

INF's Ear Hospital and Training Centre Background Information

Ear Hospital and Training centre (EHTC)

The EHTC is a purpose built small hospital in the southern part of the Pokhara valley. It lies within the Green Pastures compound in close proximity to INF specialist centres serving those with leprosy, spinal injuries and other disabilities. INF has had a presence on this site for about 60 years. The area has attractive views of the Annapurna range of the Nepal Himalaya to the North and the smaller tree clad hills immediately to the south. The Seti Khola river forms the Western boundary of the Green Pastures complex. The surrounding area is rapidly developing as part of the expanding Pokhara city. Pokhara is the second or third largest city in Nepal, with an urban population of over a quarter of a million. Pokhara sits at the centre of the Western Development region of Nepal, with a population of approximately 5 million. There is a well-developed medical infrastructure in the Pokhara valley, but limited facilities beyond the city and in regions further west. There are Ear Nose and Throat departments within some local facilities but as yet very limited provision for ear disease and hearing problems. Over 20 years of ear camps work by INF in remote areas of Western Nepal has shown the large numbers of people with very little help available to them. The goal of this unit is to provide care with a Christian ethos and to further develop services and knowledge in the community through education and training. The EHTC building is well advanced and will be completed in mid 2015. The official opening will occur in November 2015, work will begin earlier and gradually from about September of that year. There is opportunity to engage with the preparations and implementation of this new project.

The hospital has 4 wings;

- Audiology and offices including pharmacy
- OPD
- Wards and teaching
- Operating theatre with ancillary services

The Audiology Department

The department as currently configured has two rooms for audiological testing and hearing aid fitting. At least one of these rooms is to be fitted with a sound protected booth. There is also a large room intended for multi purpose use, such as a waiting area for audiology and for teaching. There is an adjacent covered veranda area.

There is currently no well-developed training in Nepal; we hope to be leaders in this field. This will be challenging, requiring close cooperation with other facilities. There are several potential areas for training, including, basic audiological skills, health post worker training, community volunteers and hearing aid repair and fitting. There are likewise several areas to develop currently under-resourced services such as neonatal at risk screening, education, speech and language, vestibular testing and implantable aids.

There are some basic audiological facilities in some other hospitals in Pokhara. It will be important to work together with these.

Equipment will include diagnostic pure tone audiometers, some are portable battery powered models, and tympanometers. We expect to have portable diagnostic OAE/ABR equipment. We have laptops with USB and Serial Hi Pro boxes. Hearing aids are mainly donated new or second hand models from private and health services from various countries, so software for programming of digital aids is generally available but will need regular updating. In due course we intend to source aids locally. There may be opportunities to develop relationships with large international hearing aid providers through their humanitarian arms. Suitable aids for developing countries such as those using rechargeable solar powered batteries are other options. Simple ear mould lab facilities will need to be developed and repair services.

The department will provide the service for the medical and surgical ear out patients as well as run an independent service.

In order to maintain financial viability of the hospital patients will pay according to scales set by the social assessment service and we aim to provide a free or below cost service to those in greatest need.

Department staffing

The audiology team is planned to include at least one experienced leader who will have a strong role in developing the service provision and also planning training programmes.

This post could be that leader depending upon skills and experience.

Additional staff will include:

Assistant with some basic audiology skills

Cleaner

We aim to train and employ further staff including basic audiologist

Hearing aid technician

We expect to have short term expatriate volunteers including fully trained audiologists.

Anaesthetic Department

Department staffing

It is anticipated that there will be at least one full time equivalent expatriate consultant otologist all year round. A minimum of two ENT specialists may be required in order to support leave periods and outreach camps. We also hope to offer training fellowships in otology once the work of the hospital has become recognised.

This will require that there be at least one full time consultant anaesthetist, which may mean a minimum of two specialists.

Once established we aim to employ at least one local doctor as a resident medical officer

There may be opportunities to employ further part time local anaesthetists from nearby hospitals.

We also hope to train and employ local paramedics for out patient, surgical and anaesthetic assistant roles.

There may be opportunities to engage with a local GP training scheme, offering full or part time periods in service and for training in some aspects of general ENT, or anaesthesia such as acute care and pain control.

Surgical Department

Department staffing

It is anticipated that there will be at least one full time equivalent expatriate consultant otologist all year round. A minimum of two ENT specialists may be required in order to support leave periods and outreach camps. We also hope to offer training fellowships in otology once the work of the hospital has become recognised.

Once established we aim to employ at least one local doctor as a resident medical officer. There may be opportunities to employ further part time local ENT surgeons from nearby hospitals.

We also hope to train and employ local paramedics for out patient, surgical and anaesthetic assistant roles.

There may be opportunities to engage with a local GP training scheme, offering full or part time periods in service and for training in some aspects of general ENT.

Nursing Department

Department staffing

The outpatient area has 3 examination rooms and two minor procedure rooms. These will come into operation as the hospital develops. There are 3 x 4 bedded wards, currently designated as male, female and paediatric, and 4 single private rooms. Most ear surgical patients are short stay. There may be some other ENT or related procedures undertaken that require longer in patient care.

The operating theatre has up to 3 tables that could be used simultaneously and a recovery room.

There is also a pharmacy and medical record area and waiting areas.

There are substantial potential demands on a nursing superintendent in supervision of these areas and it is recognised that departmental heads may need to be appointed as the hospital develops and gains local recognition.