Integrated Ambulance Project (IAP): Ambulance Service's Quality & Call Auditing

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NATIONAL HEALTH MISSION

The National Health Mission (NHM) was launched by the government of India in 2005 subsuming the **National Rural Health Mission** and **National Urban Health Mission.** .
The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Government of Rajasthan, Ministry of Health and Family Welfare, under National Rural Health Mission initiated Emergency Response Services, popularly known as "**108 Ambulance service project 108-Ambulance Services which is being run in PPP mode in the State.**

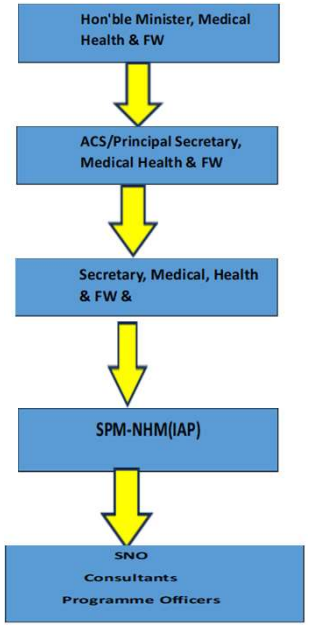
VISSION

Within **GOLDEN HOUR**(60min) , emergency services to the provided at 24*7 *365days.

OBJECTIVES OF IAP

- To provide round the clock pre-hospital emergency transportation care (ambulance) services across the state.
- . Improve the access to Medical & Health care, police and fire service, particularly attending emergency situations relating to pregnant women, neonates, parents of neonates, infant and children in all situations
- assist the state to achieve the critical Millennium Development goals.

ORGANISATION STRUCTURE



Mukhymantri Chiranjeevi Ambulance Service is an attempt to deliver range of services within golden hour, health advisory services, transport refer cases etc.

Accident are the main cause of mortality & morbidity leaving no one behind worldwide.

OBJECTIVES

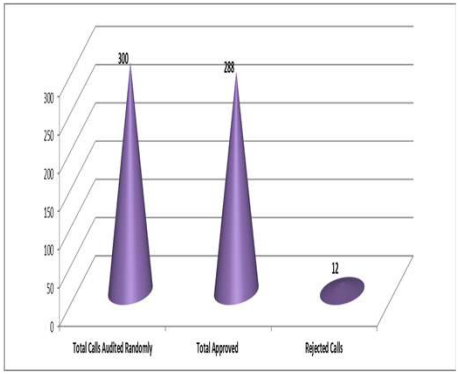
- Understanding the functioning of both the portals-A:TCIL-SIHFW & B:TCIL.-NHM.
- To study the challenges & suggestions for addressing them

METHODOLOGY

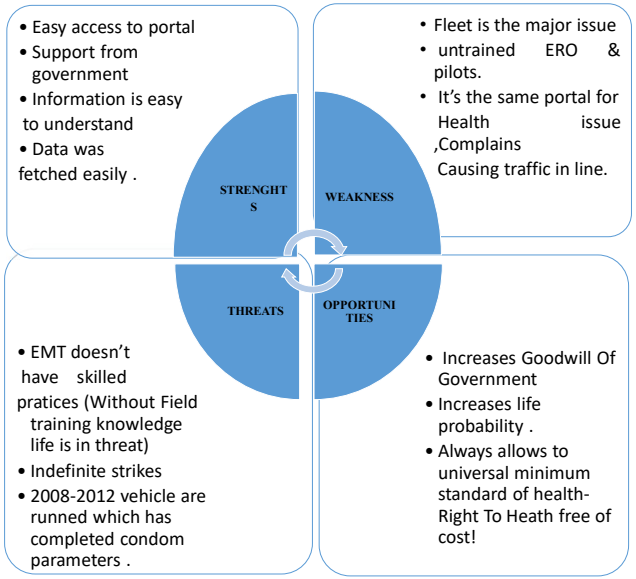
Study Design : A cross sectional study design using a mixed –methods approach of Qualitative methods are used .
Data Collection; Data from NHM –TCIL control room.
Qualitative method- Database from TCIL Control room.
Study duration : SIHFW visited from 2 may 2023 to 5 may 2023 and 5june2023 to 9 June 2023 at TCIL control room at NHM.

ANALYSIS AND FINDINGS

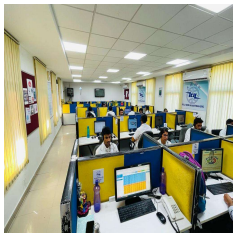
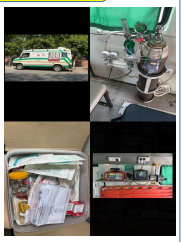
These are randomly Audited calls & response shows that ERO were trained on the portals . Almost services were given on time within the response time . 10+1% call verification was performed and results were same . On 12 calls, services was not given due to off-roading of vehicle or busy of near by ambulance and caller was not ready to wait . Two calls were rejected due to call not attended within 10 seconds.Main reason of services not provided was nearby fleet was scheduled in providing service and nearest to location fleet was not available .Caller denied to wait .



SWOT ANALYSIS



FIELD VISIT

SUGGESTIONS

- Merging / Integration will lead to better monitoring and supervision of portals
- Integration will lead to reduced the multiplicity of information and the same information captured in different portal.
- The time given in marking of location will reduce just by giving GPS live location and leading to more time in actual service delivery
- Fleet Need analysis can provide actual requirement of Fleets with consideration of location.
- 108 portal can only deal with Emergency services , non-Emergency services , referral cases with health information delivery so that traffic on ERO could be reduces .
- District with more Response Time should be checked and action be taken on that probable reason of delaying.

LEARNING AND VALUE ADDITIONS

- The Internship provided me the opportunity to work in health care sector.
- Provided me the exposure to witness how a ERO receives a call to the assigning of pilot and providing services as quick as can.
- Provided me the practical knowledge of how the portals work.
- Practical knowledge of departments, organization structure and work of NHM during our orientation session scheduled for a week.
- Parameter of auditing of call, penalty criteria and 10+1% verification was observed closely.

CHALLENGES FACED DURING THE STUDY

- Extreme Hot environmental conditions (43 degree and above).
- Difficult to visit 104 ambulance at base location due to high need.
- Mamta Express was only available at rural base location and difficult to visit..
- ERO Staff were newly appointed and were not given proper training to about the portals.

Difference between theoretical and practical exposure

- As per theory EMTs handles all the emergency cases. When visited, practically close exposure toward ALS ambulance equipment's like Para monitors , ventilator ,oxygen cylinder & mask etc were seen working & operated by them
- EROs are responsible for assigning of pilot but when seen closely before assigning many task are done having vital roles .
- In Call verification process , calls are rejected /approved but on what basis of these are understood practically.eg:delay of ERO response .
- Ambulance is always assigned but when ambulance gets damage , how services are continued to be given (off-roading) is well explained during visit..

USEFULLNESS OF INTERNSHIP

- Exposure to Real –Life Situation which enable me to understand the challenges & dynamics of working in an ambulance setting.
- Great learning of communication skills, Networking & insights of department.
- Practical Knowledge to Real World Emergency.

REFERENCES

http://rmsc.health.rajasthan.gov.in/content/raj/medical/en/national-health-mission/nhm-additionality/ambulance-services/108-ambulance.html