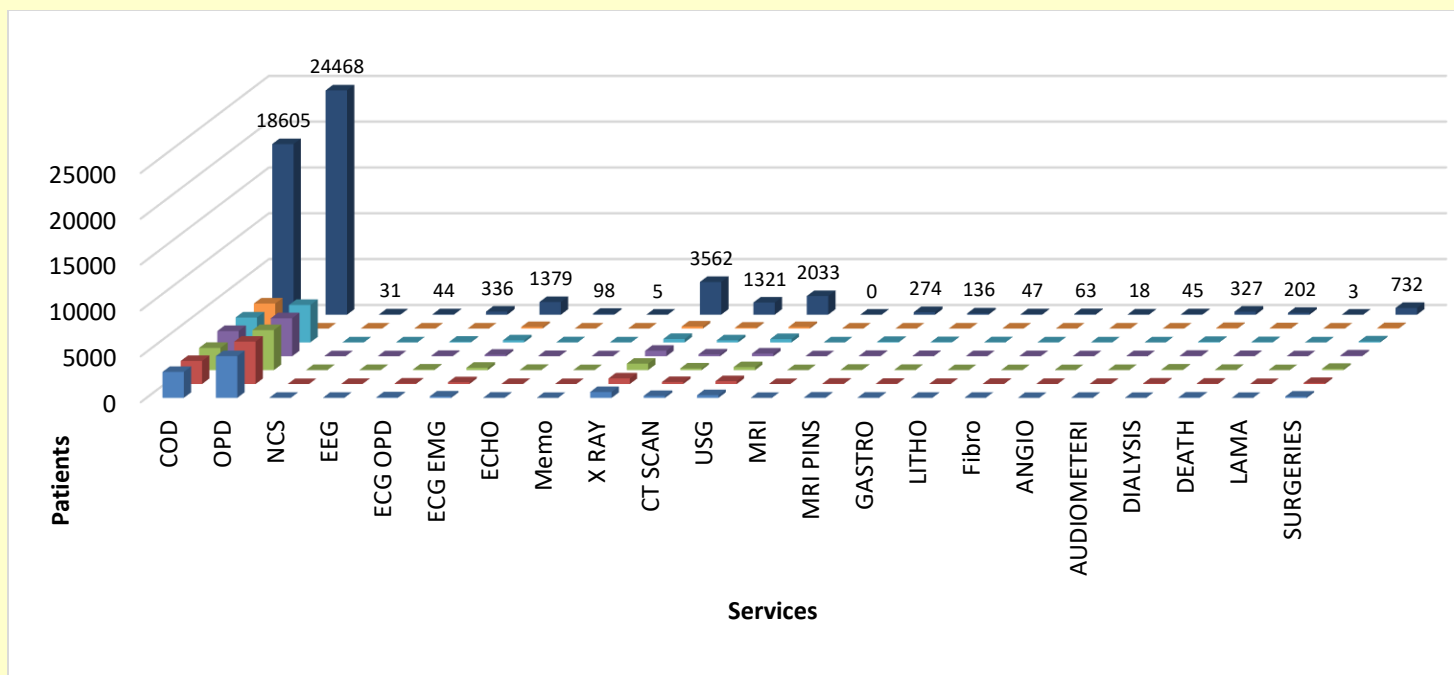
## Week 20, 2018

DATE	14/5/2018	15/5/2018	16/5/2018	17/5/2018	18/5/2018	19/5/2018	20/5/2018	Total
COD	2730	2750	2675	2650	2777	2716	2480	18778
OPD	5735	5885	5396	3303	2596	4120	Sunday	27035
NCS	6	0	13	9	4	11	Sunday	43
EEG	9	10	11	10	5	9	Sunday	54
ECG OPD	72	64	72	46	27	67	Sunday	348
ECG EMG	199	197	249	136	191	213	190	1375
ECHO	20	23	27	25	5	20	Sunday	120
Memo	2	2	1	1	1	0	Sunday	7
X RAY	694	559	454	566	429	442	438	3582
CT SCAN	282	236	228	215	214	219	126	1520
USG	340	324	336	264	277	322	184	2047
MRI	0	0	0	0	0	0	Sunday	0
MRI PINS	56	45	62	23	32	43	Sunday	261
GASTRO	29	29	13	22	11	24	Sunday	128
LITHO	6	11	8	11	5	9	Sunday	50
Fibro	9	10	3	10	3	4	Sunday	39
ANGIO	5	6	2	3	3	2	Sunday	21
AUDIOMETERI	12	16	13	10	3	0	Sunday	54
DIALYSIS	54	58	54	54	50	52	59	381
DEATH	25	34	29	29	16	19	28	180
LAMA	6	1	1	0	1	3	0	12
SURGERIES	108	133	154	96	91	129	30	741



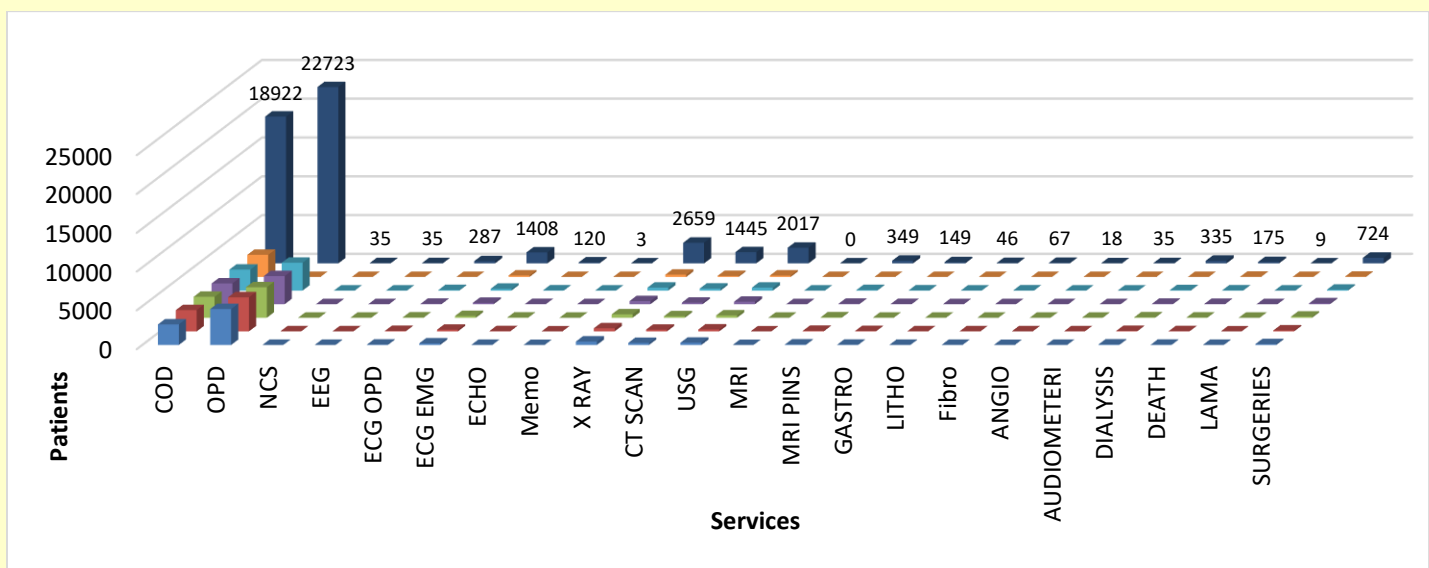
## Week 21, 2018

DATE	21/5/2018	22/5/2018	23/5/2018	24/5/2018	25/5/2018	26/5/2018	27/5/2018	Total
COD	2830	2515	2420	2750	2653	2712	2725	18605
OPD	4551	4619	4363	4143	2712	4080	Sunday	24468
NCS	8	1	6	5	5	6	Sunday	31
EEG	8	10	9	5	5	7	Sunday	44
ECG OPD	55	53	67	41	45	75	Sunday	336
ECG EMG	158	194	263	167	203	230	164	1379
ECHO	19	12	21	22	11	13	Sunday	98
Memo	1	0	1	2	0	1	Sunday	5
X RAY	640	610	704	599	413	375	221	3562
CT SCAN	205	223	186	199	182	229	97	1321
USG	302	311	328	294	274	363	161	2033
MRI	0	0	0	0	0	0	Sunday	0
MRI PINS	38	35	40	43	58	60	Sunday	274
GASTRO	22	23	23	25	14	29	Sunday	136
LITHO	9	8	4	12	5	9	Sunday	47
Fibro	12	19	2	14	8	8	Sunday	63
ANGIO	2	4	3	1	3	5	Sunday	18
AUDIOMETERI	15	8	10	12	0	0	Sunday	45
DIALYSIS	0	52	59	53	56	56	51	327
DEATH	34	31	30	27	28	25	27	202
LAMA	0	1	0	1	0	0	1	3
SURGERIES	144	115	141	88	94	101	49	732



## Week 22, 2018

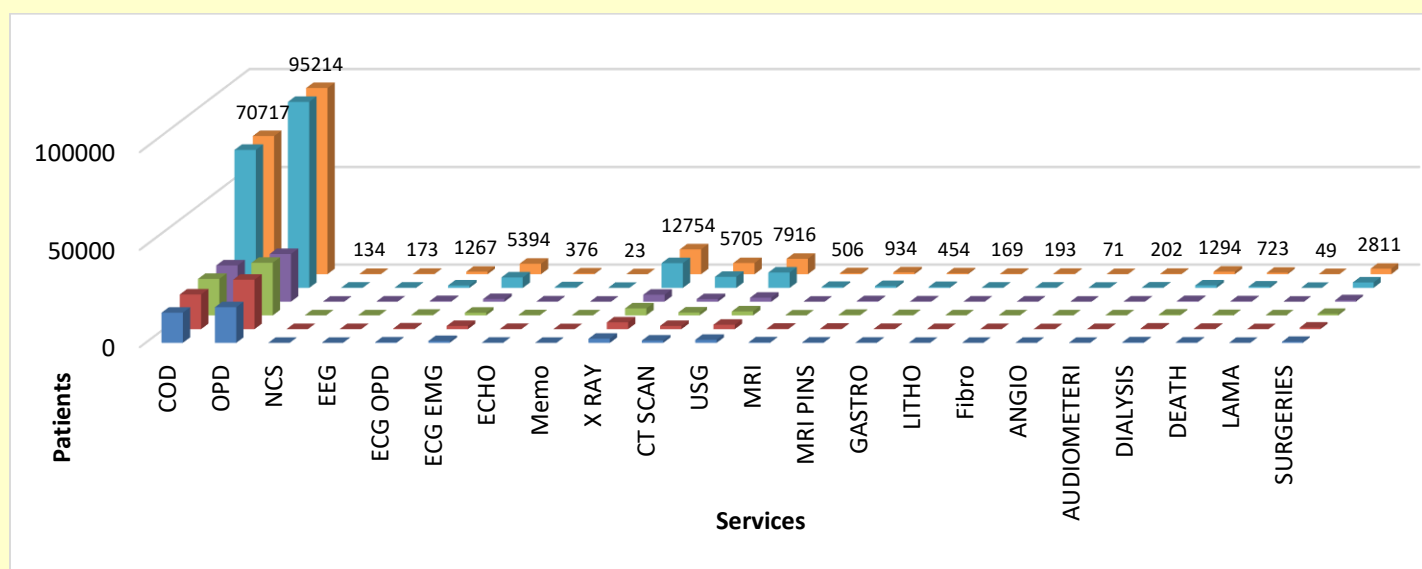
DATE	28/5/2018	29/5/2018	30/5/2018	31/5/2018	1/6/2018	2/6/2018	3/6/2018	Total
COD	2650	2742	2705	2670	2600	2700	2855	18922
OPD	4624	4387	3933	3620	2574	3585	Sunday	22723
NCS	5	8	5	8	6	3	Sunday	35
EEG	6	4	6	7	4	8	Sunday	35
ECG OPD	39	55	44	49	33	67	Sunday	287
ECG EMG	200	218	229	171	164	230	196	1408
ECHO	18	25	27	19	11	20	Sunday	120
Memo	0	0	0	2	0	1	Sunday	3
X RAY	440	394	446	401	303	380	295	2659
CT SCAN	259	216	194	198	186	259	133	1445
USG	287	244	303	312	313	375	183	2017
MRI	0	0	0	0	0	0	Sunday	0
MRI PINS	53	70	61	51	50	64	Sunday	349
GASTRO	29	40	15	26	13	26	Sunday	149
LITHO	9	9	8	4	5	11	Sunday	46
Fibro	13	13	2	13	13	13	Sunday	67
ANGIO	1	2	3	3	4	5	Sunday	18
AUDIOMETERI	12	8	8	5	2	0	Sunday	35
DIALYSIS	56	57	57	60	49	56	0	335
DEATH	22	21	23	30	26	25	28	175
LAMA	3	1	1	1	2	0	1	9
SURGERIES	101	114	145	108	108	111	37	724



## Consolidated General Services Provided

(From 30<sup>th</sup> April, 2018 to 3<sup>rd</sup> June, 2018)

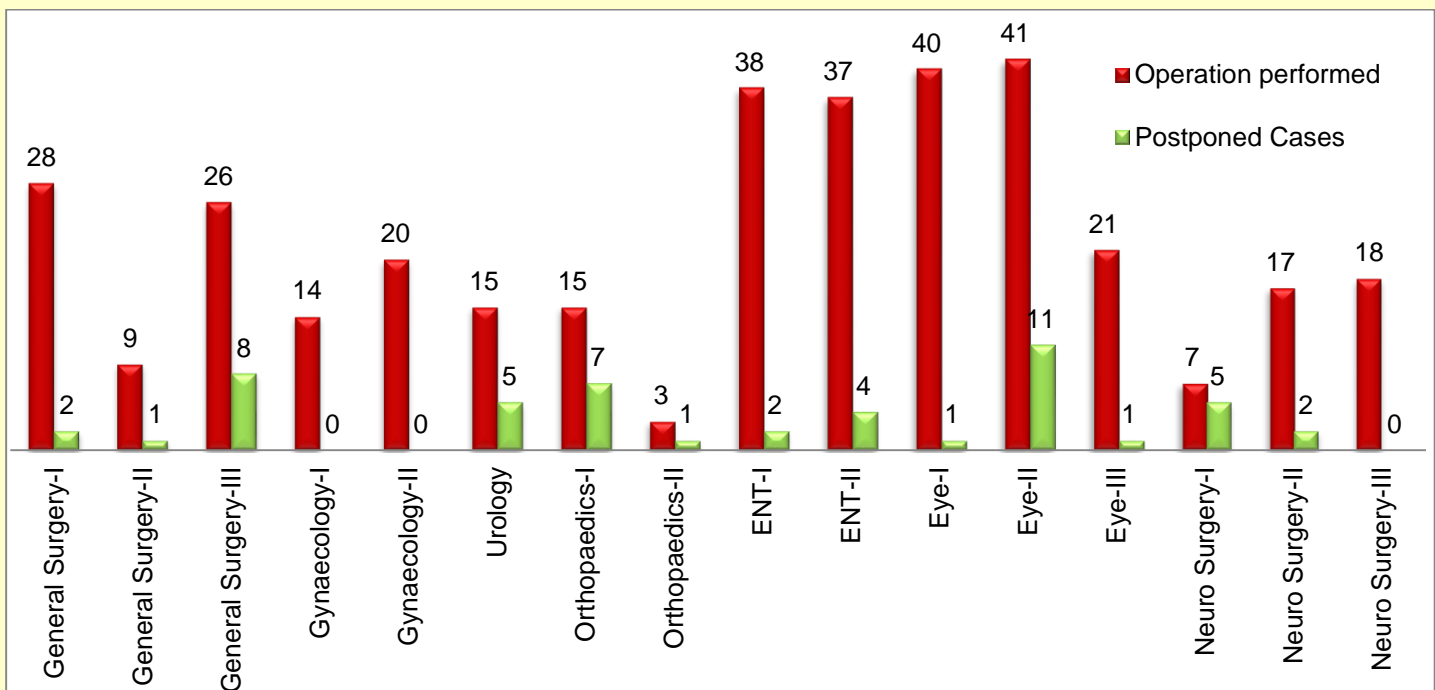
Services	WEEK 18	WEEK 19	WEEK 20	WEEK 21	WEEK 22	G.TOTAL
COD	15509	17825	18778	18605	70717	70717
OPD	18326	25385	27035	24468	95214	95214
NCS	25	35	43	31	134	134
EEG	29	46	54	44	173	173
ECG OPD	230	353	348	336	1267	1267
ECG EMG	962	1678	1375	1379	5394	5394
ECHO	60	98	120	98	376	376
Memo	6	5	7	5	23	23
X RAY	2140	3470	3582	3562	12754	12754
CT SCAN	1203	1661	1520	1321	5705	5705
USG	1579	2257	2047	2033	7916	7916
MRI	249	257	0	0	506	506
MRI PINS	140	259	261	274	934	934
GASTRO	68	122	128	136	454	454
LITHO	28	44	50	47	169	169
Fibro	29	62	39	63	193	193
ANGIO	8	24	21	18	71	71
AUDIOMETERI	37	66	54	45	202	202
DIALYSIS	283	303	381	327	1294	1294
DEATH	163	178	180	202	723	723
LAMA	16	18	12	3	49	49
SURGERIES	540	798	741	732	2811	2811



## Surgical Services Provided

Week 18, 2018

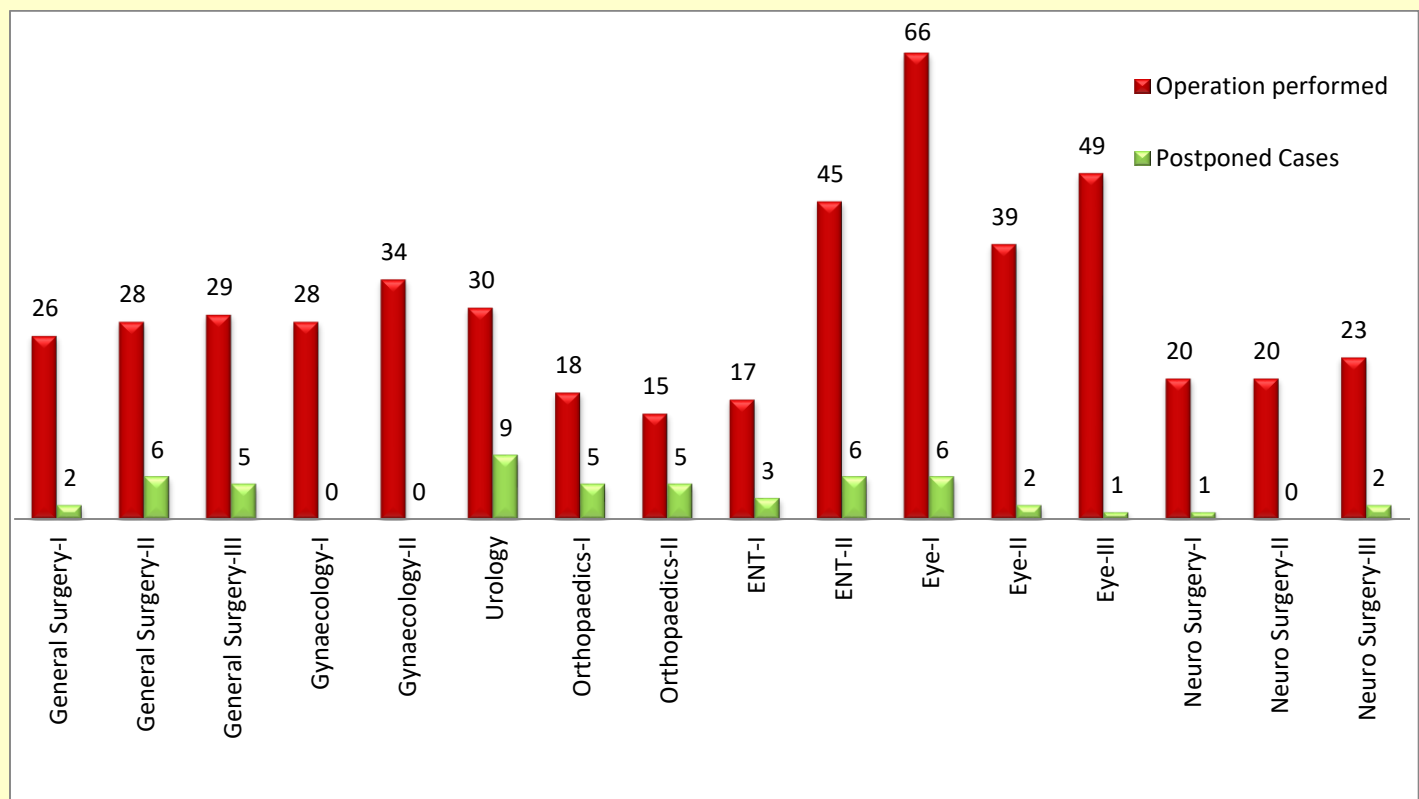
Theatre	Operations Performed							Total		Postponed						Total
	30	1	2	3	4	5	6		30	1	2	3	4	5	6	
General Surgery-I	-	Holiday	11	-	-	17	Sunday	28	-	Holiday	1	-	-	1	Sunday	2
General Surgery-II	-		-	-	9	-		9	-		-	-	1	-		1
General Surgery-III	15		-	11	-	-		26	4		-	4	-	-		8
Gynaecology-I	-		-	9	-	5		14	-		-	-	-	-		0
Gynaecology-II	9		7	-	-	4		20	-		-	-	-	-		0
Urology	15		-	-	-	-		15	5		-	-	-	-		5
Orthopaedics-I	-		-	8	-	7		15	-		-	5	-	2		7
Orthopaedics-II	-		-	-	-	3		3	-		-	-	-	1		1
ENT-I	-		30	-	-	8		38	-		-	-	-	2		2
ENT-II	8		-	9	20	-		37	2		-	2	-	-		4
Eye-I	-		10	-	-	30		40	-		-	-	-	1		1
Eye-II	17		-	24	-	-		41	3		-	8	-	-		11
Eye-III	-		-	-	21	-		21	-		-	-	1	-		1
Neuro Surgery-I	-		-	-	7	-		7	-		-	-	5	-		5
Neuro Surgery-II	-		9	-	-	8		17	-		-	-	-	2		2
Neuro Surgery-III	6		-	12	-	-		18	-		-	-	-	-		0





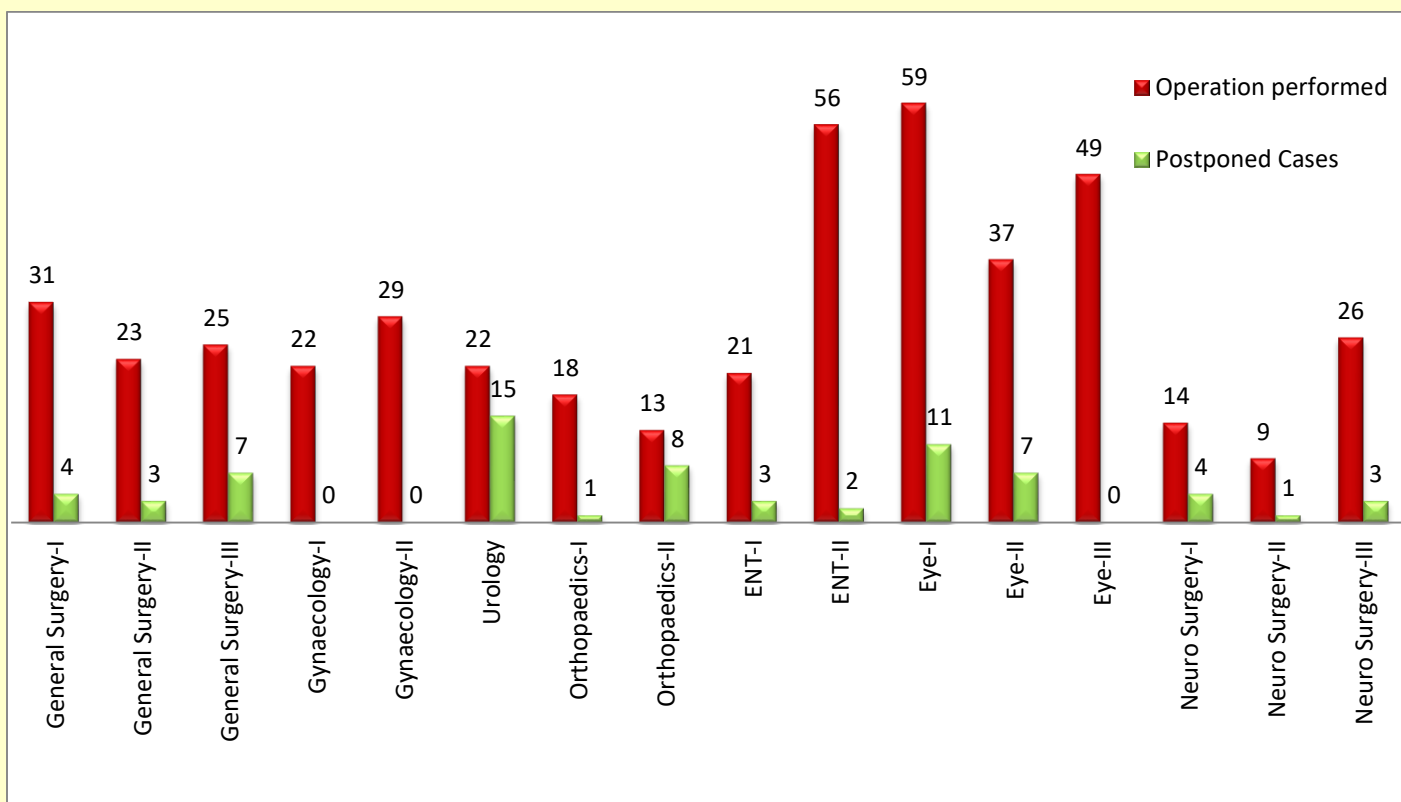
## Week 19, 2018

Theatre	Operations Performed							Total	Postponed Cases							Total
	7	8	9	10	11	12	13		7	8	9	10	11	12	13	
General Surgery-I	-	-	12	-	-	14	Sunday	26	-	-	-	-	-	2	Sunday	2
General Surgery-II	-	15	-	-	13	-		28	-	4	-	-	2	-		6
General Surgery-III	17	-	-	12	-	-		29	3	-	-	2	-	-		5
Gynaecology-I	-	10	-	14	-	4		28	-	-	-	-	-	-		0
Gynaecology-II	15	-	16	-	-	3		34	-	-	-	-	-	-		0
Urology	19	-	11	-	-	-		30	2	-	7	-	-	-		9
Orthopaedics-I	-	10	-	-	-	8		18	-	3	-	-	-	2		5
Orthopaedics-II	-	-	-	11	-	4		15	-	-	-	3	-	2		5
ENT-I	-	6	-	-	-	11		17	-	2	-	-	-	1		3
ENT-II	10	-	28	7	-	-		45	2	-	-	4	-	-		6
Eye-I	-	-	30	-	-	36		66	-	-	1	-	-	5		6
Eye-II	20	-	-	19	-	-		39	2	-	-	-	-	-		2
Eye-III	-	21	-	-	28	-		49	-	1	-	-	-	-		1
Neuro Surgery-I	-	-	9	-	11	-		20	-	-	1	-	-	-		1
Neuro Surgery-II	13	-	-	-	-	7		20	-	-	-	-	-	-		0
Neuro Surgery-III	-	13	-	10	-	-		23	-	-	-	2	-	-		2



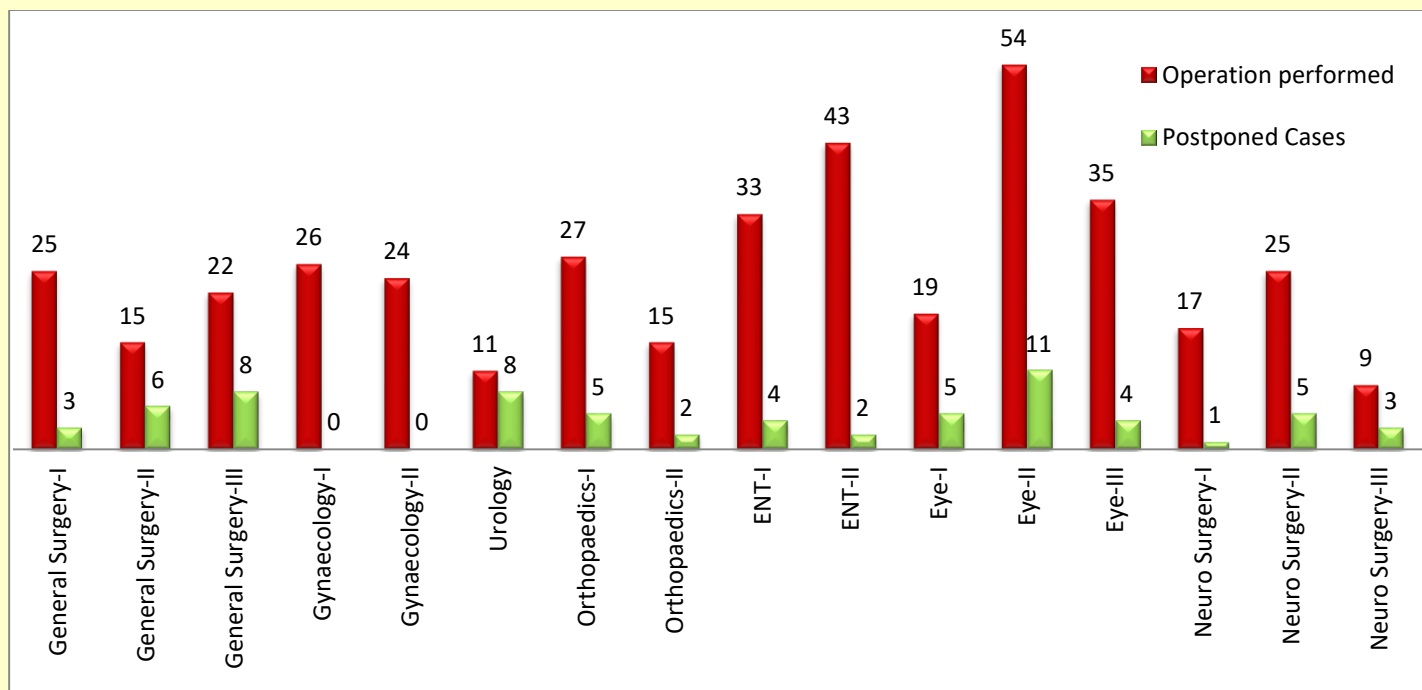
## Week 20, 2018

Theatre	Operations Performed							Total	Postponed Cases							Total
	14	15	16	17	18	19	20		14	15	16	17	18	19	20	
General Surgery-I	-	-	14	-	-	17	Sunday	31	-	-	2	-	-	2	Sunday	4
General Surgery-II	-	13	-	-	10	-		23	-	1	-	-	2	-		3
General Surgery-III	11	-	-	14	-	-		25	6	-	-	1	-	-		7
Gynaecology-I	-	14	-	7	-	1		22	-	-	-	-	-	-		0
Gynaecology-II	9	-	15	-	-	5		29	-	-	-	-	-	-		0
Urology	9	-	13	-	-	-		22	8	-	7	-	-	-		15
Orthopaedics-I	-	10	-	-	-	8		18	-	1	-	-	-	-		1
Orthopaedics-II	-	-	-	10	-	3		13	-	-	-	6	-	2		8
ENT-I	9	6	-	-	-	6		21	2	1	-	-	-	-		3
ENT-II	-	-	24	9	23	-		56	-	-	-	2	-	-		2
Eye-I	-	-	34	-	-	25		59	-	-	8	-	-	3		11
Eye-II	18	-	-	19	-	-		37	-	-	-	7	-	-		7
Eye-III	-	28	-	-	21	-		49	-	-	-	-	-	-		0
Neuro Surgery-I	-	7	-	-	7	-		14	-	2	-	-	2	-		4
Neuro Surgery-II	-	-	9	-	-	-		9	-	-	1	-	-	-		1
Neuro Surgery-III	11	-	-	8	-	7		26	-	-	-	2	-	1		3



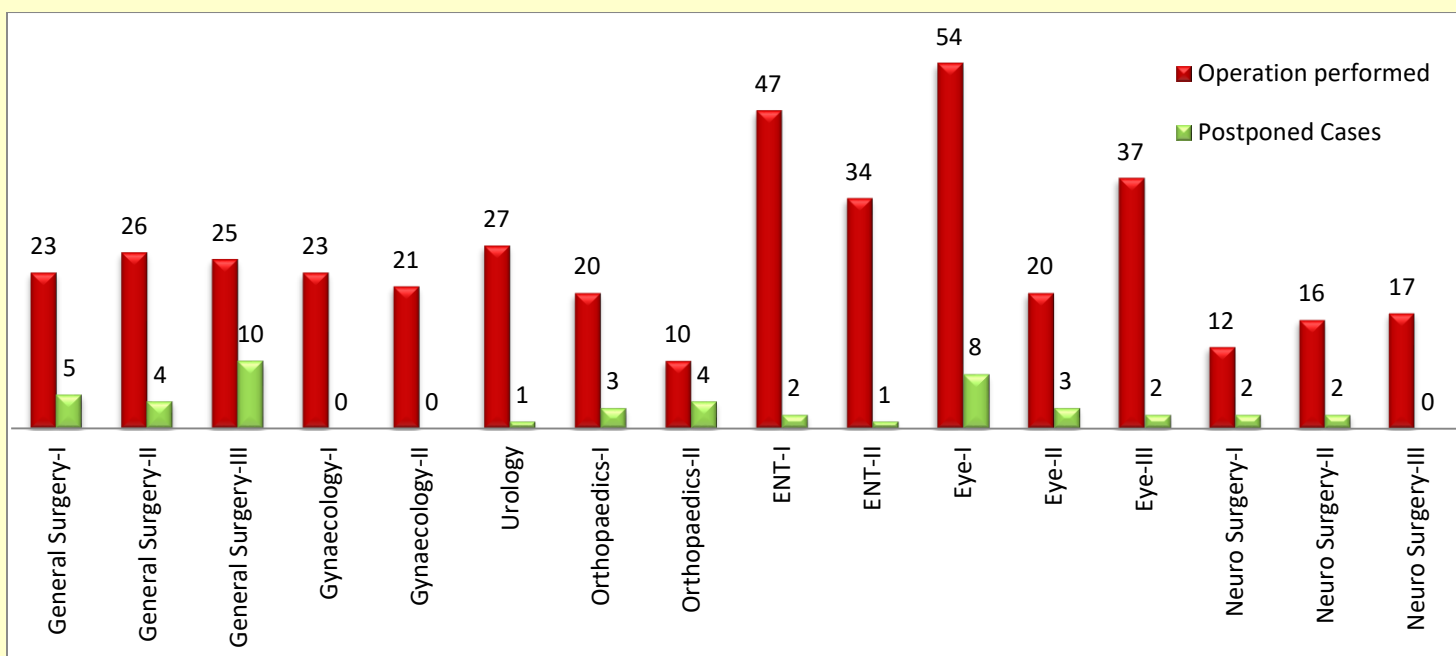
## Week 21, 2018

Theatre	Operations Performed							Total	Postponed Cases							Total
	21	22	23	24	25	26	27		21	22	23	24	25	26	27	
General Surgery-I	-	-	16	-	-	9	Sunday	25	-	-	1	-	-	2	Sunday	3
General Surgery-II	7	-	-	-	8	-		15	5	-	-	-	1	-		6
General Surgery-III	-	12	-	10	-	-		22	-	2	-	6	-	-		8
Gynaecology-I	-	12	-	11	-	3		26	-	-	-	-	-	-		0
Gynaecology-II	9	-	11	-	-	4		24	-	-	-	-	-	-		0
Urology	-	-	11	-	-	-		11	-	-	8	-	-	-		8
Orthopaedics-I	10	10	-	-	-	7		27	3	2	-	-	-	-		5
Orthopaedics-II	-	-	-	8	-	7		15	-	-	-	1	-	1		2
ENT-I	-	4	29	-	-	-		33	-	4	-	-	-	-		4
ENT-II	12	-	-	7	20	4		43	1	-	-	-	-	1		2
Eye-I	-	-	19	-	-	-		19	-	-	5	-	-	-		5
Eye-II	15	-	-	24	-	15		54	6	-	-	2	-	3		11
Eye-III	-	22	-	-	13	-		35	-	3	-	-	1	-		4
Neuro Surgery-I	-	9	-	-	8	-		17	-	-	-	-	1	-		1
Neuro Surgery-II	9	-	8	-	-	8		25	2	-	-	1	-	2		5
Neuro Surgery-III	-	9	-	-	-	-		9	-	3	-	-	-	-		3



## Week 22, 2018

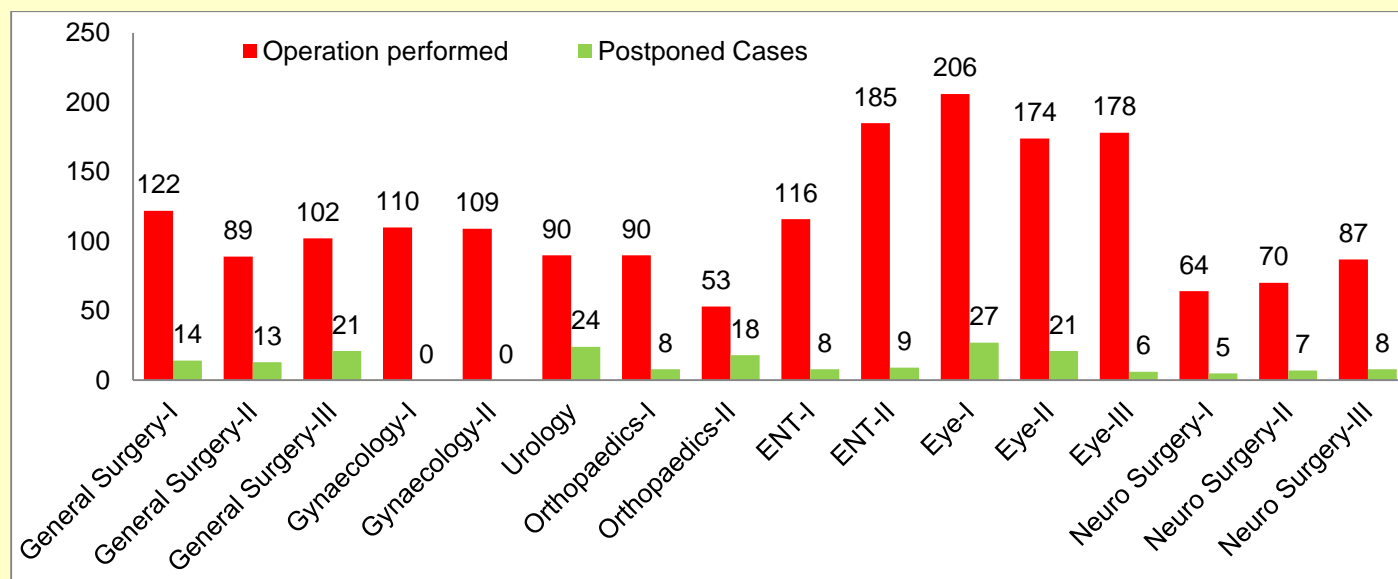
Theatre	Operations Performed							Total	Postponed Cases							Total
	28/5	29/5	30/5	31/5	1/6	2/6	3/6		28/5	29/5	30/5	31/5	1/6	2/6	3/6	
General Surgery-I	-	-	10	13	-	-	Sunday	23	-	-	3	2	-	-	Sunday	5
General Surgery-II	-	14	-	-	12	-		26	-	2	-	-	2	-		4
General Surgery-III	15	-	-	-	-	10		25	4	-	-	-	-	6		10
Gynaecology-I	-	7	-	13	-	3		23	-	-	-	-	-	-		0
Gynaecology-II	9	-	9	-	-	3		21	-	-	-	-	-	-		0
Urology	16	-	11	-	-	-		27	-	-	1	-	-	-		1
Orthopaedics-I	-	12	-	-	-	8		20	-	-	-	-	-	3		3
Orthopaedics-II	-	-	-	7	-	3		10	-	-	-	3	-	1		4
ENT-I	-	6	31	-	-	10		47	-	-	-	-	-	2		2
ENT-II	5	-	-	7	22	-		34	-	-	-	1	-	-		1
Eye-I	-	-	32	-	-	22		54	-	-	6	-	-	2		8
Eye-II	-	-	-	20	-	-		20	-	-	-	3	-	-		3
Eye-III	-	24	-	-	13	-		37	-	2	-	-	-	-		2
Neuro Surgery-I	-	6	-	-	6	-		12	-	-	-	-	2	-		2
Neuro Surgery-II	8	-	-	-	-	8		16	1	-	-	-	-	1		2
Neuro Surgery-III	-	-	9	8	-	-		17	-	-	-	-	-	-		0



## Consolidated Surgical Services Provided

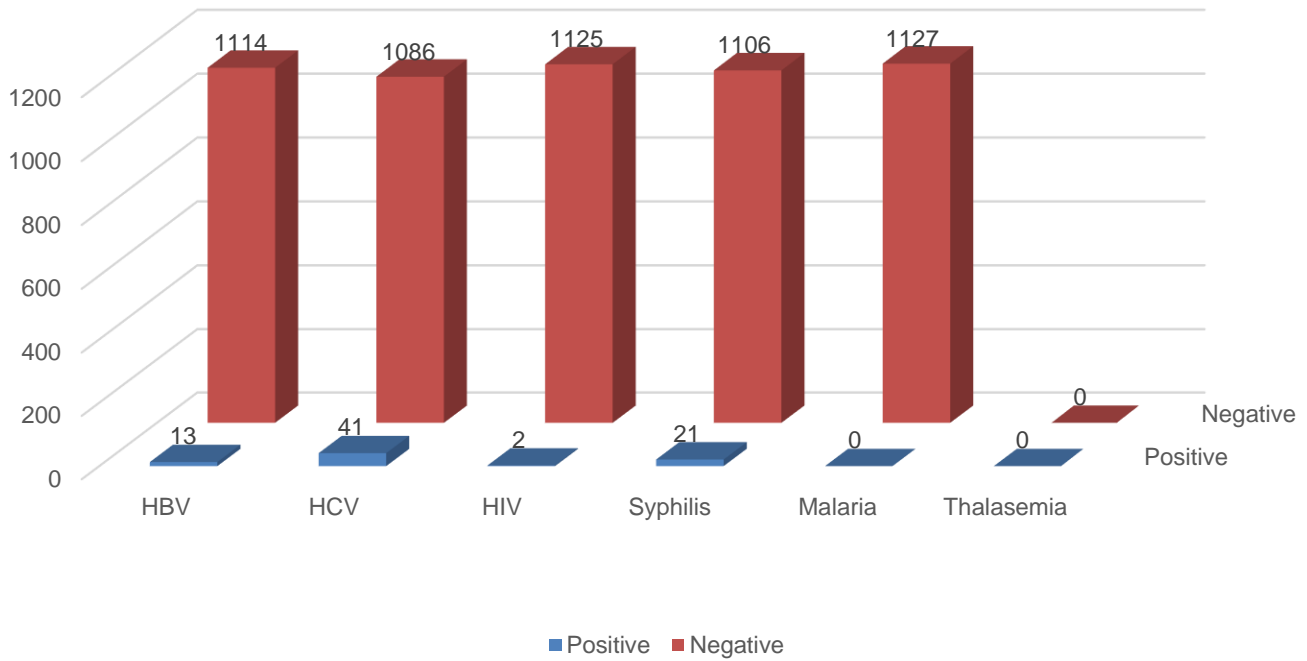
(From 1<sup>st</sup> May, 2018 to 31<sup>st</sup> May, 2018)

	Operation performed	Postponed Cases
General Surgery-I	122	14
General Surgery-II	89	13
General Surgery-III	102	21
Gynaecology-I	110	0
Gynaecology-II	109	0
Urology	90	24
Orthopaedics-I	90	8
Orthopaedics-II	53	18
ENT-I	116	8
ENT-II	185	9
Eye-I	206	27
Eye-II	174	21
Eye-III	178	6
Neuro Surgery-I	64	5
Neuro Surgery-II	70	7
Neuro Surgery-III	87	8

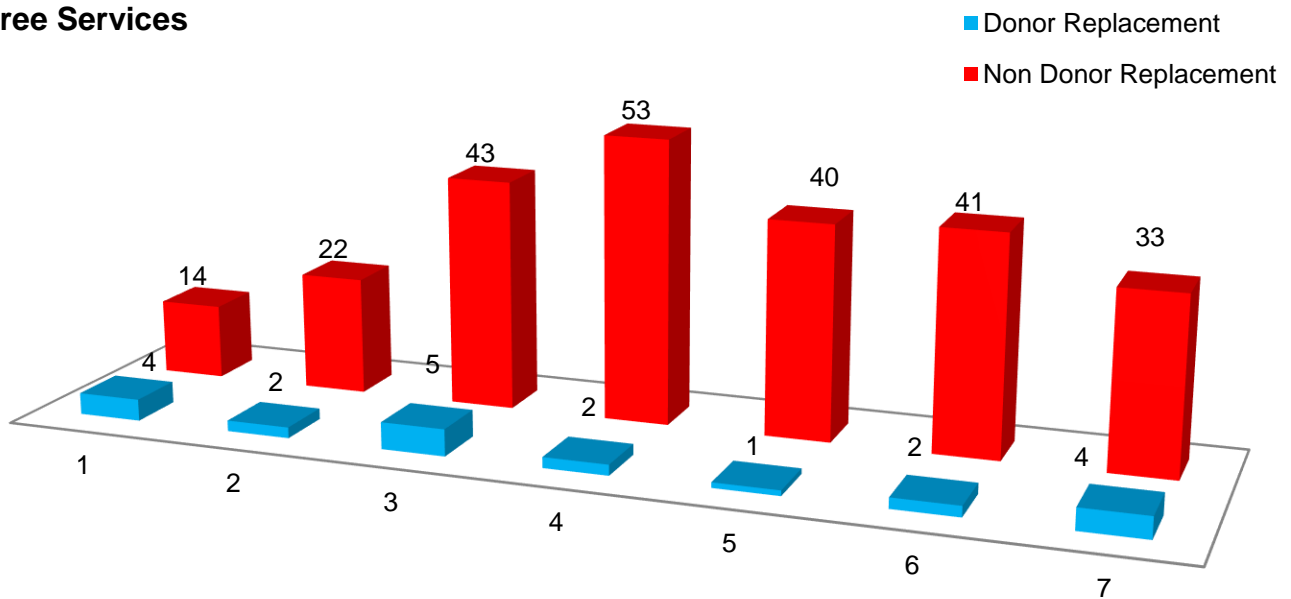


## Blood Bank Services Provided

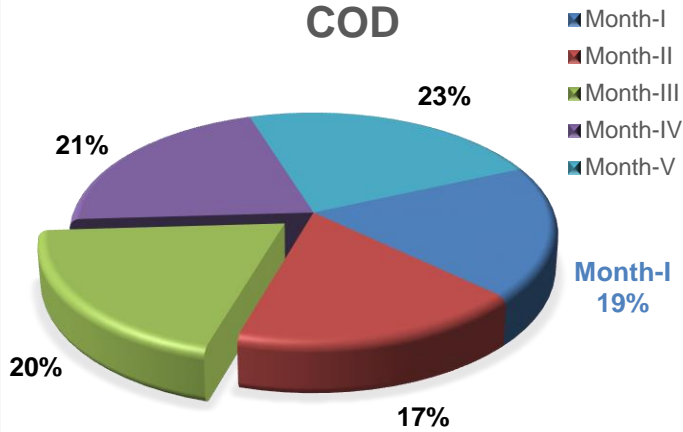
### Free Services



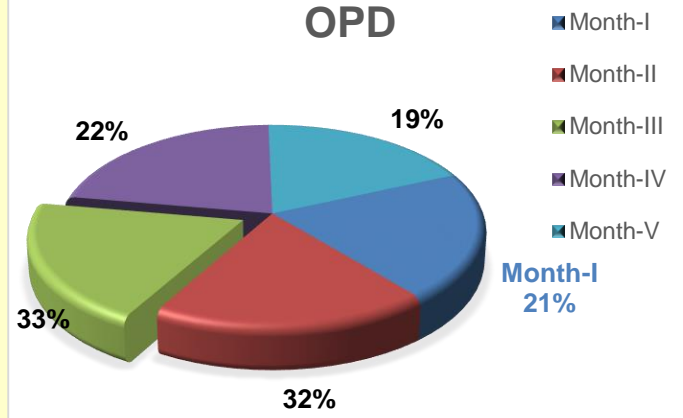
### Free Services



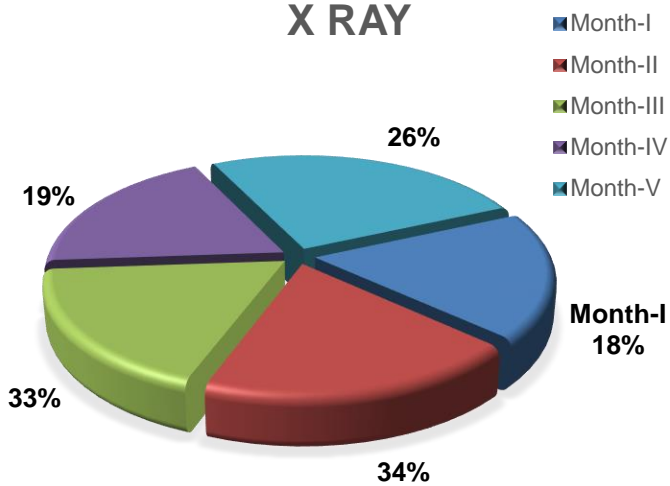
## COD



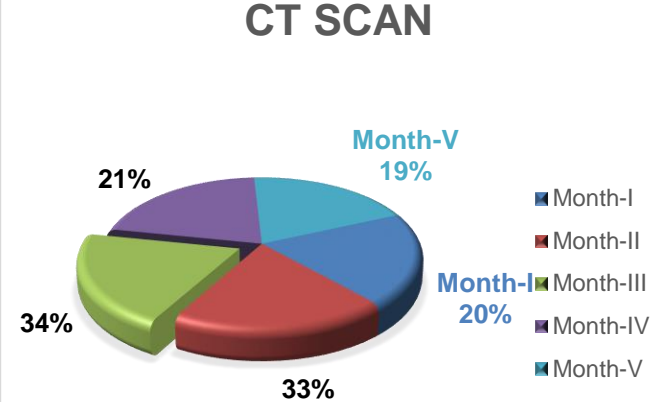
## OPD



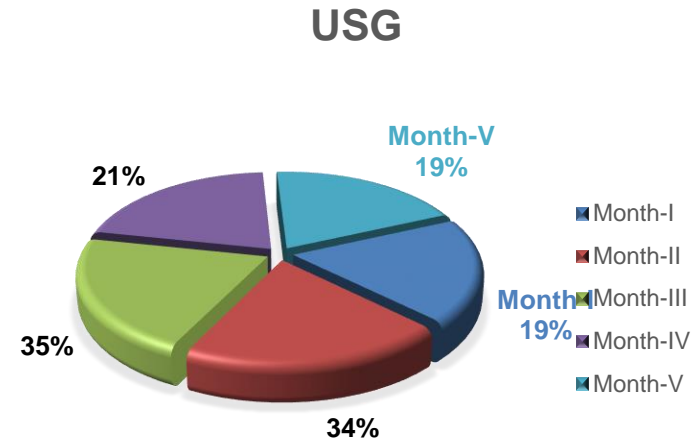
## X RAY



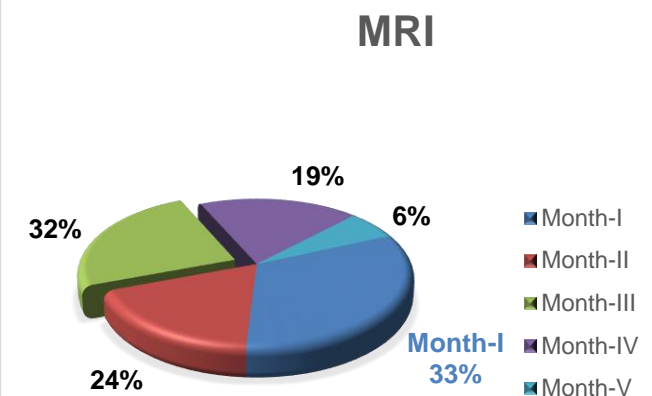
## CT SCAN



## USG



## MRI



## 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 meets 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;
4. 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
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
Fibroscope	Fibro
Laboratory	Lab
Emergency	EMG
Surgical Operation Theatre	SOT
Urology Operation Theatre	UOT
Neuro Surgery Operation Theatre	NOT

**May Almighty Bless Us All**