

**Proposal for Veritable Ambulance Services:** Preventing incidences, risks or even deaths due to delayed response, shutdowns, strikes, emergencies, system failures etc

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The next step could be for Emergency Response Networks to develop a knowledge base for pin codes, where the knowledge enabled pin code called the ER pin code could make the location more “simpler, safer or universally related to” while delivering emergency response or disaster management response etc.

Though ambulance services are being provided by the government, social welfare organizations and well-planned healthcare organizations, the need for an Ambulance does not receive 24x7 responses all the time.

### **Proposal 1 (for healthcare providers)**

Would your healthcare organization like to incorporate Veritable Ambulance Services (via a Call Centre) independent of any other current association or arrangement? Yes/ No/ Not applicable.

#### **Vision:**

This concept will help providers or healthcare-associates incorporate veritable service modeling for Ambulances and other mobile healthcare services that if not available – does affect the lives or mortality rate of patients and customers.

(1) A healthcare organization can setup universal services for Ambulances or MHU(s) via a Call Centre, that permits a person or healthcare-associate to call in, to register a need for an ambulance or more well-planned mobile healthcare services

(2) The call would need the caller to identify the nature of healthcare services needed. The nature of services could be marked with an attributing color code indicating

Red – Ambulance or MHU needed for Life saving or critical to life healthcare

Yellow – Ambulance or MHU needed for Specific to need healthcare

Black – Ambulance needed for Wrong medication or serious infection related healthcare

Green – Ambulance needed for Expected treatment and due care

(3) After recording the need, the caller could be issued a color coded ticket that is unilaterally understood and managed for closure or elevated status.

(4) The need for a caller to remember details in the time of need does need the ticket to be sent to a mobile number, or email ID or repeated via recordings for the sake of a caller needing to refer to and record this information for dependent action.

(5) The Call Centre could also provide (via an online or playback mode) details about any warnings, precautions and other statutory healthcare information important for the nature of services needed.

(6) The ticket could include an Ambulance / MHU provider number and a new Community Centre number for anyone to follow up or elevate calls to ensure dependent action is taken to make the Ambulance or MHU available.

## **Proposal 2 (for healthcare organizations or social welfare organizations)**

Would your organization like to proactively fund a **Community Centre** to help customers, patients or healthcare-associates avail of Community empowering Ambulances or MHU(s) when needs cannot be met by regular Ambulance or MHU Providers? Yes/ No/ Not applicable.

### **Vision:**

This Community Centre concept will help customers, patients and healthcare-associates avail of Ambulances or MHU(s) in situations, where the need cannot be met normally.

The Community Centre could also help direct a customer or patient to the nearest healthcare provider given the color code for the call and certain preferences of the customer or patient or healthcare-associate.

### **Reasoning:**

This is necessary, as today there are many incidences like unpredictable closure due to protests, strikes, emergencies or other disaster like situations.

Spurious use of vehicles, any not ready-for-use conditions, any out-of-fuel conditions, any lack of preparedness to drive amidst disasters or unusual conditions, could also need to be addressed in a more accountable and patient centric manner.

The Community Centre (and not restricting it to an individual business model) will also enable healthcare providers that cannot invest in such facilities independently to still provide for these functions.

Added to this, is that demand for immediate-and/or-safe-healthcare-needs to be more intelligently managed, where a universal management culture is emerging as one of the main aspects of providing healthcare services (that is every healthcare provider will like to be available, accessible and accountable for our nation-wide vision for high quality, sustainable & equitable healthcare).

### **Proposal 3 (for organizations interested in Emergency Response Networking)**

It is seen that though healthcare providers may find it difficult to respond to all emergencies, promoting the need to invest in an Emergency Response Network and Centre may be an important step for sustainable modeling and governance.

**“Knowing the Emergency affected caller or enabler”** methodologies are emerging in all areas of the industry, the importance of which may be evident in the healthcare and emergency response industry to provide better emergency services.

An Emergency Response Centre could use a form to collect profile information from customers, patients or healthcare-associates depending upon possible response needed, time available, vulnerability or severity noticed in health condition or concerning environments.

This proposal includes a proposed Emergency Response profile that can be used to collect, consolidate and communicate details about the customers, or patients or healthcare-associates that need emergency response services.

The Emergency Response profile has certain must fill (\*) sections and certain additional information sections. It is expected that filling in the profile may take approximately 5 minutes with assistance.

This Emergency Response profile could be sent across to an associated Call Centre or Community Centre or Disaster Management body for acknowledgment and in-time resolution, from where the information can be logged into high-performing databases that can be assessed to understand and improve the nature of healthcare, emergency services or disaster management services being offered.

Associating an Emergency Response UId (across all healthcare units, emergency response organizations and disaster management organizations) could help Call Centres, Community Centres and other Disaster Management bodies identify needs at a nation-wide, or state-wide, or district-wide, or city-wide level etc, and thereon unify in efforts to provide emergency response services and gather information on performance and issues.

## **EMERGENCY RESPONSE (ER) CALLER OR ENABLER PROFILE**

### **A. GENERAL DETAILS (\*)**

**ER Enabler Id:**

**ER UId:**

**Linked Id:**

**Caller's Name (\*):**

**Place of incidence or emergency (\*):**

**Region (\*):**

**City (\*):**

**Pin code (\*):**

**ER Pin code:**

**State:**

**STD code:**

**Country:**

**ISD code:**

**(If the ER need is for an individual)**

**Sex (\*):**

**Age (\*):**

**Nationality:**

**Country of origin:**

**Added details (\*) (for more-larger interests):**

**B. EMERGENCY RESPONSE (ER) NEEDED (\*)**

**1. Are you a specialist (or registered) healthcare associate?** Yes/No/  
Not applicable

**Do you need to elevate the need for emergency response services?**  
Yes/No/Not applicable

Or

**1.b Are you afflicted?** Yes/No/Not applicable

Or

**1.c Are you a caller?** Yes/No/Not applicable

**2. Response needed?**

**3. Time available?**

**4. Severity in health condition?**

**5. Severity in concerning environments?**

**6. Vulnerability or chances of incidences during travel?**

**7. Added Details you like to include:**

### **C. EMERGENCY RESPONSE (ER) EVALUATION (\*)**

#### **1. Nature of Emergency Response Services needed:**

**1.1. ER needed for a specific emergency (like...)**

**1.2. ER needed for an uncontrolled emergency (like )**

**1.3. ER needed for Life saving (like )**

**1.4. ER needed for epidemic, endemic or larger incidence of any infection (like )**

**2. Do you have more information about this?**

**3. Do you need guidance before the ER team's arrival?**

Yes/No/Not applicable

**If yes, what are the options expected for any guidance?**

A Call Centre or Community Centre or Emergency Response Centre or Disaster Management Centre could also use the Emergency Response ER UID to authenticate or verify the details of a caller to ensure that access to any kind of information is not violated or misused for any unforeseen reason.



**Solution related feedback for healthcare providers and Ambulance or MHU providers**

1. Would your organization like to utilize or implement any of the associated concepts?

Response:

2. Would your organization like to utilize an outsourced Call Centre?

Response:

3. Would your organization like to utilize an outsourced Community Centre?

Response:

4. Would your organization like to utilize an Emergency Response Network and Centre?

Response:

5. Would your organization like to improve its quality control practices for the specific nature of need indicated in this proposal?

Response:

6. Would your business like to implement **universal services** for Veritable Ambulance services, emergency response and disaster management services?

Response:

You can communicate your feedback for this proposal by calling the consultant on +91 9342867666 or by emailing the consultant on [venkataoec@gmail.com](mailto:venkataoec@gmail.com)

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