Summer Training at
National Health Mission,
Mumbai

Awareness and utilization of Emergency Medical Services 108 in Mumbai

By
Nikita K Jadhav

Under the guidance of
Dr. Anoop Khanna

MBA Hospital and Health Management
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The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Nikita K Jadhav** student of **MBA Hospital and Health Management** from the IIHMR University; Jaipur has undergone summer training at **National Health Mission, Maharashtra** from 1st April to 31st May, 2016.

The candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

Col. (Dr.) Ashok Kaushik
Dean (Academics & Student Affairs)
IIHMR University, Jaipur

Dr. Anoop Khanna
Professor
IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Commissioner, Family Welfare and Director, National Rural Health Mission

Public Health Department, Govt. of Maharashtra

सत्यमेव जयते

STATE HEALTH SOCIETY, MAHARASHTRA
NRHM
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(२००५-२०१२)
महाराष्ट्र

Tel. :- 022 - 22640063 / 65
022 - 22717500
Fax :- 022 - 22642955
Email :- mdnrhm.mumbai@gmail.com

'Arogya Bhavan', 3rd floor,
St. George Hospital Compound,
P D'mello Road, Near CST,
Fort, Mumbai 400 001

TO WHOMSOEVER IT MAY CONCERN

The certificate is awarded to Dr. Nikita K Jadhav in recognition of having successfully completed her Internship in the department of NHM-Mumbai from April 01, 2016 to May 31, 2016 and has successfully completed her Project on **Awareness and Utilization of Emergency Medical Services 108 in Mumbai**.

She comes across as a committed, sincere and a diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

Dr. H. A. Patole
Assistant Director
State Health Society, Mumbai

ACKNOWLEDGEMENT

The training started with a vision in my mind so as to be able to learn about the practical aspects of healthcare delivery system in a more detailed manner. The success of any task would be incomplete without the expression of gratitude to the people who made it possible Hereby, I take this opportunity to express my deep sense of gratitude to all those who have been instrumental in successful completion of my summer training at NHM, Mumbai.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management, and Mumbai-NHM for believing in my abilities.

I would like to express my gratitude to Dr. NilambariSalunkhe (State Program Manager-NHM) and Dr. Rekharani Sharma (State Program Manager- NUHM) who have shown faith upon me, and helping me at various stages of my project.

I would like to thank Dr. Prashant Gaikwad (Program Officer- PPP), Dr. Prasanna Bhokare (EMS unit head-NHM) and Dr. AmolPandit(BVG)and Mr. Prakash Bhoi (Training Head) for their extreme support throughout my tenure.I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly incompletion of my Internship at NHM- Mumbai, a special mention required for Dr. ShilpaHardikar (State Program Officer-HMIS) and the entire MIS cell.

I express my gratitude and regards to my Guide Professor Anoop Khanna for his able guidance and useful suggestions which helped me in completing the project work successfully. His guidance was tremendous right from the onset and at each step of the project.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout internship.

I would like to thank staff of all the facilities for their co-operation during my data collection.

Words are inadequate to thank those with whom I interacted during my training to learn about the health system from grass-root to state level and those who were a part of my project without whose unconditional cooperation my study would not have been completed successfully.

Last but not the least; I express sincere thanks to my parents and friends for their unwavering motivation and encouragement in all my endeavors.

Dr. Nikita K Jadhav

IIHMR University, Jaipur

PREFACE

Summer Training is an integral part of the MBA-Hospital and Health managementcurriculum. As a part of the course, students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training program are as follows:

- To better understand the existing healthcare delivery system including the private and the public sector
- To observe the implementation of various National Health programs at National/State/District levels

To understand various functions of health systems by interactions with key stakeholders, policy makers, program managers, academicians and researchers.

To work on the project/task assigned by summer training organization.

During my training period, I had an overview of various programs undertaken by National Health Mission including the current status of the programs. I also carried out a KAP study on Awareness and Utilization of EMS 108 amongst the general adult population of Mumbai, city of Maharashtra. I also had the opportunity to visit the Aarogyabhavan, IEC Bureau, Kutumb Kalyan Kendra, Yerawada mental hospital, EMS 108 and HACC 104 call centers at Pune.

Contents

1.List of abbreviations

NHM: National Health Mission

NRHM: National Rural Health Mission

NUHM: National Urban Health Mission

EMS: Emergency Medical Services

BVG: Bharat Vikas Group

PPP: Public Private Partnership

MEMS: Maharashtra Emergency Medical Services

ALS: Advanced Life Support

BLS: Basic Life Support

GIS: Geographic Information System

GPS: Geographic Position System

AVLT: Automatic Vehicle Location

EMSO: Emergency Medical Service Officer

MCS: Mobile Communication System

SUMMER TRAINING REPORT

Awareness and Utilization of Emergency

Medical Services 108 in Mumbai-Maharashtra

2. INTRODUCTION

Mumbai, a city sprawled on the area of 157 square kilometres and holding a population of 12,442,373, is the capital city of the state of Maharashtra. It is the most populous city in the state as well as in India, and experiences large number of medical emergencies. The cruciallink is the transportation of these cases to the nearest health services as fast as possible and providing them with pre-hospital health services on the way.

The National Rural Health mission (NRHM) was launched by the Hon'ble Prime Minister on12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. It was then named as National Health Mission,which now encompasses a new sub mission, National Urban Health Mission, for the urban poor.

NHM, prior to the EMS project, provided only ambulances for the transportation of the patients to the nearest healthcare facilities. The concept of emergency medical services was not introduced. On 1st of March, 2014, the EMS project was inaugurated by the then Chief Minister of Maharashtra.Toll free number 108 has been assigned for provision under Maharashtra Emergency Medical Services (MEMS). This is a project under Public Private Partnership, the private partner being Bharat Vikas Group (BVG) since the inception of the project till now.

EMS (108) provides pre-hospital health services to patients through life support ambulances to nearby hospitals for further treatment.These include patients suffering from road accidents, all critical diseases, critical pregnant women, neonates related diseases, patients suffering from an epidemic, natural calamities and manmade hazards, critical heart patients, all accidents, foodpoisoning, respiratory diseases, brain diseases etc. The patients are preferably taken to public healthcare services. Butif asked by the patient, can also be taken to the private healthcare facilities of their choice, with their prior due consent.

Financial provision for the project is being made under 'National Health Mission' and 'Government of Maharashtra'. Ambulances to be procured in the scheme includes well equipped Advance Life Support Ambulances (ALS) and Basic Life Support Ambulances

(BLS).Presently 142 ambulances deployed in Mumbai out of which there are 31 ALS and 111 BLS. The strategy it is based on is "Golden Hour Theory" – Patient to be shifted within

first hour to nearest hospital will be applied through a dedicated toll free number 108. These services are available 24 X 7 in a year and offered 'free of cost' to the patient.

Integrated approach to provide emergency response services which includes Computer technology integration, voice logger system, GIS (Geographic Information System), GPS (Geographic Position System) AVLT (Automatic Vehicle Location System) & Mobile Communication System (MCS). Medical Equipment include Ambulance cot, Scoop Stretcher, Bi-Phasic Defibrillator cum Cardiac Monitor with Recorder (For ALS only), Transport Ventilator (For ALS only), Pulse Oximeter (For BLS only), Suction Pump (Manual & Electronic), Oxygen Cylinder Etc. Ambulances are being operated through trained drivers and trained EMSO's (Emergency Medical Service Officers) who are Doctors. There are call assistants deployed per shift at Emergency Response Centre, Aundh, Pune.

Table no.1- MEMS Type of Emergencies Served from Feb 2014 to till Oct 2015

MEMS Type of Emergencies Served from Feb 2014 to till Oct 2015		
Sr.No	**Emergency Type**	**Number of Medical Emergencies Served**
1	Medical	191315
2	Labour/ Pregnancy	159115
3	Accident(Vehicle)	70626
4	Intoxication/Poisoning	22064
5	Fall	16798
6	Assault	8407
7	Burns	5347
8	Cardiac	4211
9	Mass casualty	4044
10	Child Birth	3335
11	**Others**	**25638**
Total		**510900**

Source:https://www.nrhm.maharashtra.gov.in/ems.htm

Goals and Objectives

To provide First aid to preserve life, prevent further injury & promote recovery.

1. To provide comprehensive 24X7 hours emergency response services by direct calling 108 toll free number from any network in Maharashtra.
2. System to leverage all the stake holders to offer comprehensive range of services in emergencies.
3. Expected 20% reduction in mortality & reduce morbidity.

3. REVIEW OF LITERATURE

The objective of Maharashtra Government is to protect human capital in the state by reducing preventable mortality, including adult, maternal and infant mortality.

Dial-108 is a free ambulance on call service for medical emergency in Maharashtra. This is the world's largest set up of its kind having 937 ambulances spread across Maharashtra, eachwith a doctor and life support equipment available 24 X 7 in the service of citizens withinMaharashtra.

In case of any medical emergency, citizens can call 108 toll free from their mobile or landline phone. The service is manned through a central command centre in Pune, equipped with latest technological tools to help the trained staff quickly record patient, location and emergency details.

The command centre then identifies and alerts the ambulance nearest to the patient. The in-ambulance doctor prepares for the emergency and the ambulance sets out to rescue the patient in distress.

Upon reaching the spot, the doctor treats the patient and takes a decision on the further treatment. In case hospitalization is needed, the patient is lifted in the ambulance and taken to the nearest, appropriate government hospital.

In case the patient or the patient's relatives want a hospital of their choice, then on their own authorization, the patient is taken to that hospital. After handover formalities, the ambulance returns to the base and get ready for the next call.

The service is also available for clinics and hospitals, especially in rural areas, where they may not have enough beds or an in-house ambulance services and need to shift patients toother hospitals for further treatment.

This entire service, from rescuing the patient in distress, pre-hospital treatment and shifting the patient to the hospital, is a free public service by Government of Maharashtra for the citizens.

Modern day progressive governments are realizing the need of providing swift assistance to citizens in such emergency, thus saving the loss of precious human capital. BVG India Ltd implements medical emergency ambulance response service and civil emergency police response service for governments. (Bvgindia.com)

4. STATEMENT OF THE PROBLEM

The awarenessof Emergency Medical Services 108 amongst the population of Mumbai seems to be significantly low, as seen through the utilization of the services from the past two years.

5. RATIONALE OF THE STUDY

EMS 108, a new budding project of NHM Maharashtra, has been providing services and saving lives of many on an extensive basis. A huge amount of human and financial resources have been invested in this service. For the facility to get utilised fully and effectively thebasic knowledge and awareness of these services amongst the general population is of paramount importance. The utilisation of these services depends upon two important factors, awareness amongst the population and the service satisfaction amongst the ones who have already used. Hence, it is important to know the level of awareness amongst the population, for them to use the services if any medical emergency arises, and also valuable is the feedback of the beneficiaries who have availed the 108 facility. The feedback will help in evaluating the services provided and improve them if any dissatisfaction is expressed. It willhelp to work towards increasing the satisfaction of the patients and their relatives and meet their further expectations if any.

6. RESEARCH QUESTIONS

What is the level of awareness of Maharashtra Emergency Medical Services- 108 amongstthe general population of Mumbai city of Maharashtra?

7. RESEARCH OBJECTIVES

- The study aims at assessing the awareness of EMS 108 amongst the general adult population of the Mumbai city of Maharashtra.
- To know the reasons of not opting EMS 108 during medical emergency if experienced in past or any similar situation that can be faced in future.
- To assess the attitude of the target population towards the emergency medical services provided by the government.
- To know the expectations of the population regarding the EMS.
- To find out at which stage of Behaviour Change Communication the target audience is.

8. Research methodology

Study Design

This was a Cross-sectional Descriptive study carried out to gauge the awareness about Emergency Medical Services amongst the general adult population of the city of Mumbai in Maharashtra.

Study Location

This study was conducted in the city of Mumbai and has tried to cover all the towns of the city evenly.

Study Subjects

The study subjects were the general adult population of the Mumbai city of Maharashtra.

8.1 Sample design

Sampling Frame

The sample was drawn from the entire population of the Mumbai city, 12,442,373.

Sampling technique and Sample size

A Non-Probability type of Convenience Sampling was followed due to time constraints for selecting the number of respondents and thereby, a sample size of 200 was finalized.

9. Methods and Instruments of Data Collection

This study was a schedule-based survey. A well-structured schedule was used as a data collection tool, of which half of the respondents were asked questions on one on one basis while the other half were asked through telephonic interview. The schedule was devised consisting of both open ended and closed ended questions with the intention to cover and capture responses that would shed light on the various aspects of attitudes, level of awareness and utilization and overall compliance of the study subjects towards EMS 108.

Before the Interview

To pre-test the interview protocol, a pilot study was initially conducted on a randomly selected sample profile of ten respondents to accommodate any shortcomings in the questionnaire and also to determine the approximate amount of time it will take to conduct the interview. The notable faults and shortcomings were identified and rectified thereafter.

Each interviewee was assigned a numeric code that was placed on the interviewee's specific protocol sheet (excel page sheet where the responses were noted).

A brief and positive introductory script that emphasizes the importance and usefulness of their participation was prepared.

The participants were ensured of their confidentiality and an informed consent was taken to go ahead with the interview.

During the Interview

A friendly, courteous, conversational and unbiased style was adopted to read out the questions.

To maintain data reliability and integrity, every question was asked with the same exact wording and in the prescribed order, for each interview.

To maximize the overall satisfaction of the interview, an appropriate feedback was given to the interviewee.

The respondent was also given a detailed information about Emergency Medical Services 108 once all the questions were asked.

After the Interview

The collected data was revisited for accuracy before preparing it for Data Analysis.

The responses noted were immediately entered into the Excel Sheet without any form of procrastination.

10. Statistical treatment

Data was collected and cross checked for any incomplete or partial filling. Using Microsoft Excel 2013, the collected data was then edited, coded, tabulated and organized into various frequency distributions.

11. Ethical considerations

During the course of the data collection, an informed consent was taken from the respondents before starting the interview. The respondent will not be forced to answer the schedule and will be given liberty to withdraw at any point of time in the midst of the process. The respondent will not be deceived and the personal information will be kept confidential. Care will be taken of their physical and mental state throughout the interview.

DATA ANALYSIS

Analysis of the data was done with the help of the Microsoft excel 2013 and the following results were obtained.

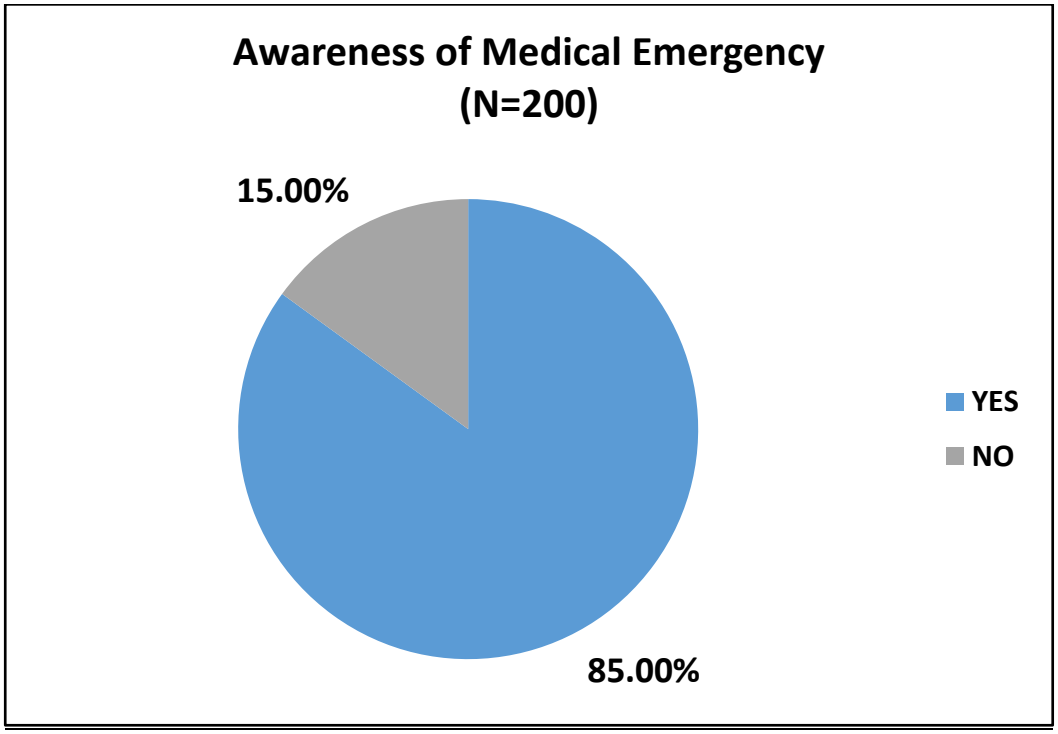
12. RESULTS

12.1Analysis of knowledge of medical emergency

Before assessing the awareness of Emergency Medical Services 108, the study also assessed the knowledge that the target population had regarding the medical emergency itself.

The words that were concentrated upon to assess the knowledge of medical emergency were, “fatal”and “immediate hospitalisation” or “medical care”. Out of the 200 citizens who were takenas the target population 85% knew what medical emergency is and these 15% did not.

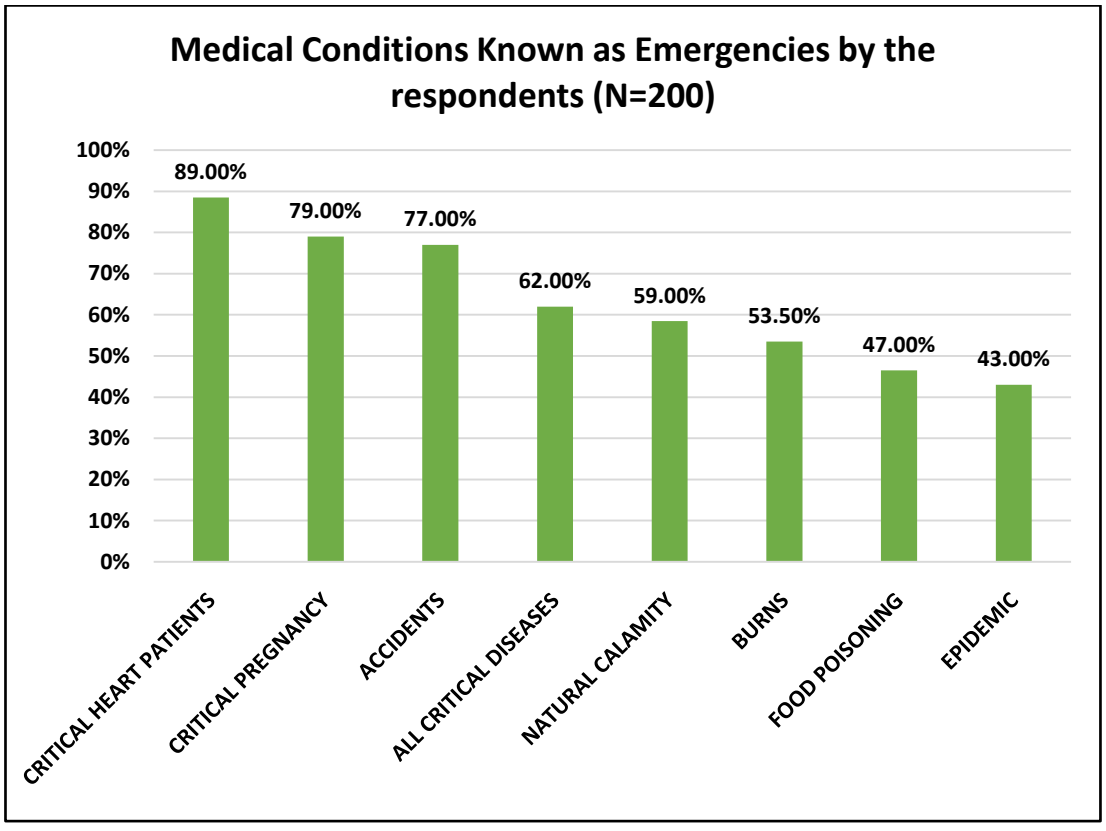
Figure 1: Awareness of Medical Emergency



12.2 Awareness of the medical conditions which can be termed as medical emergency

Out of the eight options given, the following were the medical conditions which were thought to be as emergencies by the target population. Critical heart patients is the most considered and known medical emergency with 89% selecting this option, followed by critical pregnancy with 79%, accidents with 77%, other critical diseases at 62%, natural calamity and burns at 59% and 53.5% respectively. While the food poisoning and epidemic being the least considered medical emergency at 47% and 43% respectively. It was said by many that the food poisoning and burns will be considered as medical emergency depending upon its severity.

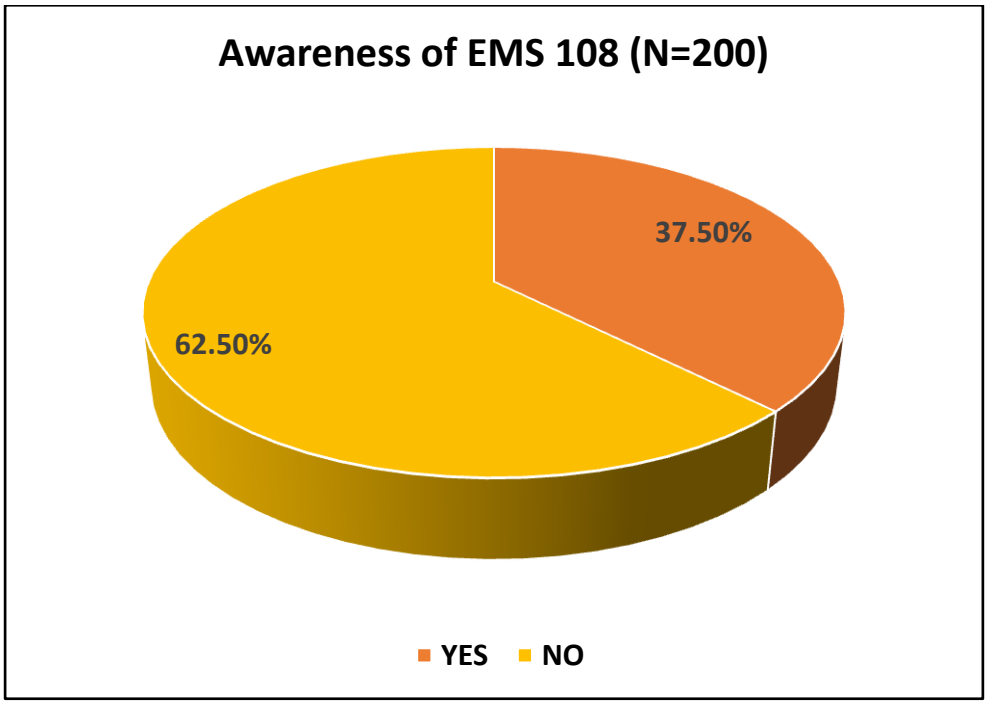
Figure 2: Medical Conditions Known as Emergencies



12.3Awareness of emergency medical services 108

Out of the total 200 respondents who were interviewed, 37.50% were aware of Emergency Medical Services 108 while 62.50% were not aware.

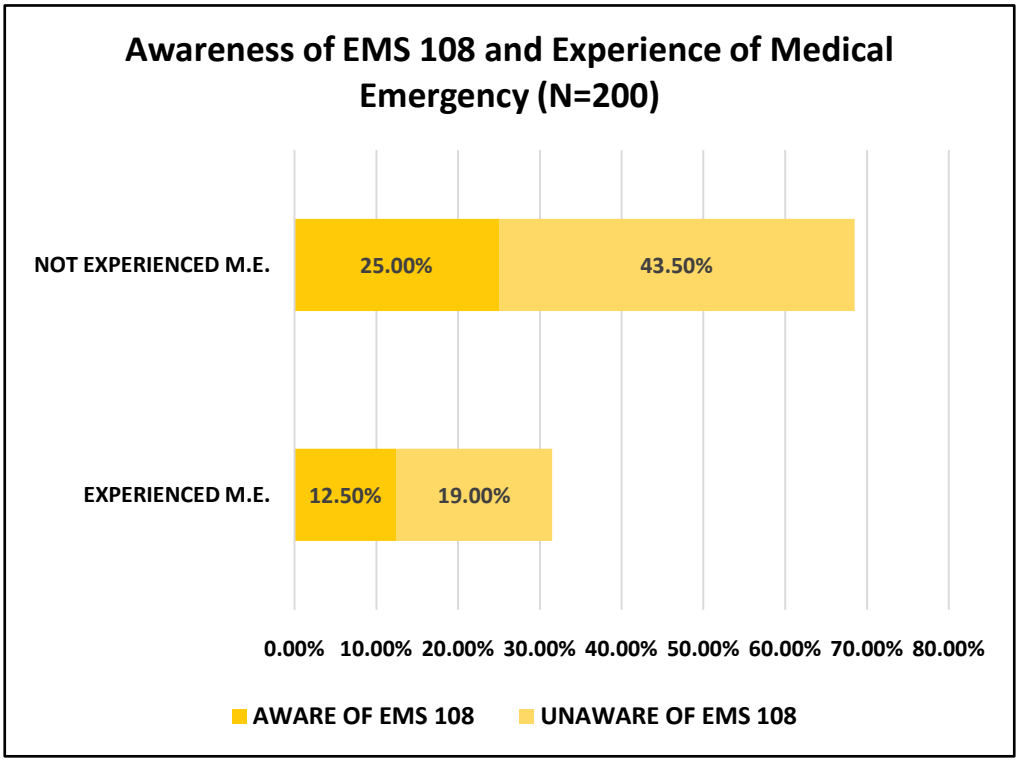
Figure 3: Awareness of EMS 108



12.4Segregation of the respondents on the basis of awareness of the EMS 108 and any experienced medical emergency

All the respondents are segregated into a group of four according to the permutation and combination of their awareness of EMS 108 and their past experience with medical emergency if any. The groups thus formed are the respondents who are aware of EMS 108 and have experienced a medical emergency before, the percentage being 12.50%. The others followed are the ones who are aware of EMS 108 but not experienced a medical emergency,25%, the ones who are unaware of EMS 108 and faced a medical emergency 19% and the others who are unaware and did not face the medical emergency, 43.50%.

Figure 4: Awareness of EMS 108 and Experience of Medical Emergency

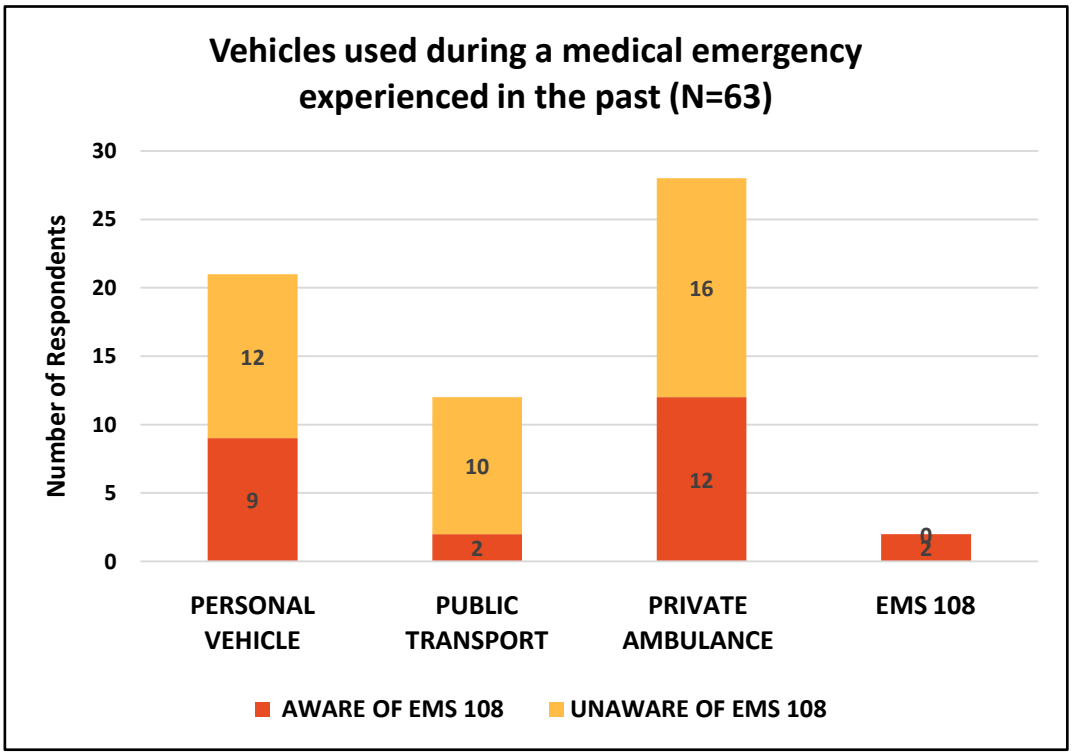


12.5 Analysis of the choice of vehicles in the case of medical emergency

The choice of the vehicles by the respondents during a medical emergency experienced in the past

Out of the 63 respondents who faced medical emergency in the past, 21(33.3%) opted for personal vehicle out of which 9 were aware of EMS 108, 12(19.05%) opted for public transport out of which 2 were aware of EMS 108, 28(44.44%) opted for private ambulance out of which 12 were aware of the services and only 2(3.17%) opted for EMS 108 of which both were aware of the same. The use of EMS 108 is less as compared to the other modes of conveyance even amongst the respondents who are aware of the services.

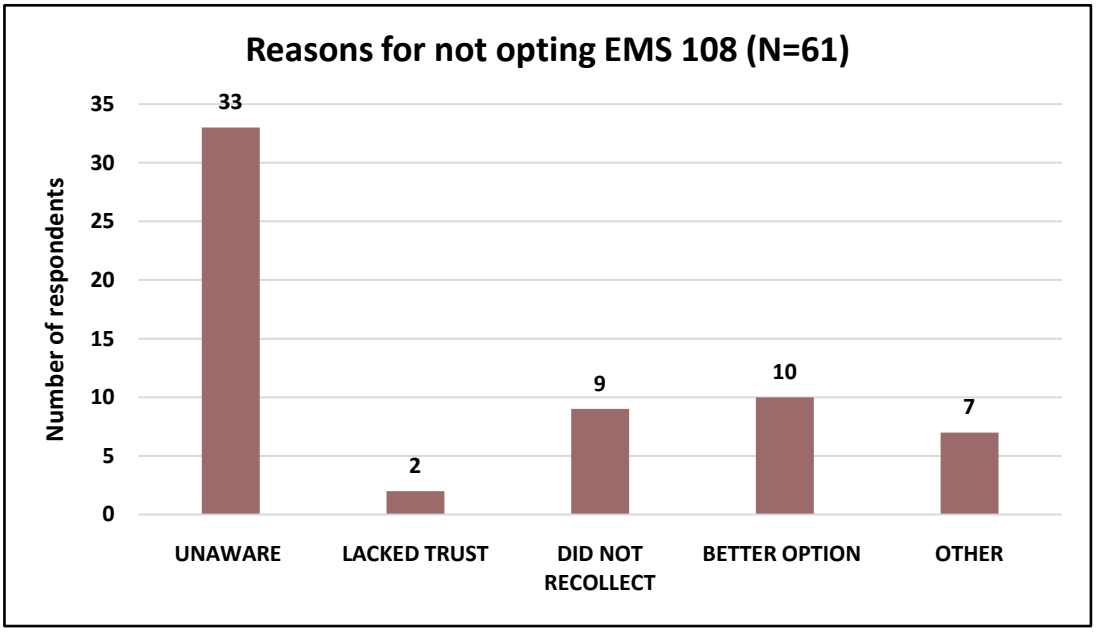
Figure 5: Vehicles used during a medical emergency experienced in the past



12.6 Analysis of the reasons for not opting EMS 108 during the medical emergency experienced in the past

Out of the 61 respondents who did not opt for EMS 108, 33 of them were unaware of the services while the others did not recollect it in the moment of panic and emergency or had got a better option available at that time. Only 2 of them lacked trust in the service while the remaining others had faced the medical emergency prior the launch of these services.

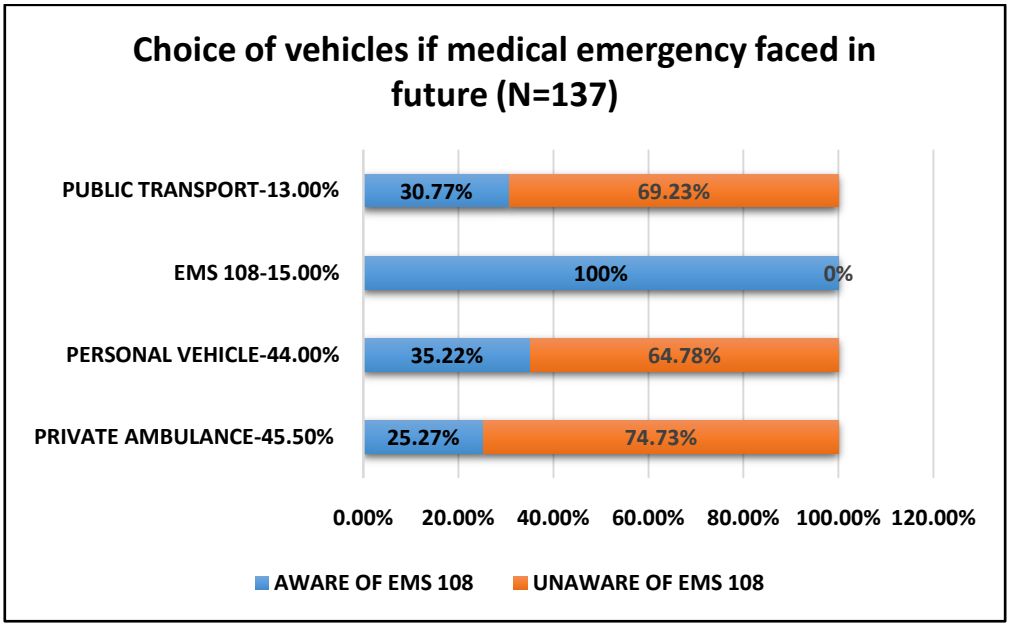
Figure 6: Reasons for not opting EMS 108



12.7The choice of the vehicles of the respondents if any medical emergency happens in uture

Out of the 137 respondents who had not experienced medical emergency before, 66.40% said that if faced with one in future will use a private ambulance for transportation, 64.20% opted for personal vehicle, 22.60% opted for EMS 108 which is low comparatively and 19% opted for public transport.

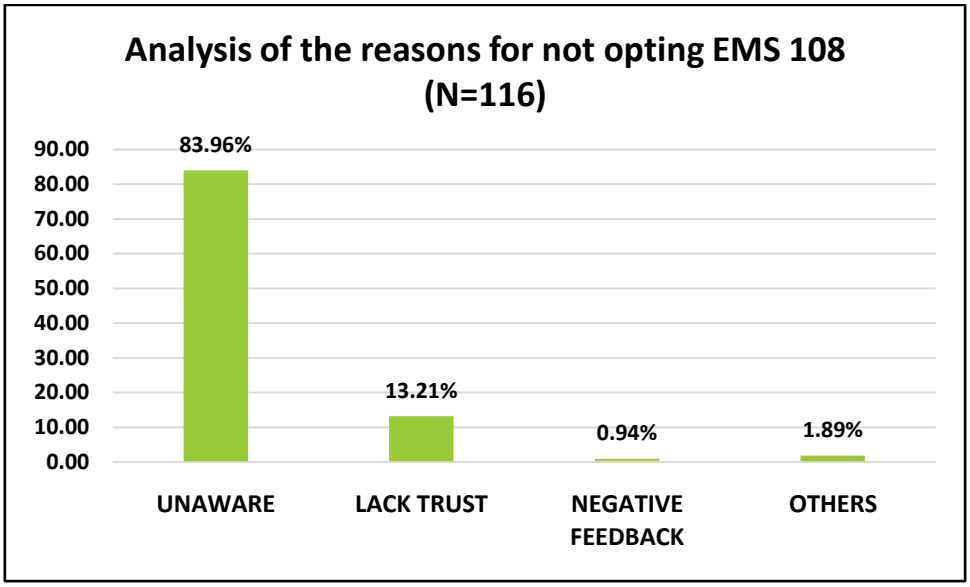
Figure 7: Choice of vehicles if medical emergency faced in future



12.8 Analysis of the reasons for not opting EMS 108 if medical emergency is experienced in the future

The maximum respondents were unaware of the EMS 108 the percentage being 83.96%, some of them lacked trust 13.21%, there's a single mention of negative feedback too and the rest were unaware that the EMS 108 is present in Maharashtra too. Some were under the misconception that these ambulances are only used for railway accidents as they are parked outside the railway station.

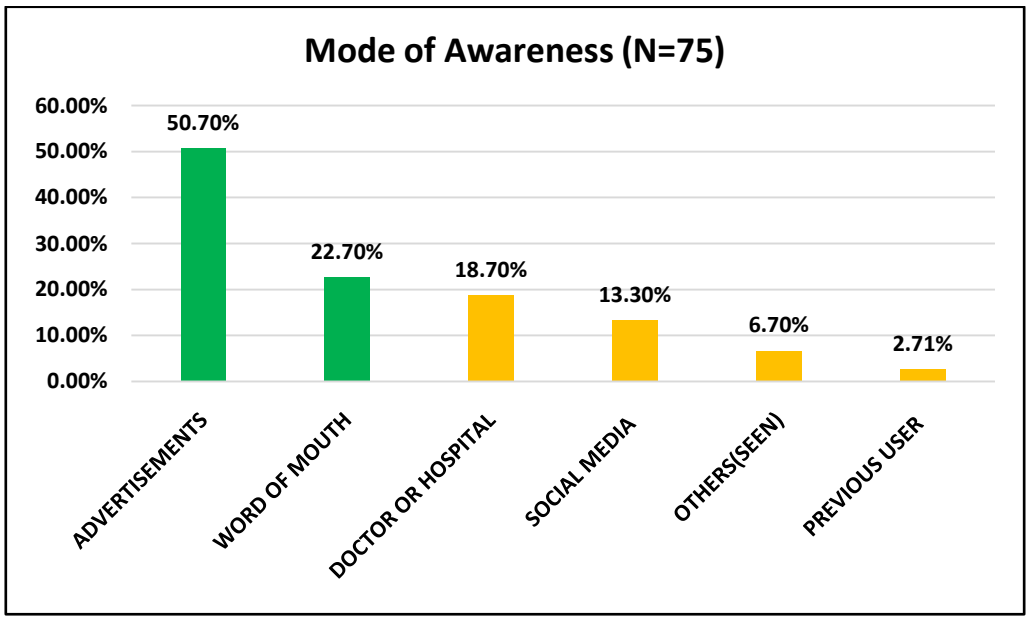
Figure 8: Analysis of the reasons for not opting EMS 108



12.9 Analysis of the mode of awareness of ems 108

Out of the 75 respondents who were aware of EMS 108, 50.7% came to know about the services through advertisements in newspapers, pamphlets, hoardings or TV advertisements. 22.7% heard it from friends or family while 18.7% learnt it from doctor or healthcare facility. Social media contributed 13.3%, previous users 2.71% to the awareness. 6.7% was by watching the ambulance parked near the railway station.

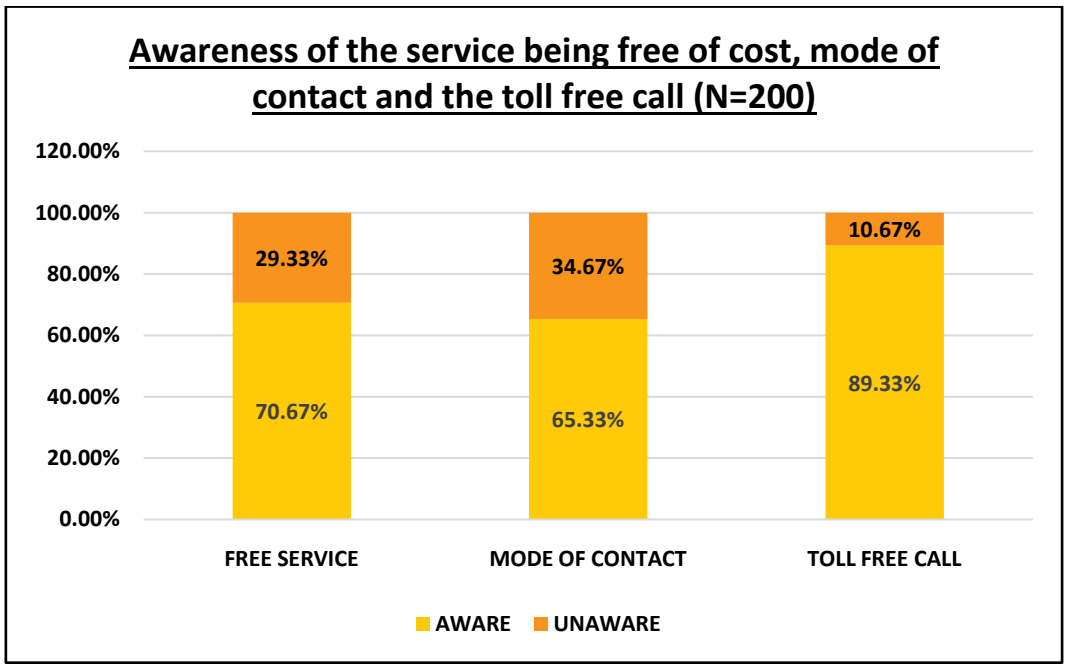
Figure 9: Mode of Awareness of EMS 108



12.10 Analysis of the awareness of the ems service being free of cost, mode of contact and the number assigned being toll free

Out of the total 200 respondents interviewed, only 29.50% knew that the EMS 108 is free of cost, only 30% were aware that 108 can be called from both mobile as well as landline and 45.5% knew that the number 108 is toll free.

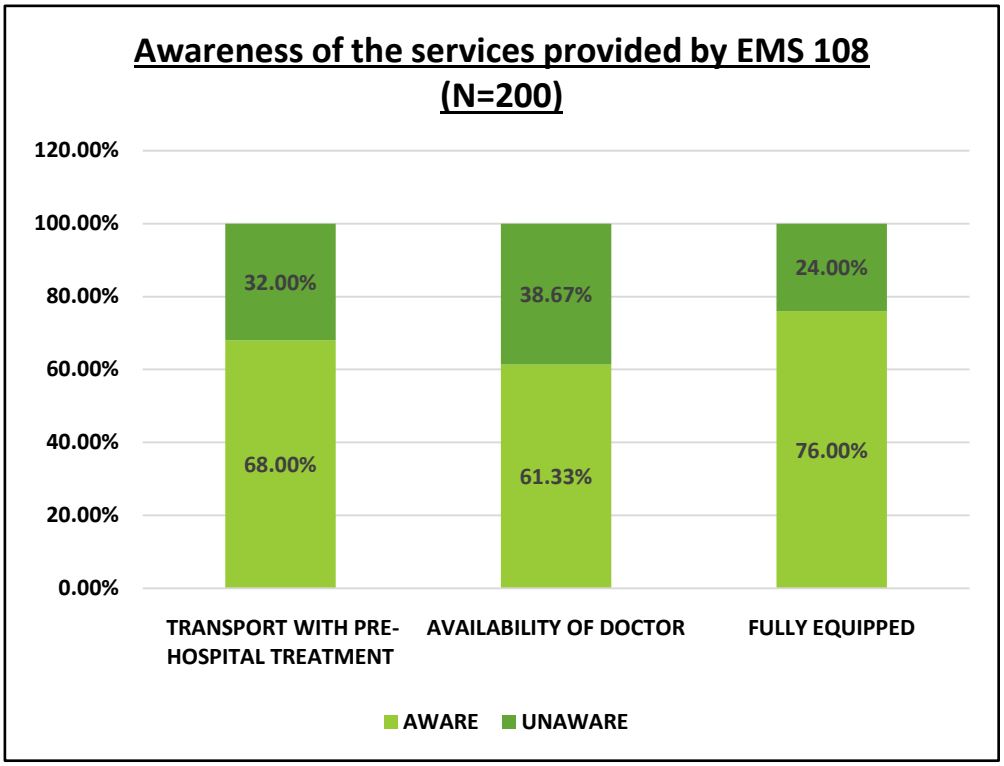
Figure 10: Awareness of the service being free of cost, mode of contact and the toll free call



12.11 Analysis of the awareness about EMS 108 providing both transportation as well as pre-hospital treatment, availability of doctor 24*7, and the ambulance being fully equipped.

Out of the total 200 respondents interviewed, 45.5% were of the view that these services provide both transportation as well as pre hospital treatment, 33.5% were aware of the doctor being present in the ambulance, and only 29% knew that the ambulance is fully equipped.

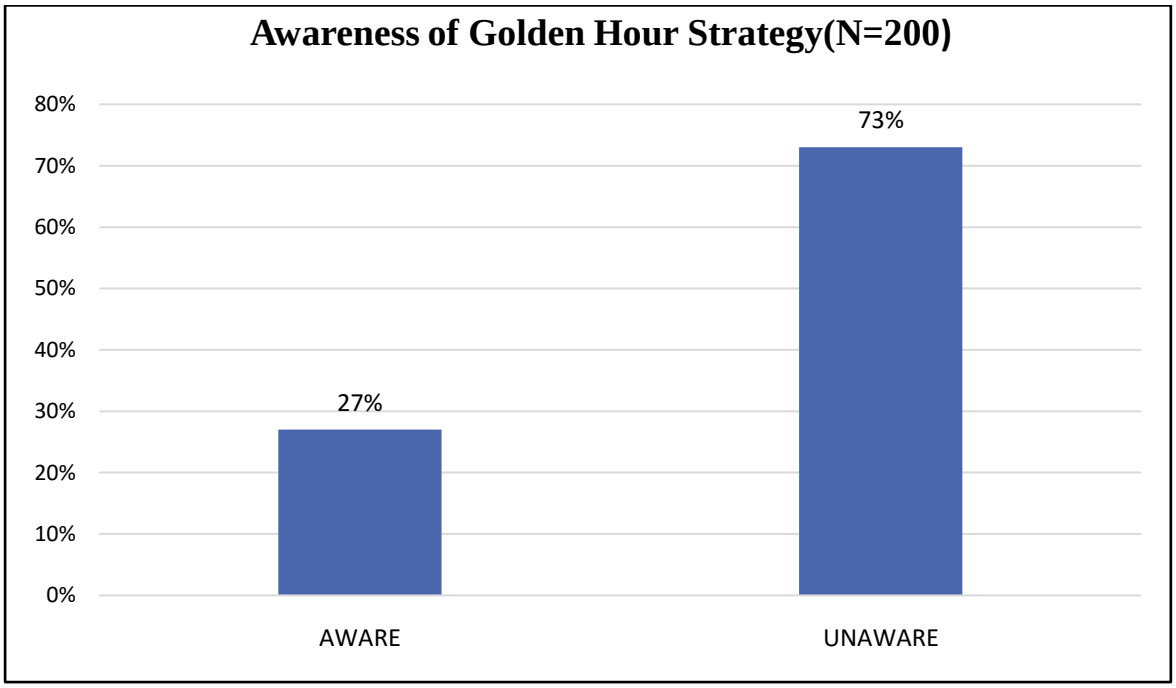
Figure 11: Awareness of the services provided by EMS 108



12.12 Analysis of the awareness of the "Golden Hour Strategy"

Out of all the respondents those were questioned only 27% were aware of the term Golden Hour Strategy while the remaining 73% were unaware of it.

Figure 12: Awareness of Golden Hour Strategy



12.13 Other outputs of the analysis

Almost all the respondents were aware or thought that these services were not limited to pregnant women, children or old aged patients, but for any person who experiences a medical emergency.

There was a mixed perception or view regarding the government services. Some were extremely negative while some showed positivity and hope.

The respondents expected the services to give the best pre-hospital treatment, immediately reach the patient to the hospital and save the life of the patient.

Almost 100% of the respondents gave a positive answer when asked about using the service in future and all were too definite of sharing the information with others.

13. Conclusion

The overall study concludes that there is a necessity to spread awareness amongst the population about EMS 108. The respondents were very positive about the program andexclaimed at the existence of such an important and efficient life-saving service in Mumbai.The smooth functioning of the service and the promotion for the awareness are the tworequired elements for increase in the utilisation of EMS 108.

14. Recommendations

Keeping the results of the study in mind, the recommendations to improve the awareness and utilisation of EMS 108 are as followed-

- Extensive promotion of the Emergency Medical Services 108 is required through IEC material like TV advertisements, advertisements that can be played at the bus stops, railway stations and other public places.
- More emphasis to be given on advertisements as that is the mode of awareness through which maximum respondents got aware about these services.
- The toll free number should be installed in all the mobile phones' contact list, same as the other emergency numbers.
- Social media is an instrumental mode for the spread of awareness of these services in a city like Mumbai. Uploading EMS 108 awareness videos or messages on social sites and applications is suggested for a rapid spread of the awareness.
- Large hoardings or pamphlet distribution at the hospitals and all the local doctors can also be a good approach to improve the awareness and the utilization.

15.Limitations

The study cannot be generalised to the entire population of as the sample size was decidedas per convenience.

Due to time and financial constraints all the areas of the Mumbai city could not get covered evenly and there might be unequal distribution of respondents with respective to place.

The disadvantage of asynchronous communication of place by telephone is the reduction of social cues. The interviewer was not able to see the interviewee, so body language etc. could not be used as a source of extra information.

16.References

BVG India's largest Integrated Services Company

http://bvgindia.com/emergency-medical-service/

Maharashtra Emergency Medical Services 108

https://www.nrhm.maharashtra.gov.in/ems.htm

Annexures

Schedule

Awareness and Utilization of EMS 108

NAME: OCCUPATION:

PLACE: DATE:

Q1) Do you know what is a medical emergency? State briefly.

Q2) According to you, what amongst these conditions can come under medical emergency? (You can select multiple options)

a) Critical pregnant women
b) Critical heart patients
c) All critical diseases
d) Natural calamities and manmade hazards
e) Patients suffering from an epidemic
f) Food poisoning
g) If any other, please specify

Q3)Did you know that the number 108 is assigned for Emergency Medical Services by the Government?

a) Yes
b) No

Q4) Have you ever experienced a medical emergency in your household, among relatives, neighbourhood or at any other place?

a) Yes
b) No

(If NO skip to question 6)

Q5) If yes, what was the mode of conveyance used to take the patient to the nearest healthcare facility?

a) Personal vehicle
b) Public transport
c) Private ambulance
d) EMS 108

(If EMS 108, please skip to part B for service evaluation questionnaire)

Q5 i) If others, what was the reason for not choosing EMS 108 as the conveyance mode?

a) Unaware of EMS 108
b) Aware of EMS 108, but lacked trust in it
c) Aware of EMS 108, but couldn't recollect at that time
d) Aware of EMS 108, but had another better option of conveyance present at that time
e) If any other, please specify

(Skip to question 7)

Q6) Any medical emergency if experienced in future, what will be the conveyance of your choice, to take the patient to the nearest healthcare facility? (You can select multiple options)

a) Personal vehicle
b) Public transport
c) Private ambulance
d) EMS 108

Q 6i) If others, what is the reason for not choosing EMS 108 as the conveyance option?

a) Unaware of EMS 108
b) Aware of EMS 108, but lack trust in it
c) Aware of EMS 108, but negative feedback from someone who has already used the service.
d) If any other, please specify

Q7) If aware of EMS 108, how did you come to know about it?

a) Newspaper, magazine, hoardings, pamphlets, T.V. advertisements
b) Social media (Facebook, whatsapp, twitter, etc.), Internet website
c) Word of mouth (friends, family, relatives)
d) Doctor or any healthcare facility
e) Any person who has used the facility
f) If any other, please specify

Q8) Do you know that these services are provided free of cost?

a) Yes
b) No

Q9)Do you know what medium of contact will you use to avail the facilities?

a) Call 108 from landline
b) Call 108 from mobile
c) SMS 108
d) Both a and b
e) No idea

Q10)What according to you are the charges for these calls?

a) Toll free
b) Normal call rates

Q11) As per your knowledge, to whom are these services provided?

a) Pregnant women only
b) Old aged individuals only
c) Children only
d) For any individual who has met with a medical emergency

Q12) As per your view, what are the services being provided by the EMS?

a) Transportation to the nearest healthcare facilities
b) Pre hospital treatment
c) Both
d) No idea

Q13)Did you know that EMS is provided with an Emergency Medical Doctor (24*7 available) for prompt medical attention?

a) Yes
b) No

Q14)According to you, what are the facilities available in 108?

a) Only drugs
b) Only first aid kit
c) Only oxygen cylinder
d) ECG machine
e) All of the above
f) No idea

Q15) Did you know that the Emergency Medical Services should take you to the nearest healthcare facility within an hour of the call made (Golden Hour Strategy)?

a) Yes
b) No

Q16)What is your view towards the Emergency Medical Services in general?

Q17) What are your expectations from these services?

a) Prompt transport only
b) Life saving
c) Immediate intervention
d) All of the above

Q18) Now that you know about these services, will you use EMS 108 in future?

a) Yes
b) No

Q19) Will you advice the others to use the services?

a) Yes
b) No

PART B

SERVICE EVALUATION QUESTIONNAIRE FOR EMS 108

Q1) How did you come to know about the EMS 108?

a) Newspaper, magazine, hoardings, pamphlets, T.V. advertisements
b) Social media (Facebook, whatsapp, twitter, etc.), Internet website
c) Word of mouth (friends, family, relatives)
d) Doctor or any healthcare facility
e) Any person who has used the facility
f) If any other, please specify

Q2) When you dialled 108, did the call connect in one single attempt?

a) Yes
b) No

Q3) Was the call attended quickly by the call assistant?

a) Yes
b) No

Q4) Till the ambulance arrived, did you get any advice or instruction from the call assistant on 108 service?

a) Yes
b) No

Q5) How was the communication and cooperation from the call assistant on the 108 service? Please rate it.

a) Excellent
b) Good
c) Average
d) Poor

Q6) After the call, how much time did the ambulance take to reach the incident place?

Q7) Was the shifting of the patient into the ambulance prompt and efficient?

a) Yes
b) No

Q8) Was there emergency medical doctor present in the ambulance?

a) Yes
b) No

Q9) Did Emergency Medical Doctor start the pre hospital treatment promptly?

a) Yes
b) No

Q10) How was the communication and cooperation from the driver and the emergency medical doctor? Please rate it.

a) Excellent
b) Good
c) Average
d) Poor

Q11) Was the patient taken to the nearest healthcare facility within an hour of the call (Golden hour strategy)?

a) Yes
b) No

Q12) Did you have to bear any financial cost for utilisation of the EMS 108?

a) Yes
b) No

Q13) Any notable satisfactory point regarding the service?

Q14) Any notable dissatisfactory point regarding the service?

Q15) Any suggestion for improvement from your side? Please specify.

Q16) If any medical emergency experienced in future, will you use the emergency medical services 108 again?

a) Yes
b) No

Q17) Will you advice others to use EMS 108?

a) Yes
b) No

Q18) Rate the overall service provided by EMS 108?

a) Excellent
b) Good
c) Average
d) Poor