

INTERNSHIP REPORT

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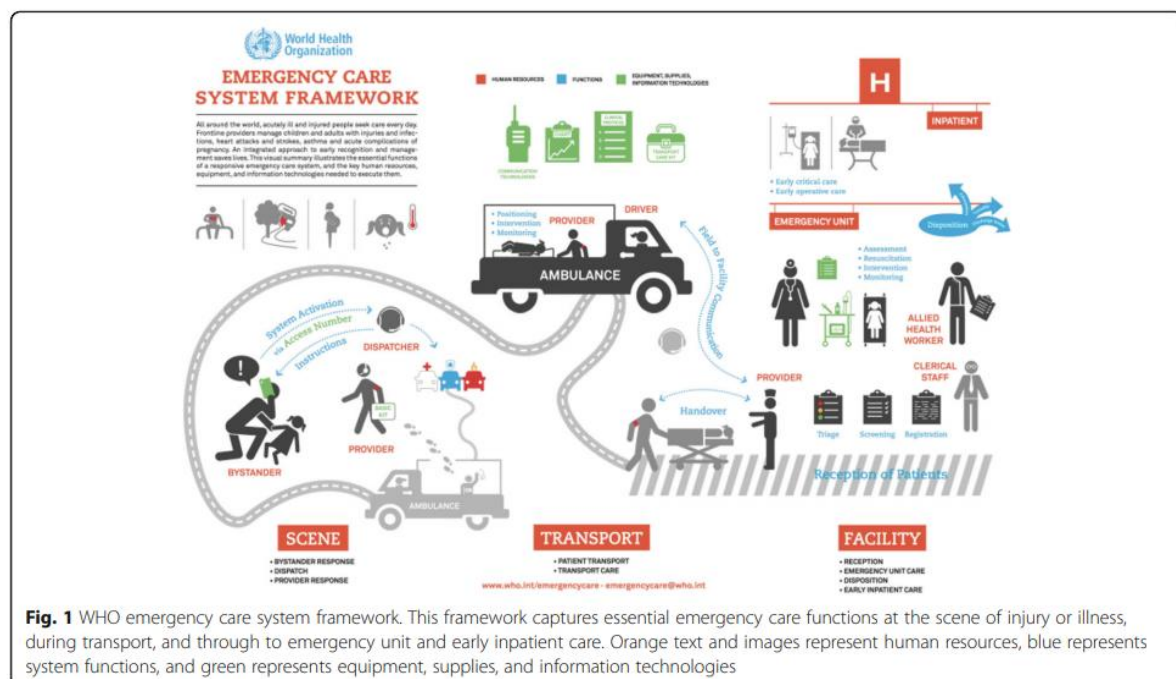
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INTRODUCTION

The World Health Organization (WHO) reports that more than 1.24 million people are killed on the world's roads each year and as many as 50 million people are injured in road crashes annually worldwide (WHO, 2013).

Every year, 150,000 people may die in situations where first aid could have given them a chance to live (St John Ambulance, 2012).



One of the most critical life-saving skills is first-aid assistance. The essence of first aid is to provide basic treatment until emergency medical services arrive, which can prevent a large number of deaths.

Emergency medical services (EMS), often known as ambulance or paramedic services, provide pre-hospital treatment and stabilisation for serious illnesses and injuries, as well as transportation to definitive care. EMS is a vital part of the health-care system, and it is required to enhance outcomes of time-sensitive medical mishaps

Advanced life support (ALS) units responding to life-threatening situations should have a response time of 8 minutes or less, according to EMS procedures.

There are mainly three types of ambulances used to transport patients. A normal patient transport (PT) ambulance is used to transport non-critical patients.

The Basic Life Support (BLS) ambulances are accompanied with EMTs or paramedics. The personnel are not allowed to administer injection, IV fluids or give medications. The ambulance is well equipped with the latest medical equipment like AEDs, Pulse Oximeter, Oxygen Cylinders etc.

The Advanced Life Support Ambulance has a doctor, paramedic or EMT (Emergency Management Technicians) on board. The ambulance has access to all the life saving equipment and medications like cardiac life support, cardiac monitor, ventilators, IV drips, BiPap etc. The paramedics and the EMTs are highly trained and have the permission to administer injections, IV fluids and give medications to stabilize the patient's condition

By the year 2025, road traffic deaths in India are expected to cross 250,000 annually. In 2018, 1,51,000 fatalities were caused due to road accidents. 50% lives of road accident victims could have been saved if timely assistance was made available to them.

Moreover, 40%-60% deaths in India are preventable.

India still lacks a centralised medical emergency response system. Although separate hospitals or private service providers run private ambulance services in various cities, they are not coordinated.

There are major challenges with Indian EMS system. Firstly, there are no prominent national entities in emergency response service. Hence there are many different service providers

who maintain their own emergency number. 102 is the emergency Helpline number for ambulance in parts of India. There are different emergency numbers in India's 28 states and seven Union Territories. Hospitals in the country provide different telephone numbers for ambulance services. Clearly, India is in need for proper emergency medical service that can be accessed from anywhere in the country. The existing fragmented system falls terribly short of meeting the demand.

It makes it impossible for people to remember all the numbers creating a lack of top-of-mind recall. According to previous studies, there is a huge lack of awareness among people in line with emergency services. The ambulances are owned by hospitals or some private players who typically transit their patients or customers. There is a paucity in coordination among the service providers which results in poor standardisation. This severely affects serviceability and customer experience.

These ambulances require trained professionals but in India there is a shortage of EMTs. Most of the time, these vehicles are solely staffed by a driver and an attendant, who may or may not be a qualified paramedic. This implies that even if an ambulance arrives on time, the personnel may not be trained to provide emergency care.

According to the World Health Organisation's (WHO), there should be at least one ambulance (emergency response) per 1 lakh population in the plains. In India, we have a sufficient number of ambulances as per Road Transport Yearbook 2016-17, but this does not guarantee that the ambulances are operational.

The quality of ambulances is also overlooked in India. There is no maintenance of equipment or vehicles for years. Many of the ambulances do not have medical equipment and first aid kit as per the mandated

According to the Comptroller Auditor General (CAG) report from Madhya Pradesh (2017), the mean response time was observed between 41-47 minutes against 8 minutes recommended by WHO

During COVID, the demand of ambulance service multiplied many folds which also highlighted the severe lack of standardisation in terms of quality of services and rates charged by these service providers

Due to these huge flaws, the emergency response sector in India is considered to be unreliable, unorganised, unregulated and not responsive.

There are start-ups coming up to solve these issues, and build a better healthcare ecosystem via leveraging the modern-day advancements and leveraging each other's solutions to provide better healthcare services

OBJECTIVE

The Internship is pursued with the intent to get familiar with the organisation and learn about its core service which is the Emergency Response Service

Through this Internship I seek to learn-

1. The overall culture of the organisation,
2. The organisations Vision, Mission and Values
3. The different services being offered by the organisation.
4. The basics of different aspects of business-like Operations, Growth, Finance, Human resources etc.
5. To give my valuable inputs and suggestions in different aspects of the business

ORGANISATION PROFILE

Medulance Healthcare is India's first & leading comprehensive emergency response service provider, extensively dealing in the Ambulatory Services, Dedicated Emergency Helpline, Emergency Management Technology, First-Aid and safety training and activation of In-house Medical rooms for leading Hospitals, Insurance Companies, Connected Cars, Home-Security solutions, Corporates, RWAs, Schools along with direct patients/caregivers



History

Medulance was started in the year 2017 with the aim to make finding an ambulance as easy as finding food or taxis these days to assist lives. Medulance is an integrated emergency response support provider, ambulance booking, and tracking system designed to provide first point medical attention. Since inception Medulance has assisted more than 300000+ lives in receiving timely medical attention

AIM: To make quality and timely emergency care services to population at large

HOW: Via leveraging technological advancement and integrate it with traditional system & standardizing the emergency healthcare infrastructure

Business Overview

Emergency response is the most critical to the lifeline of any country. Medulance wants to inspire breakthroughs in the way India looks at ambulances and first point medical attention, and to touch lives. They believe in great leadership, right collaboration, integrity, accountability, passion, and best quality.

Since inception in 2017, the Medulance fleet has grown to 5000 ambulances in 22 cities across India, and over 3 lakhs people have received timely medical help. Medulance operates as a B2B, B2C and a B2G service provider, increasing the geographic and demographic reach for its services.

Services: -

- Ambulatory Services -providing GPS enabled high-quality Ambulances to manage any level of medical emergency
- Dedicated Helpline service.
- Emergency Management Technology
- Activation of In-house Medical rooms
- Imparting specialized First-Aid and safety training

USP: Big Strengths

Medulance's USP lies in its integrated Emergency Management Technology & highly skilled front-line staff which helps in reducing response time and improving patient admission process.

BRAND DNA: Vision – mission – philosophy

Medulance's mission is to assist lives by minimizing medical emergencies and responding to them, when they arise. Its values – such as empathy, transparency, professionalism,

innovation, and commitment - serve as a compass for its actions and influence how the team engages with its ecosystem.

Team Overview

The Medulance team is steeped in the healthcare industry with long experience of, and feel for, the market. Medulance has a small but powerful team. A dedicated and committed team at Medulance and a well-defined structure to support the product to ensure effective execution ensuring customer satisfaction. Company has a dedicated team of Sales & BD, Support, Technology, Client Servicing and Vendor management.

Top Management

1. Dr Satish Bharadwaj (Advisor)

He is the first person to start private ambulance service in India with his reputed company Goodmans Rescue. He is an Industry Veteran with more than 20 years of experience.

2. Dr Yatin Talwar (Advisor)

An alumnus of prestigious PGI, KEM, National Law school, XLRI and IIM. A rare combination of a clinician, an operation expert, a medical lawyer and a financial and strategy analyst. Policy maker for MOHFW and Board advisor of three hospital chains

3. Pranav Bajaj (Co-Founder)

Commerce graduate, Pranav drives partner acquisition at Medulance. He brings in rich start-up experience from his time at Zomato

4. Ravjot Arora (Co-Founder)

A Computer Science Engineer, Ravjot handles the technical operations for Medulance. Ravjot brings in new operational ideas while directing the financial aspects to ensure effective running of Medulance.

COVID-19 Initiatives

1. Partnered with the Government of Delhi to assist the C.A.T.S ambulance service with a fleet of 100 ambulances in the time of COVID-19 pandemic. Till date Medulance has assisted 70,000+ COVID suspected and positive patients
2. Launched a new product MeduAlert
3. Helped in supply of PPE kits, fumigation

Medulance <> Standard Operating Procedure (SOP) during Covid-19 Pandemic

Segments

- PPE Kits (Coverall, Sanitizers, Hand gloves, N-95 Masks, Disposable goggles, face shield, Disposable dustbin bag. Head cover)
- Fumigation & Sanitization
- Temperature checks
- Arogya Setu app
- Awareness regarding Covid-19 protocols & necessities

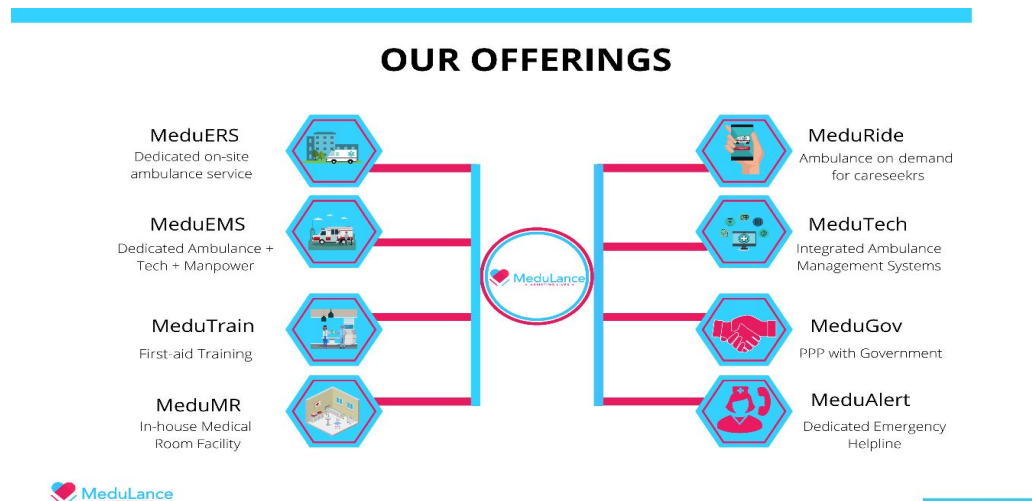
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Timelines

- PPE Kits are changed as per the protocols of their usage

- Fumigation is done before and after transfer of each covid-19 suspect/confirmed case, Ambulance is sanitized immediately after the patient is dropped and is parked at the designated area.
- Daily temperature checks for all the frontline staff (Drivers/Paramedics/EMT)
- Arogya setup app to be active on with devices of frontline staff
- All the frontline staff is trained with the protocols and necessities for Covid-19 as prescribed by WHO & MoHFW

SERVICES



- **MeduERS** - We provide ambulances on a subscription-based model. The ambulance is stationed in the premises of our clients 24/7 along with trained drivers and certified paramedics.
- **MeduEMS**- Under MeduEMS, fixed ambulance (MeduERS), manpower and technology(MeduTech) is provided

- **MeduAlert** - Dedicated emergency helpline number for an organisation which covers employees as well as their family members
- **MeduGov** - PPP model to facilitate emergency response service
- **MeduMR** - Facilities and designs are identified and first aid room is set up with all the necessary equipments and first-aid tool
- **MeduTrain** - Specialised and unique first aid training program for employees and stakeholders of corporate partners
- **MeduTech** - Integrated end to end emergency management technology including MeduRange (manager application), MeduRedic (paramedic mobile application) and MeduRide (driver mobile application)

KEY ACTIVITIES

Capital raise activities: Including development of business collaterals like Information Memorandum, Pitch deck, Company Profile etc.

Partnership & Strategic Alliances: Identifying potential synergies with other players in the market, reaching out to decision makers of potential partners, having meeting with them, brainstorming how to align mutual benefits together and closing the deal

Product Development: Part of team working on launch of a new product, identifying market opportunities, doing market research, identifying roadblocks and brainstorming solutions

Public Relations: Being one of the SPOCs to coordinate with PR agency of the company, which includes brainstorming ideas, developing content, identifying different platforms, having regular checks and feedbacks on the PR team, coordinating between different stakeholders

Marketing Activities: Coordinating with Marketing Agency of the company to run different campaigns on social media. The main objective is to create brand awareness and generate leads.

Human Resources: Revising and formulating the Hiring process for interns as well as full time employees. Formulating Job descriptions, reaching out to different hiring platforms, developing different assessments and primary resume scanning

KEY LEARNINGS FROM THE INTERNSHIP

1. Knowledge about the Emergency Medical Service in India: The internship taught me about the know-how of this industry. I have learnt the operational aspect behind dispatching an ambulance. I now know the difference between ACLS and BLS ambulances and the type of personnel required in different emergency cases.
2. Business communication and proposals: During the tenure, I have learnt how to communicate with business partners and potential clients and pitch our services.
3. Learning about how PR works, what are various aspects of it
4. Coordinating with different people from different teams as well as companies, having effecting communication and negotiations has helped me learn team management.
5. I have also learnt that being honest and straightforward with your clients helps in building a better long-term relationship.
6. The internship has also taught me how to multitask.