

## Visit Report

# Karnali Academy of Health Sciences (KAHS) Teaching Hospital, Chandannath, Jumla

**Dr. Murari Man Shrestha, MD, M.Sc.; Dr. Hari Prasad Dhakal, MBBS, MD, PhD**

*Nepal Cancer Hospital & Research Center, Harisiddhi, Lalitpur*

**Email:** [murari.shrestha@nch.com.np](mailto:murari.shrestha@nch.com.np), [drhari.dhakal@nch.com.np](mailto:drhari.dhakal@nch.com.np)

## Background

After the memorandum of understanding (MOU) was signed between Nepal Cancer Hospital and Research Centre (NCHRC), Harisiddhi, Lalitpur and Karnali Academy of Health Sciences (KAHS) Teaching Hospital Jumla, a team of specialist health professionals from NCHRC visited KAHS Teaching Hospital, Jumla from 21 – 26 June 2017. The main objectives of the visit was to assess major health problems among patients attending KAHS teaching hospital and also assessing the feasibility of collaborative academic, training, health care and research programs between KAHS and NCHRC. The team completed the mission and debriefed the findings in a meeting that was attended by following dignitaries/KAHS staff:

1. Vice Chancellor, KAHS, Prof. Dr. Rajendra Raj Wagle
2. Rector, KAHS Prof. Dr. Dharma Raj Shrestha
3. Dean, KAHS, Prof. Dr. Mod Nath Marahattha
4. Hospital Director, Mr. Dharma Goshain
5. Specialist Doctors, Medical Officers
6. Nursing Campus Chief
7. Hospital management staff
8. Media person and others

This brief report highlights major points presented during the debriefing meeting organized in KAHS teaching hospital, Jumla. The first part of the report is brief situation analysis of patients and services provided by KAHS. This was done by the team by visiting the hospital service departments and interaction with staff, desk review of records, DPHO and community visits.

Similarly, the second part of the report covers the feasible and potential areas of collaborations between KAHS and NCHRC. The main objectives of collaboration being to support improve and expand health care services at KAHS and NCHRC, improve accessibility to health care to the people of Karnali region, support conduct various academic programs and research studies for the benefit of people at large.

## Major Findings

- There is high expectation among people of Jumla and neighboring districts after the Government of Nepal (GoN) established KAHS in 2068 BS. Political commitment and support from local government and people play crucial role to realize people's expectations in near future.
- Currently, KAHS Teaching Hospital is providing medical, surgical, orthopedic, gynae/obstetric, pediatric services. It has the capacity of 100 beds. As the services expand and various academic programs are run, more beds and human resources will be needed. To address this need, a new building with capacity of 300 beds is at the final stage of construction.
- Hospital records show increasing trend of patients in KAHS teaching hospital. In 2071/072, there were 23756 OPD patients, 2139 admissions, and more than 300 surgeries performed (major 165, intermediate 120 and minor 85). During the same period there were 24 perinatal, one maternal and 16 deaths due to various reasons.

- In 2072/073 (Shrawan-72 to Assad-73), 24,826 patients attended the KAHS teaching hospital. During this period, the female admissions were 1248, male admissions 1182 (total 2429 cases) with > 51% female admissions. There were 20 neonatal, 2 maternal, 28 prenatal and other 17 deaths due to various reasons (total 67 deaths). The causes of death in neonates included prematurity and hypothermia, however, mothers died of cardiac failure and hypovolemic shock. KAHS had referred three cases of cervical cancer, which were in advance stage. The annual report of DPHO Jumla has also registered 12 different cases of cancer. Current bed occupancy is around 60%.
- Of all the patients attending KAHS teaching hospital, around 20% of cases are from neighboring districts such as Kalikot, Mugu, Dolpa and others.
- Major health problems/morbidities: The most common diseases recorded are respiratory tract infections, gastrointestinal diseases, skin infections, trauma and injuries, eye diseases, hypertension, urinary tract infections (UTIs), malnutrition, gynecological disorders including pelvic inflammatory disease (PID), chronic pulmonary obstructive disease (COPD), breast lumps, peptic ulcer, and enteric fever. Other diseases included asthma, tuberculosis, gall bladder and urinary bladder stones, uterine prolapse, abdominal tumors, cysts, prostatic enlargement, hydrocephalous, spina bifida. The immunization preventable diseases (IPDs), HIV/AIDS, Hepatitis B and other vector borne diseases were not found in the record, and remain the areas of study.
- Human resources (HR): General surgeons – 4 (one local), Orthopedic surgeons 2 (One local), Anesthesiologists – 3, Pediatrician -1, Gynecologists -2, MD GP -1, Medical Officers – 10 (Two locals), MHCM -1 Public Health Officer (M.Ph) -2, Medical Laboratory Technologist – 1, B. Sc. Nurses -7, HAs -4, Staff nurses – 20, ANMs -12 and Lab. Technician – 1, Lab. Assistants – 2.
- Clinical services such as anesthesia, medical, surgical, orthopedics, pediatrics, obstetrics and gynecology, are limited due to shortage of specialist doctors.
- Diagnostic services such as pathology and laboratory medicine and radio diagnosis have shortage of HR and basic equipment. Currently, the pathology services include routine examinations of blood, stool, urine, sputum, blood urea, creatinine, SGPT, blood sugar and serum electrolytes only. Blood grouping and cross matching is performed at hospital laboratory.
- Surgical specimens and other biological materials are sent to private laboratories in Nepalgunj (patient party carried) which take around 10 to 15 days to get the report.
- There are no ventilators and monitors to support major surgeries and provide services through intensive care unit (ICU).
- There is no provision of blood/blood product storage facility in the hospital; only “Moving” donors are available.
- Hospital waste management and infection prevention and control (IPC) are the urgent issues to be solved.
- The community visit revealed that the health awareness among people was minimal. It is found that in Jumla malnutrition, smoking, indoor smoke and pollution, early age at marriage and childbirth, chronic chest infections are major public health problems.
- Academic programs KAHS is running are proficiency certificate level (PCL) in nursing and general medicine (Health Assistant).
- Outreach health programs are conducted in collaboration with DHO, NGOs, and INGOs. The NGOs/INGOs in Jumla are World Vision International, Inf, Mary Stops, Health for Life, Action Works, Nepal CRS Company, Agriculture and Food Program

### Potential areas of collaborations

At existing situation, the team has identified possible areas for collaborations between KAHS and NCHRC. The principle of collaborations is based on the benefit of the people of Jumla and surrounding districts. The collaborations can be short-term, medium-term and long-term programs in various areas of health care, academic programs and researches mutually agreed by KAHS and NCHRC.

### Short-term (<= 1 Year)

- Establish bilateral working relationship between different departments of KAHS and NCHRC to improve diagnostic and treatment services. Communication tools such as telephone calls, emails, viber and Skype can be used as means of communication.
- Conduct periodic orientation/training programs for health staff to promote hospital infection prevention and control program (IPC) including antimicrobial stewardship at KAHS teaching hospital.
- Conduct cervical and breast cancer early detection and treatment programs through education and screening camps as a priority activity.
- Surveys and studies towards early age marriages, food habits and other areas of public health concern in Jumla and Karnali region.
- Develop mechanisms for shipping tissue specimens, slides, blood and body fluids from KAHS to NCHRC for laboratory examination.
- Initiate data keeping of cancer patients attending KAHS teaching hospital.
- KAHS can play a supportive role to build capacity of NCHRC staff/professions.
- Prepare and arrange basic requirements to establish telemedicine services (Budget, rooms, electricity, internet services, HR and others).

### Medium-term (1-3 years)

Based on experiences and achievements gained and need of KAHS, the medium-term programs/activities will be formulated and prioritized. However, following program activities may be considered:

- Conducting telemedicine services between KAHS and NCHRC for diagnostic and treatment services of the patients including cancer.
- NCHRC to provide platform for KAHS under graduate, post graduate students for teaching/learning and academic activities.
- Continuing exchange of health professionals/faculties to support academic and training programs of KAHS Teaching Hospital, Jumla and NCHRC.
- Expansion of cancer early detection and control programs.
- Conduct research/studies in the field of smoking/tobacco use, dietary patterns, lifestyle and other

factors that can contribute to development of diseases including cancer.

- Research on medicinal herbs and natural products, and high altitude.
- Continue cancer registry

### Long-term (3 years and more)

- Continuation of exchange of faculties
- Continuation of telemedicine
- Establishment of oncology services at KAHS with technical support from NCHRC.
- Continuation of cancer registry program (as population-based).
- Expansion of research programs and publishing scientific medical journals.
- Other program activity can be developed based on felt need and mutual understanding between KAHS and NCHRC.

### Recommendations

The program areas identified by this team are important to open window for collaborative programs in health and health sciences. The collaborations are expected to benefit patients through evidence-based health services and contribute to medical science in Nepal and globally.

### Acknowledgement

- Our sincere appreciation and thanks to the KAHS Vice Chancellor, Prof. Dr. Rajendra Wagle, Rector, Dean, Hospital Director, doctors, nursing professionals, administrative and staff from record section for providing the opportunity to visit KAHS and making our visit meaningful
- We are also thankful to all the health persons at KAHS who provided health related information during our visit
- Sincere thanks goes to the staff of District Health Office for providing us the health service information of Jumla district
- We are thankful to the management of Nepal Cancer Hospital and Research Center for providing this opportunity to carry out this important health mission
- Also, our thanks goes to all persons who directly and /or indirectly contributed to make our visit successful.

Date: 12 December 2017