



## MAKING EMERGENCY CARE WORK BETTER - A HOLISTIC APPROACH

### PANEL DISCUSSION – Held at Raj Bhavan on 12<sup>th</sup> November 2011 A Synopsis and Executive Summary

#### **Background**

Alert as an NGO has been creating awareness and training people from various sections of the society for over 5 years now, in medical emergency response. We have trained over 15000 people now ranging from- corporate employees to auto rickshaw drivers, school children to members to members of the road transport office.

In doing so we have had to work closely with various stakeholders of the emergency care system. Our interactions, observations and assessments have shown that saving a life of a victim during an emergency is a function of a chain of events and relies on the effective working of multiple systems and processes. People have a lot of fear, anxiety, doubt and apprehension when it comes to helping a victim in medical emergency. The fear of law, law enforcement refusal by hospitals to accept a victim etc., plays on the minds of people and is being quoted as the biggest barriers to rendering help.

Hitherto our programs focused on creating awareness and focused on doing the right things during the '**Golden hour care**'. Our work in this space increasingly pointed out that awareness and training may alone not be sufficient. When a victim is attended by a first responder and subsequently put in an ambulance or taken to a hospital, the responsibility of the first responder is over and the natural assumption is that the life is or would be saved. In reality this is only a part of the issue. There are the stakeholders and systems, which come into play and would eventually decide the fate of the life, directly or indirectly- First responder, Police, Law, Ambulance, Hospital, Insurance, The health department, The transport department etc.

As an independent system, each one of them have been making huge strides of progress and constantly improving and building efficiencies. The 108-ambulance system is state-of -the art and has achieved incredible time efficiencies given the conditions of traffic and roads. Hospitals are becoming increasingly sophisticated, so much so, that we are an important destination for medical tourism. Government departments have invested heavily in technology & training, seeing huge improvements in administration and enforcement. We notice that when the common man's fears are allayed and skill is provided, He is more than eager to offer help.

**This being the case, there are still number of cases of death due to apathy or cross-functional inefficiencies following medical emergencies. Currently these systems are riddled with different priorities, purposes, policies and procedures and the lines of accountability are blurred. These islands of excellence need to collaborate better and work closely. They must adopt a 'holistic approach towards emergency care'. Saving a life is and must become everybody's business.**

We believe that if these systems do not work together seamlessly and as a collective set-up do not succeed in saving lives during emergencies, people would lose faith and step away from offering help. This would be counter- productive to our efforts and at a time when as many hands are required to help save lives, there would be very few.

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The panel discussion on November 12<sup>th</sup> is a first step towards creating a platform that looked at this prerogative holistically. The various stakeholders principally agreed to have an open discussion and examine possible solutions towards inter operability in the problem areas of each stakeholder and aim at ideating towards a solution. The expectation is not a straightforward solution, because there isn't any, but a commitment to adopt an integrated approach and agree on further actions.

### **DISTINGUISHED PANEL MEMBERS**

The following was the composition of the panel and the focus area that they represented:

<b>Name</b>	<b>Department /organization</b>	<b>Focus area</b>
Justice B Rajendran	Justice, Madras High Court	Important laws and what they mean in the context
Mr. S Rajendran IPS	IGP, State Traffic planning cell	Role of state traffic planning cell and the need to integrate planning, implementation and enforcement.
Mr. Sanjay Arora	Addl Commissioner of Police Traffic, Chennai city	The role of enforcement during emergencies and practical issues
Dr.T V Ramakrishnan	HOD, Dept of Accident and Emergency Medicine, Sri Ramachandra Medical College and Research Institute	The role of medical fraternity in emergency medicine. Challenges and possible solutions
Mr. B N Sridhar	COO - 108 - Tamil Nadu	Role of EMS - current state and future state.
Mr. Krish Ramesh	Zonal Director, Fortis Hospital	Private hospitals and emergency medical care. The economics and practical issues.
Dr. Venkataiah	RM, New India Assurance Ltd	The role of Insurance and possible solutions explorable to address the situation of a victim denied emergency care due to economic reasons

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An elite panel comprising representatives from important stakeholders of emergency medical care as listed above had a wonderful discussion on 12/11/2011 at 'Darbar Hall, Raj Bhavan.

**The key context was a “holistic approach to make emergency care better”.**

**Highlights**

- Panel quoted reference of how every individual and Doctors are empowered and bounded by moral responsibility to guard a life putting behind priorities of legal formalities. It has been made clear that a common man and Doctors are legally protected and not be restricted by legal formalities that follow the accident, at the time of saving a victim.
- Government hospitals and Police have been very co-operative to 108.
- Only 16% of all emergencies are Trauma care. Emergency care is lot more global than just being Trauma Care.
- The current eco-system does not provide enough opportunities for skilled paramedics and could be potentially under -utilized.
- At present, insurance is quipped to work only with policy holders.
- Awareness of the law and Emergency care education is more necessary in rural areas.
- People need not have the fear of police when helping emergency victims.

**Some of the valuable suggestions that came out in the discussions were:-**

- NGOs must be institutionalized and empowered to achieve scale and effect.
- Moving the emergency care closer to the proximity of access. Like having a self sustained EARC unit in all toll plazas.
- Make Basic Life Support training mandatory for issuing driving licenses.
- Awareness about Right to Emergency care in each hospital in coordination with IMA.
- Social organizations can come forward to formalize an insurance policy exclusively for covering golden hour care treatment.
- Doctors and paramedics must be trained on advanced medical skills required for managing Golden hour care.
- Doctors and hospitals must be made aware of the provisions of law and in offering emergency care to victims.
- Reach masses through technologies like ring tones on mobile phones and convey critical messages.
- Emergency care training must be taken to schools and colleges.

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