**ENT & Audiology Funding Requirements and Application**

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*This document provides detailed information regarding Smile Train’s ENT & Audiology Program requirements and protocols, as well as the offline funding application. Prospective partners should review this information prior to applying for ENT & Audiology funding and must abide by these protocols, if awarded.*

**1. PURPOSE OF SMILE TRAIN ENT & AUDIOLOGY FUNDING**

* The purpose of Smile Train ENT & Audiology funding is to increase access to care for patients with clefts, and/or to improve the quality of the current ENT & Audiology care being provided.
* ENT & Audiology funding is intended as a one-off support to cleft care teams to ensure that current gaps and barriers are addressed.
* ENT & Audiology funding is not intended to support salaries of treating practitioners or staff.
* Prior to submitting an application, prospective Smile Train partners are encouraged to examine their current cleft care protocols to identify any changes necessary to improve access to and/or quality of care.

**Ventilation Tube Placement Coordinated with Cleft Lip/Palate Repair**

Smile Train funding is intended to be used to support patients in receiving essential cleft care, as well as reduce the burden of care on patients and families. Within the field of ENT & Audiology, the burden of care on a patient and family can be significantly reduced by coordinating ventilation tube placement with a cleft lip or palate repair procedure. Additionally, recent research demonstrates improved clinical outcomes in patients who receive coordinated ventilation tube placement and cleft palate repair. As a result, Smile Train encourages all partners to facilitate coordinated ventilation tube placement with lip/palate repair surgery, whenever possible. This will reduce costs for the patient and family, reduce safety risks of multiple anesthesia encounters, and reduce the burden of care placed on parents and caregivers. When necessary, Smile Train funding may be used for ventilation tube placement as an independent procedure.

**2. FUNDING APPLICATION AND BUDGET**

A complete Smile Train ENT & Audiology funding application includes:

* ENT & Audiology Funding Application (below)
* Smile Train ENT & Audiology Funding Budget Template

**How can Smile Train ENT & Audiology funding be used?**

* Smile Train ENT & Audiology funding is intended to be used for the following services: ENT Assessment, Hearing Assessment/Testing, Tympanostomy Tube Placement Procedures (coordinated with lip/palate repair strongly recommended), and necessary follow-up visits.
* Direct surgical costs (i.e., surgical suite costs, anesthesia), particularly in the case of ventilation tube surgery coordinated with cleft lip/palate repair, should not be included in the ENT & Audiology budget. These costs should be funded via the partner’s Smile Train surgical contract – ENT & Audiology funding is reserved for ENT-specific costs, such as the ENT surgeon fees and tympanostomy tube surgery-related consumables.
* At this time, Smile Train funding will not be approved for costs related to hearing aids, amplification, or cochlear implants.
* Funding should not be utilized to support practitioner salaries, utilities, or other costs related to center maintenance.

**3. REQUIREMENTS FOR ENT & AUDIOLOGY PARTNERS**

**3.1 General Requirements**

The partner benefiting from ENT & Audiology funding must:

* Use funding only for equipment and/or activities described in the application and budget
* Conduct Smile Train-funded patient care only at approved treatment centers
* Maintain financial records of funding for audit purposes
* Submit required documentation to Smile Train Express (STX) database for all patients benefiting from ENT & Audiology funding
* Capture patients’ stories showing impact of funding
* Submit a Smile Train Funding Report (FR) upon conclusion of funding period
* Be available for site visits from Smile Train staff and advisors
* Be responsive to emails, surveys, and inquiries regarding ENT & Audiology care provision

**3.2 Smile Train Express (STX) Reporting Requirements**

Partners benefiting from ENT & Audiology funding are required to submit documentation of all patient visits online via the Smile Train Express (STX) medical records database. Partners should reach out to their local Smile Train contact for resources on appropriate protocols for STX reporting of ENT & Audiology patients.

* Practitioners providing ENT & Audiology treatment to Smile Train patients, or clinical staff overseeing upload of STX patient records, must have access to the STX database. If a practitioner or staff member requires support with STX login, reach out to your local Smile Train contact.
* Smile Train has developed three STX ENT & Audiology Data Collection Forms, to be used for reporting of patient data:
  + ENT Assessment Form
    - To be completed for all Smile Train patients at General ENT Assessment or Post-Ventilation Tube Surgery Follow Up
    - Collects data on patient background, physical examination, tympanometry, overall middle ear function, and clinical recommendations
    - A Post-Ventilation Tube Surgery Follow Up should be completed at least one week following surgery, and every 6-12 months after surgery until tubes extrude and a normal hearing status is confirmed
  + Hearing Assessment Form
    - To be completed for all Smile Train patients at General Hearing Assessment or Post-Ventilation Tube Surgery Follow Up
    - Collects data on pure tone averages, sound field audiogram, otoacoustic emissions, tympanometry, overall hearing status, and clinical recommendations
    - A Post-Ventilation Tube Surgery Follow Up should be completed at least one week following surgery, and then may be completed up to once per year
  + ENT Surgery Record Form
    - To be completed for all Smile Train patients at Ventilation Tube Placement
    - Collects data on surgery type, tube type, success of placement, and presence of middle ear fluid
* All patient records must be submitted online through STX. However, the offline STX Data Collection Forms linked above are available to facilitate data collection in real time during patient visits, which may help to expedite upload and submission of STX records.
* Partners’ STX documentation should be complete and accurate. Submission of records to STX should be done in a timely manner.
* Funding installments may be withheld if a partner fails to comply with stated documentation requirements.

**3.3 Patient Follow-Up**

Patient follow-up post-ventilation tube surgery is essential to ensure patient safety post-operatively and facilitate positive clinical outcomes. Partners should put measures into place to promote patient follow-up and educate patients and families on the necessity of follow-up visits. Reach out to your local Smile Train contact if you need support with facilitating patient follow-up at your center. If consistent poor patient follow-up is identified and clinical outcomes are unable to be observed, applications for further funding may be jeopardized.

**3.4 Infrastructure Requirements**

The center applying for ENT & Audiology funding must have the following materials available:

* Binocular otologic microscope
* Myringotomy kit:
  + Myringotomy blade and handle
  + Cerumen loop or curette
  + Micro-alligator forceps
  + Angled straight pick
  + Frasier suctions of various sizes (3, 5, 7)
  + Speculum of various sizes (3, 3.5, 4, 5)
* Suction machine and tubing
* Tympanostomy tubes
* Antibiotic otologic drops
* Pneumatic otoscope and tips
* Clinical Tympanometer
* Clinical Audiometer (optional)
* Parent education materials

**3.5 Practitioner Requirements**

The following clinical professionals are required at centers applying for Smile Train ENT & Audiology funding:

* Otolaryngologist or ENT Surgeon – Surgeons must be trained in Otolaryngology-Head and Neck Surgery, having current certification in their respective countries, experience in evaluating and managing infants/children with middle ear disorders (effusions, infections, identification of cholesteatoma), experience debriding ear canals of debris and cerumen in clinic to adequately evaluate the ears, pediatric nasopharyngoscopy, and myringotomy with tympanostomy tube placement in the operating theater.
* Audiologist or Hearing Specialist – Hearing specialists must demonstrate formal training and must be able to perform, at minimum, tympanometry and age-appropriate audiometry (behavioral audiometry, play audiometry, visual reinforcement audiometry).

All ENT Surgeons and Hearing Specialists providing treatment to Smile Train patients must go through a formal approval process. To be considered for Smile Train approval, practitioners must submit a CV through the Smile Train Partner Portal. Please reach out to your local Smile Train contact with questions.

**3.6 Cleft Team Care & Referrals**

Smile Train strives to support all partner centers in providing high-quality comprehensive cleft care (CCC) services. CCC requires an interdisciplinary Cleft Team composed of a variety of medical professionals working closely – communicating and collaborating – to provide essential care for patients with clefts. All areas of CCC should be considered when making evaluation and treatment decisions, and all Cleft Team providers (surgeon, orthodontist, etc.) should be aware of the patient’s treatment plan and goals. All Smile Train materials and policies should be reviewed with the Cleft Team practitioners providing care with this funding.

**3.7 Funding Completion & Further Funding Requirements**

Partners benefiting from funding must submit a Funding Report (FR) through the Smile Train Partner Portal, due 30 days after the end of the awarded budget period.

The funding period can be adjusted if needed. Partners should reach out to their local Smile Train contact to request a change in the funding period.

No further funding will be considered when:

* A Funding Report has not been completed and submitted through the Smile Train Partner Portal
* Information provided in the Funding Report does not reflect information collected in the STX database
* STX ENT & Audiology Records are missing or incomplete
* Analyses of STX records show poor quality of ENT & Audiology care and/or no improvement of quality of care

Further funding can be considered if key targets of quality care provision are met and the need for additional funding is justified. The process for requesting additional funding is similar to the initial funding request, however the partner must justify why further funding is necessary.

**4. AUDITS**

Smile Train partners receiving ENT & Audiology funding may be subject to medical and financial audits. Funding may be discontinued at any time if Smile Train considers that donors’ funds are not appropriately used.



**ENT & Audiology Funding Application**

*This offline application will assist you in collecting the information required to apply for Smile Train funding. If your organization has never received funding before, additional legal documentation and wire transfer information may be requested. This application will be reviewed by Smile Train and feedback will be provided.*

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| APPLYING ORGANIZATION INFORMATION  Only complete if organization is new to Smile Train | |
| Organization Name |  |
| Contact Information  Address, phone, email, website |  |
| Organization Type  i.e., hospital, non-profit, university, individual |  |
| Ownership  i.e., private, government, religious |  |

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| PRIMARY CONTACT INFORMATION  This should be completed for the individual overseeing the ENT & Audiology funding | |
| Primary Contact Name |  |
| E-mail Address |  |
| Job Title & Profession |  |

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| FUNDING REQUEST | |
| * Please use the Smile Train ENT & Audiology Funding Budget Template to create your budget. * Please report below budget-related information. | |
| Amount Requested in USD:  or Smile Train accepted local currencies |  |
| What percentage of the total project costs will Smile Train be supporting with this funding? |  |
| From what other sources will your center receive financial support for this ENT & Audiology project?  Select all that apply. | * Government * Patient payments * Treatment center’s own resources * Other cleft-focused non-profit organization * Other organization * None |
| Proposed start date of the funding period: |  |
| Proposed end date of the funding period: |  |
| Primary Geographic Area Served: |  |

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| PARTNER BACKGROUND | |
| On average, how many patients with clefts receive ventilation tube insertion per month at your center? |  |
| In total, how many cleft-affected patients received surgical treatment at your center in the last 12 months? |  |
| One or more cleft surgeons must be affiliated with all Smile Train funded ENT programs to ensure that treatments align with quality cleft surgery. Please state the name(s) of the cleft surgeon(s) affiliated with this ENT program: |  |
| Does your center currently have all of the necessary materials and equipment to support an ENT program, as stated in Smile Train’s ENT & Audiology Funding Requirements & Application? | * Yes * No |
| If not, please describe available resources in detail: |  |
| How many patients with clefts are expected to benefit from this ENT & Audiology funding during the proposed funding period? |  |
| Please provide a one-sentence summary of your project: |  |

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| PARTNER NEEDS & OBJECTIVES | |
| Please state the need for this funding:   * How will this funding resolve gaps in ENT and hearing care provision at your center? * How will this funding improve the quality of ENT and hearing care and/or accessibility of services for patients with clefts at your center? * How will this funding help you increase the number of patients with clefts receiving ENT and hearing services at your center? * What objectives will this funding allow you to achieve? |  |
| Please describe in detail how you plan to utilize Smile Train ENT funding, if awarded:   * How will you recruit and select patients? * What types of ENT and hearing services will be provided to patients? * What is the age group of the intended beneficiary patients? * How will you facilitate coordinated tympanostomy tube placement with cleft lip/palate repair procedures? * At what frequency will patients be required to return for follow-up visits? * How will you facilitate follow-up and adherence to clinical recommendations? |  |
| Please describe in detail the ear and hearing care education program you will provide to patients and caregivers during their treatment, including materials, educational resources, and tools. |  |

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| SUPPLEMENTAL DOCUMENTS |
| The following supplemental documentation is REQUIRED:    Detailed Budget (in US and local currency)  Please complete the Smile Train ENT & Audiology Funding Budget Template to provide a detailed breakdown of the funds you are requesting. The budget should demonstrate how the requested funding will be used to meet the ENT and hearing needs of patients with clefts in your program. |