CHAPTER 07

CONCLUSIONS
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7.1 In spite of the development in the healthcare sector over the past decade India is yet to create a single comprehensive EMS that can be accessed throughout the country. Only fourteen states have managed to launch state wide EMS, as on today. One-Naught-Eight (108) is a free telephone number for emergency services to call in these states of Andhra Pradesh, Punjab, Gujarat, Uttarakhand, Goa, Rajasthan, Tamil Nadu, Chhattisgarh, Karnataka, Kerala, Assam, Meghalaya, Himachal Pradesh and Madhya Pradesh when an emergency arises.

7.2 In other states of the country emergency services can be called by dialing Police -100, Fire – 101, Ambulance – 102. In addition hospitals in the country provide different telephone numbers for ambulance services. A person in distress cannot be expected to remember such specific phone numbers during an emergency. Thus access to emergencies becomes difficult.

7.2.1 The lack of a common emergency number across the country is a major hurdle in creating a reliable emergency service.

7.3 In 14 states of India where statewide EMS exists, the emergency response center has all the relevant software for call management and fixing of location of the distress caller on a digital map and is staffed with the appropriate personnel from the various services that are needed to address any emergency situation. These personnel are trained to seek appropriate information about the situation from the distress caller. Then the call is routed to the nearest emergency response center whose services are required. Accordingly, a well co-ordinated response process is promptly set in motion to suitably address the situation.

7.3.1 This centralized emergency response system has redundant connectivity to all the telecom service providers to gather the identity and the location, information (including latitude and longitude) of the distress caller and is connected to all the emergency service providers in the
affected area so that the burden of calling the appropriate response team shifts from the caller to the call center.

7.4 There is a greater need to standardize professional education for effective EMS delivery. One of the important aspects essential for development of EMS in India is development of formal education. Pre-hospital training should include training of Emergency Medical Technician (EMT) providing life support pre-hospital care for all emergencies, online medical direction by qualified doctors in critical cases, inter-facility transfer process, medical, police and fire emergencies integration, ability to connect patient/ Emergency Medical Technician (EMT) in ambulance, Emergency Response Center Personnel (ERCP) in Emergency Response Center (ERC). The entire manpower working in EMS needs to be trained adequately. Doctors / paramedics/ Pilots/ drivers/ communication officer and dispatch officer should undergo formal training.

7.4.1 It is evident from the study that every country has own set norms and training programs available both at Under graduate and post graduate level. There are degree program, diploma programs and short certificate courses. To maintain uniformity, India requires well-structured training program and qualified staff to take care in case of emergency for effective delivery of EMS.

There is also a definite need to standardize and accredit EMS training in the country. This is conspicuously missing in our country. In absence of accreditation EMS services have remain unaccountable, this has laid to failure to introduce corrective measures for improving EMS in India.

7.5 The real concept of an ambulance is missing in India. Existing ambulances are more like transport vehicles and any vehicle suitable to lay a patient are called an ambulance without considering the overall ambulance design. It is necessary in an ambulance to take care of occupant safety, patient care ergonomics, medical equipment selection and placement, vehicle engineering and integration.
7.5.1 It is evident from the study that:

- There is no standardization of ambulance design across various procurements in the country and the industry is forced to re-integrate their vehicles every now and then.

- Most of the ambulance specifications are written by medical specialists who are unable to translate the user requirements in automobile terminology.

- There are certain inherent limitations in the existing laws which allow goods vehicles to be converted as ambulances for passenger application without incorporating essential safety features.

7.5.2 BLS, ALS ambulances and vehicles used for mere transportation of patients or dead bodies should be different. To achieve this Government should Standardize and certify ambulances under various categories.

7.5.3 There is also need to issue necessary instructions to the buyer of the incompletely built vehicle about the constructional and functional aspects of the ambulance.

7.5.4 Any body builder who is engaged in the activity of building ambulances need to follow prescriptions of National Ambulance code for necessary compliance, verification or certification.

7.6 Emergency Management and Research Institute (GVK EMRI)/ Ziqitza Healthcare Limited (ZHL)/Bharat Vikas Group (BVG)/ Jain Company EMS India have entered into Public Private Partnership (PPP) with respective state Governments and are handling medical, police and fire emergencies in fourteen states of India through its one-naught-eight (108) emergency service. Remaining states of India may adopt this Public Private Partnership model to meet growing number of emergencies and create single comprehensive EMS that can be accessed throughout the country.

7.6.1 The central government as well as state government should allocate a part of their budget for this noble venture. Funds can be raised through additional tax or cess imposed on the citizens.