



ABSTRACT

Tamil Nadu Health Systems Project – Establishment of Emergency Management Services for various types of emergency cases, accident victims, etc., by Emergency Management Research Institute, Hyderabad – Orders issued.

HEALTH AND FAMILY WELFARE (EAP I/1) DEPARTMENT

G.O.(Ms) No.137

Dated 5.5.2008

Thiruvalluvar Aandu 2039,
Chithirai, 23.

Read:

- 1) G.O. (2D) No.67, Health and Family Welfare Department, dated 29.08.2005.
- 2) G.O. (4D) No.3, Health and Family Welfare Department, dated 12.04.2007.
- 3) From the Project Director, Tamil Nadu Health Systems Project, Letter No. 1559 / E1 / HSP / 2008, dated 08.04.2008.

ORDER:

Response time is vital for medical emergency and emergencies occur not only due to medical reasons but also due to road traffic accidents, suicides, and crimes. Although a good network of Medical College Hospitals, Government Hospital etc. is prevalent in Tamil Nadu, ambulance facilities already provided to these institutions are not available round the clock due to various operational / administrative reasons. An efficient emergency management service can play a crucial role in saving precious lives of pregnant women, women in labour, victims of Road traffic accidents, Medical and Surgical emergencies etc.

2. The Project Director, Tamil Nadu Health Systems Project has stated that considering the importance of providing emergency ambulance services, 187 ambulances with medical equipments have been purchased and supplied to 15 districts through the World Bank aided Tamil Nadu Health Systems Project, that these ambulances are being operated through select 146 NGOs in the 15 districts from 01.01.2007, that the NGOs were permitted to charge one way from the patients at the rate of Rs.5/- per kilometer from the strategic point to meet out the fuel, vehicle maintenance and other operating expenses including staff salary in addition to payment of a sum of Rs.30,000/- per annum towards insurance and expenses towards fitness certificate per vehicle and a maintenance grant of Rs.1.20 lakh per annum towards operating expenses per vehicle and that their activities are being monitored by the District Monitoring Committee chaired by the respective District Collector. The Project Director has reported that the total expenditure for the scheme is approximately Rs.17.16 crore towards the cost of ambulances and Rs.2.80 crore towards recurring expenditure.

3. The Project Director, Tamil Nadu Health Systems Project has further reported that as several difficulties were experienced in running the existing emergency ambulance services through multiple NGOs, a focused effort was made to identify a professional and experienced NGO that would manage and provide efficient delivery of Emergency Management Services and Expression of Interest was invited through an advertisement (dated 03.11.2007) at all India level for developing and operationalising management of a comprehensive response service for providing a reliable, trust worthy and quality Emergency Response Service in Tamil Nadu from experienced / registered non profit organizations with the following experience:

- “(1) Experience in running centralized emergency response centre for an entire state in public private partnership with any state Government on a non-profit basis. Testimonials of such experience should be enclosed with the Expression of Interest.
- (2) Should have operated and managed a fleet of over 200 ambulances.
- (3) Should have experience in computer telephony integration with the ability to log calls combined with geographical information system together with GPS integrated ambulance monitoring system to facilitate quick dispatch of vehicles to the point of emergency.
- (4) To have comprehensive training modules for ambulance drivers, ambulance nurses and supervisory personnel in the implementation of the emergency response system.
- (5) Should have executed at least one similar project at a budgetary outlay of Rs.500 lakhs in the preceding or current financial year”.

4. The Project Director, Tamil Nadu Health Systems Project has further stated that based on the advertisement issued, Emergency Management and Research Institute (EMRI), Hyderabad, expressed its interest to provide the above service, that based on the reference mentioned in para 3 above a request for proposal was sent to the above organization and that the institution has sent detailed technical /financial proposals. The Emergency Management and Research Institute proposal was evaluated and it was found that Emergency Management and Research Institute has the necessary experience and prequalification stipulated in the advertisement, dated 03.11.2007. Further, the Government of Andhra Pradesh has entered into a MOU with Emergency Management Research Institute, Hyderabad and the services are extended to the entire State of Andhra Pradesh subsequently Emergency Management and Research Institute has also entered into MOUs with the Government of Gujarat and Madhya Pradesh.

5. The Emergency Response Center at EMRI consists of three mission critical teams and this model has been adopted in all states that it has taken up. The three teams that work together to attend to Emergency calls are as follows.

Sense: (Call taking, Call processing, Call dispatch), all located in a central control room which is technologically well equipped. Personnel at this central control room which resembles a modern day call centre are extremely well trained to deal with each type of call. Each call is recorded and handled professionally. The presence of a Geographical

Information System and GPS helps to track down the location of the call and the Ambulance as well. Approximately, 10,000 calls are received every day and the personnel have been trained to distinguish between serious emergencies and that which can be tackled through telephonic assistance and local help.

Reach: The process refers to the arrival of the Ambulance at the scene of the emergency. The 'Reach' protocol which begins from the response system on the Emergency Medical Technician receiving a call from the control room, confirms the location, arrival at the scene, dealing with the emergency, etc., It is a 32 step process. Each ambulance has drivers and emergency medical technicians for two shifts. Each ambulance has one substitute in the event of an absentee. Emergency medical technicians undergo an intensive training programme for six weeks.

Care: The Emergency Medical Technician (EMT) provides pre hospital care while transporting the patient / victim to the appropriate hospital for stabilization. These EMTs are also trained to receive guidance on correct and optimum treatment from doctors (Emergency Management research physicians) located at the control room.

6. The Project Director, Tamil Nadu Health Systems Project has stated that a team consisting of the then Hon'ble Minister for Health along with the Secretary and Special Secretary, Health and Family Welfare Department and officials from the Tamil Nadu Health Systems Project visited Emergency Management Research Institute, Hyderabad and were impressed with the functioning of the Emergency Management System from infrastructure, technology used, man power recruitment, training, monitoring, reporting and managerial efficiency displayed. The Project Director, Tamil Nadu Health Systems Project has sent a proposal to establish 24 hours Emergency Management Services System initially in 14 districts in Tamil Nadu and to the extended the same to the rest of the State, for the benefit of the people by signing a Memorandum of Understanding with Emergency Management Research Institute, Hyderabad and to provide funds as Grant – in – aid to Emergency Management Research Institute to manage the Emergency Management Services.

7. The World Bank has agreed to provide the required 198 ambulances along with the equipment for them to Emergency Management Services and the cost of the ambulance and equipment is reimbursable by the World Bank. All the other expenditures is not reimbursable by the World Bank and is to be borne by the Government of Tamil Nadu.

8. The Project Director, Tamil Nadu Health Systems Project has circulated the above proposal to the members of the State Empowered Committee constituted in G.O. (Ms) No.28, Health and Family Welfare Department, dated 28.2.2005 and the Committee has approved the proposal. The Project Director has requested the Government to issue orders in the matter.

9. The Government after careful examination of the proposal issue the following orders:

(i) Sanction is accorded for establishment of Emergency Management Services in Tamil Nadu.

(ii) An Memorandum of Understanding shall be signed with Emergency Management Research Institute, Hyderabad as a Public Private Partnership in provision of Emergency Management Services in Tamil Nadu. Tamil Nadu Health Systems Project shall be designated as the Nodal agency to operate the Emergency Management Service system in Tamil Nadu through Emergency Management Research Institute, Hyderabad and the Project Director, Tamil Nadu Health Systems Project is nominated as the Nodal Officer and he is permitted to sign the Memorandum of Understanding with Emergency Management Research Institute on behalf of Government of Tamil Nadu.

(iii) The Project Director, Tamil Nadu Health Systems Project is permitted to set up initially a temporary control room in the Health Visitors Training Centre located at Government Kasthuri Bai Gandhi Hospital Campus, Chennai-5 and this centre shall be utilised as a temporary central control room and training centre till a permanent control room and training center is built. This temporary control room shall be suitably renovated at an estimated cost of Rs.1.85 crore provided with the required infrastructure for the purpose of Emergency Management Research Institute.

(iv) The Director of Public Health and Preventive Medicine is directed to handover the buildings of the Health Visitors Training Institute functioning in the Government Kasthuribai Gandhi Hospital Campus, Chennai-5, temporarily to the Tamil Nadu Health Systems Project by shifting the existing institute to function at Health and Family Welfare Training center, Egmore Chennai -8.

(v) The Project Director, Tamil Nadu Health Systems Project is permitted to setup a permanent central control room at Chennai on the land provided by the Government and the infrastructure should be developed by Emergency Management Research Institute in consultation with Government of Tamil Nadu from the funds provided by the Government. All infrastructure so created will be the assets of the Department of Health and Family Welfare, Government of Tamil Nadu. Land required for the same shall be identified by the department. The Central control room shall be an integrated control room with representation from Police and Fire Departments.

(vi) The staff for running the central control room, ambulances, supervision and monitoring, management etc., shall be selected, trained and positioned by Emergency Management Research Institute in the respective positions.

(vii) The entire Emergency Response Management Service shall be organized, managed, supervised and monitored by Emergency Management Research Institute.

(viii) The arrangement with Emergency Management Research Institute is proposed to begin functioning from the date of signing of the Memorandum of Understanding. It will be operational for the period agreed to by both parties i.e. initially for a period of five years from the date of signing of the Memorandum of Understanding. Based on the functioning of the existing system in the fifth year, the arrangement will be assessed and extension of services in partnership decided accordingly.

(ix) After the Memorandum of Understanding is signed by Emergency Management Research Institute, Hyderabad and Government of Tamil Nadu the first quarter funds for renovation and refurbishment of temporary call centre and training centre shall be released to Emergency Management Research Institute.

(x) Initially, the 198 ambulances under Phase II of the Tamil Nadu Health Systems Project will be placed at the disposal of the Emergency Management Research Institute for providing Emergency Management Services in 14 districts i.e. Perambalur, Thiruvannamalai, Sivagangai, Virudhunagar, The Nilgiris, Salem, Vellore, Trichy, Madurai, Dindigul, Namakkal, Karur, Coimbatore, and Erode and extended to all districts in Tamil Nadu in a parallel manner as and when the remaining ambulances are surrendered by the NGOs.

(xi) All Ambulances that are being surrendered by NGOs due to their inability to run the same shall be handed over to Emergency Management Research Institute and the coverage area shall also be extended gradually in other Districts.

(xii) All Ambulances that have now been parked due to having been met with an accident shall be handed over to Emergency Management Research Institute for repairs and then utilized along with the other vehicles.

(xiii) Uncovered areas such as Chennai Corporation, other Corporation areas, Municipalities, Urban areas which have not yet been covered shall gradually also be included in the service area. Ambulances for the purpose bought by the respective local bodies shall also be handed over to EMRI under the proposed arrangement.

(xiv) Ambulances that are bought by public minded institutions and gifted to the Government for utilization shall be handed over to Emergency Management Research Institute to form part of the overall pool of ambulances for Emergency Management Services. Other Ambulances purchased for Emergency Management Services (EMS) from time to time shall be handed over to Emergency Management Research Institute for utilization as earlier mentioned. The existing 187 ambulances run by NGOs in Phase I Districts, either surrendered or terminated after the contract period shall be handed over to Emergency Management Research Institute.

(xv) A monthly detailed performance report of all the activities in the Emergency Management Services shall be collected, analyzed and reported to the Government by the Project Director, Tamil Nadu Health Systems Project.

(xvi) The Emergency Management Services provided by Emergency Management Research Institute to the public is to be free of cost. No charge in any form shall be collected from the public.

(xvii) The fund for the Non recurring and recurring cost shall be released to the Emergency Management Research Institute by the Government through Tamil Nadu Health Systems Project in advance for each quarter. Emergency Management Research Institute should produce the utilization certificate for the expenditure details at the end of the first quarter following the release of funds. Then Emergency Management Research Institute should provide the audited expenditure statement by the end of the second quarter after the release of advance. This mechanism shall be in place for all releases, which will be done on a quarterly basis. Only the actual expenditure will be borne by the Government and there is no extra cost involved other than the actuals.

10. The Government constitute a State level Advisory Committee with the following members to monitor the function of Emergency Management Services:

a	Chief Secretary, Government of Tamil Nadu	- Chairman
b	Secretary – Health & Family Welfare Department, Government of Tamil Nadu	- Convener
c	Secretary - Finance Department, Government of Tamil Nadu	- Member
d	Secretary – Home Department, Government of Tamil Nadu	- Member
e	Director General of Police, Government of Tamil Nadu	- Member
f	Special Secretary – Health & Family Welfare Department, Government of Tamil Nadu	- Member
g	Project Director, Tamil Nadu Health Systems Project	- Member
h	Additional Director General of Police and Director of Fire and Rescue Services, Government of Tamil Nadu	- Member
i	Chief Executive Officer, Emergency Management Research Institute, Hyderabad	- Member
j	Three nominees of Emergency Management Research Institute	- Members
k	Special Invitees as decided by Chief Secretary from time to time from Government of Tamil Nadu.	

11. The Government also constitute a District level Executive Committee headed by the District Collector in each district. The Executive Committee shall meet once a quarter and co ordinate the actions required for efficient implementation and operation of the Emergency Management Services in the district. The Executive Committee shall consist of the following members:

- (a) District Collector (Chairman)
- (b) The Joint Director of Health Services (Convener)
- (c) The Deputy Director of Health Services (Member)
- (d) The Superintendent of Police (Law and Order) (Member)
- (e) The Divisional Fire officer (Member)
- (f) Three nominees of Emergency Management Research Institute
- (g) Special invitees as decided by the District Collector from time to time

12. The expenditure shall be determined by the increased ambulances and related expenditure components that are likely to increase due to the scaled up volumes. Every year the projected expenditure for the following year shall be informed to the Government through the Tamil Nadu Health Systems Project for suitable budget allocation. For 2008-09, Rs.18.00 crore (Rupees Eighteen crore only), was requested through Project Implementation Plan (PIP) from National Rural Health Mission and out of this amount, Rs.9.54 crore (Rupees Nine crore fifty four lakh only) has been now allotted for this purpose by National Rural Health Mission. The amount required for 2008-09 is Rs.36.02 crore (Rupees Thirty six crore two lakh only) and as the initial amount allotted by National Rural Health Mission is already Rs.9.54 crore (Nine crore fifty four lakh only), the balance amount of Rs.26.48 crore (Rupees Twenty six crore forty eight lakh only) will be the contribution of Government. The Government contribution shall be adjusted against the state's share of contribution under National Rural Health Mission. In the event of delay in National Rural Health Mission funding, the required funds shall be advanced by the State Government and suitably replenished as and when National Rural Health Mission funds are received.

13. Sanction is accorded for a sum of Rs.36.02 crore (Rupees Thirty six crore two lakh only), towards establishment of 24 hours Emergency Management Services for the year 2008-2009. The projected recurring expenditure for the year 2008 – 09 is Rs.13.13 crore (Rupees Thirteen crore and thirteen lakh only) and the non-recurring expenditure for the year 2008 – 09 is Rs.22.89 crore (Rupees Twenty two crore and eighty nine lakh only). A detailed break up of expenditure is given in the Annexure to this order.

- a. The recurring expenditure of Rs.13.13 crore (Rupees Thirteen crore and thirteen lakh only) is sanctioned for operating 198 ambulances and the expenditure shall increase corresponding to the increased number of ambulances.
- b. The central control room expenditure of Rs.6.38 crore (Rupees Six crore thirty eight lakh only), is mainly related to procurement and installation of equipment, which will be permanent assets and will be moved from the temporary call centre to the permanent premises when constructed.
- c. The non recurring expenditure of Rs.6.00 crore (Rupees Six crore only), for refurbishing of ambulances is mainly meant for air-conditioning of the 198 new ambulances to be provided by the Government and to include certain additional equipments and modifications to the ambulances for picking up the patients in emergencies and to transport them to the hospitals with proper first aid and emergency management. When additional ambulances are handed over to the Emergency Management Research Institute the corresponding expenditure will increase accordingly.
- d. The emergency response centre cost of Rs.10.51 crore (Rupees Ten crore fifty one lakh only), is for modification of temporary premises which includes renovation and infrastructure development and to establish the permanent site

and infrastructure to run the entire operations of Emergency Management Services (EMS).

14. The expenditure sanctioned in para 13 above shall be debited to the following head of account:

"2211. Family Welfare – 00-103. Maternity and Child Health. Schemes in the Eleventh Five Year Plan – II. State Plan – JN – State's share towards National Rural Health Mission Schemes – 09. Grants in Aid – 03. Grants for Specific Schemes (2211 00 103 JN 0937).

15. The Project Director, Tamil Nadu Health Systems Project is authorized to incur the expenditure sanctioned in para 13 above.

16. This order issues with the concurrence of State Empowered Committee constituted in G.O. (Ms) No.28, Health and Family Welfare Department, dated 28.02.2005 and Finance Department vide its U.O.No.178 / DS (AR) / Health I / 2008, dated 5.5.2008.

(BY ORDER OF THE GOVERNOR)

V. K. SUBBURAJ
SECRETARY TO GOVERNMENT

To

The Project Director, Tamil Nadu Health Systems Project, Chennai – 6.

The Mission Director, National Rural Health Mission, Chennai – 6.

The Director of Medical and Rural Health Services, Chennai – 6

The Director of Medical Education, Chennai – 10

The Director of Public Health and Preventive Medicine, Chennai -6

The Emergency Management Research Institute, Hyderabad.

The Principal Accountant General (A&E), Chennai – 18.

The Principal Accountant General (Audit I), Chennai -18.

The Pay and Accounts Officer (South), Chennai –35.

Copy to:

The Chief Secretary to Government, Chennai – 9.

The Secretary to Government, Health and Family Welfare Department, Chennai – 9.

The Secretary to Government, Finance Department, Chennai – 9.

The Secretary to Government, Home Department, Chennai – 9.

The Director General of Police, Chennai - 4.

The Special Secretary to Government, Health and Family Welfare Department, Chennai-9.

The Additional Director General of Police and Director of Fire and Rescue Services, Chennai-8.

All District Collectors.

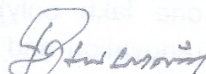
All Joint Director of Medical and Rural Health Services.

The Secretary to Government of India, Ministry of Health and Family Welfare, New Delhi-11.

The Country Director – India, The World Bank, New Delhi Office, 70, Lodhi Estate, New Delhi-3.

The Finance Department, Chennai- 9.

/ FORWARDED / BY ORDER /



சென்னை-9

தமிழ்நாடு சுகாதார அமைச்சு
சென்னை-600 009

ANNEXURE

		Year	2008 - 2009				
			All cost in Rs Lakhs				
S.No	Recurrent Cost	Q1	Q2	Q3	Q4	Total	
1	108 Call centre Salary Expenditure	2.08	7.44	9.86	9.76	29.14	
2	Ambulance Personnel Cost	24.60	110.52	198.96	163.52	497.60	
3	Care Personnel Cost	2.95	9.60	11.85	12.45	36.85	
4	Fuel Cost	0.00	10.42	28.53	33.53	72.48	
5	Repairs and Maintenance	0.00	3.84	9.60	7.92	21.36	
6	Medical Consumables	0.00	6.68	18.29	21.50	46.47	
7	Ambulance Mobile Telephone Expenditure	0.00	1.92	4.80	3.96	10.68	
8	Replacement of Tyres	0.00	0.00	0.00	0.00	0.00	
9	Refurbishment of Ambulances	0.00	0.00	0.00	0.00	0.00	
10	Uniform	1.78	4.42	3.73	1.82	11.75	
11	Vehicle Insurance	0.00	0.00	0.00	0.00	0.00	
12	Training Cost	20.04	35.81	23.13	14.33	93.31	
13	Other Insurance	0.00	19.00	0.00	0.00	19.00	
14	Annual Maintenance	0.00	0.00	0.00	0.00	0.00	
15	Other Salaries - Support Staff	11.40	34.20	34.20	39.00	118.80	
16	Marketing Expenditure	29.00	24.00	24.00	60.00	137.00	
17	Travelling Cost	20.00	18.00	18.00	26.00	82.00	
18	Administrative Expenditure (telephone, Electricity, House Keeping, Security, Office Expenditure)	33.00	24.00	27.00	53.00	137.00	
	Sub Total	144.85	309.85	411.95	446.79	1313.44	
	Non Recurrent Cost						
1	Sense - Call Centre Equipment	500.00	10.00	0.00	128.00	638.00	
2	Reach - Ambulance Modification	250.00	150.00	150.00	50.00	600.00	
3	Infrastructure - Emergency Response Centre	285.83	0.00	375.00	390.58	1051.41	
	Sub Total	1035.83	160.00	525.00	568.58	2289.41	
	Grand Total	1180.68	469.85	936.95	1015.37	3602.85	

V. K. SUBBURAJ
SECRETARY TO GOVERNMENT

/ TRUE COPY /

On. J. N. S. S.
SECTION OFFICER

