Standard Operating Procedure(SOP)

Integrated Patient Transport & Health Helpline Service

NHM, DoH&FW, Government of Odisha

Forms Part of the Contract Signed Between Ziqitza Health Care Ltd. & Govt. of Odisha on 9th November 2018.

Mission Director
NHM, ODISHA
H & F.W. Deptt., BBSR

MD & CEO
ZIQITZA HEALTH CARE LTD.

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1 Introduction

1.1 Background:

1.1.1 The Emergency Medical Ambulance Service (i.e. 108 Service) and 24x7 patient Transport Service (i.e. 102 Services) along with Health Helpline Services (i.e. 104 Services) being offer by the Government of Odisha separately through two different service provider(s) selected through separate tenders. These services were being managed separately through two different call centres and toll free numbers.

1.1.2 Regarding branding of theses ambulances, as mandated by Govt. of India, all these ambulances shall be having color coding and design as prescribed by Govt. of India under National Ambulance Service (NAS), only change in the branding in respect of the ambulances under 24X7 Referral Transportation Service (earlier 102), to replace the stickers with "Dial 102 Ambulance" in English and "ଫୋନ୍ କରନ୍ତୁ ଆମ୍ବୁଲାନ୍ସ **102**" on all sides of the Ambulances as "Dial 108 Ambulances" in English and "ଫୋନ୍ **108** ଆମ୍ବୁଲାନ୍ସ କରନ୍ତୁ"

1.1.3 As per the Government Order ..... RFP was issued by the Office of the Mission Director, NHM, Odisha inviting proposal *for Integration, Operation and Management of Emergency Medical Ambulance (108), Boat Ambulance, 24x7 Referral Transport (102) and Health Helpline Services (104) in Odisha* following a two-bid system. .ZHL was declared as the preferred bidder based on the evaluation of the proposal and invited for signing the contract.

1.1.4 The Standard Operating Procedure (SoP) has been developed in conformity with the provisions under the RFP and finalized in consultation with the Executive Committee before taking over the operation. The Service Provider is contractually obliged to abide by this SoPuniformly for a smooth operation of all the services.

1.2 Objective:

1.2.1 **Standard Operating Procedures and Protocols:** The Service Provider shall be responsible to abide by the Standard Operating Procedures (SOPs) to ensure a uniform practice in operation and management of the project (i.e. Integrated Patient Transport and Health Helpline Services) including operation of Ambulances, Control Room, and 104 Health Helpline Services. The SOPs for different services and operations has been developed in

conformity with the earlier SOPs with appropriate modification, wherever appropriate to accommodate the changes in scope of services and other terms and conditions of engagement.

1.3 Purpose & Scope

1.3.1 The purpose of these Standard Operating Procedures is to lay down procedure to facilitate smooth implementation of the IPTHHS Project in Odisha.

1.3.2 These Standard Operating Procedures are prepared to form part of the agreement as specified under Request for Proposal.

1.3.3 This SOP is intended to support the following:

(a) Help to ensure quality and consistency of services
(b) Help to ensure that good practices are maintained at all times
(c) Identify expected range of performance and what is needed to support that performance
(d) Provide an opportunity of optimal utilization of skills across the services
(e) Help to provide clarification of who does what (role clarification)
(f) Provide advice and guidance to locums and part time-staff
(g) Useful as training material for training to new project personnel
(h) Contribute to the institutional audit process as well as performance appraisal process of the staff

1.3.4 Pre-Hospital Medical Protocols shall be prepared separately.

1.4 Content of SOP

1.4.1 Areas to be covered under this SOP are given as below:

(a) Purpose and Scope
(b) Dispatch Centre Protocols
(c) Operation Systems, Structures and Protocols for Ambulance including response protocols, ring checks, call codes, vehicle maintenance, vehicle breakdown management, vehicle accident management, vehicle distribution, communication protocols.
(d) Operational protocols for special circumstances (natural calamities, mass casualty events (both manmade and natural), unattended death, transportation of minors, transportation of obstetric cases, pediatric patents, neonate, crime scene operations, fire & accidents relating to hazardous material). Department will assist in the development of the operational protocols for such special circumstances.
(e) Reporting structures and formats - overall documentation

(f) Health and safety protocols for personnel
(g) Job description, roles and responsibilities of each level of personnel in entire operations.
(h) Training, refresher course and orientation protocols for all levels of personnel (including staff replacement protocols)
(i) Overall Administrative Policies
(j) Involve Submission & Payment Processing
(k) Inter-facility Transfer Protocols
(l) On-line Medical Direction / Guidance Protocols
(m) Transportation refusal policies and protocols
(n) Do Not Resuscitate Policy

1.5 Applicability:

1.5.1 The Standard Operating Procedure (SoP) form part of the contract and shall be binding on the service provider.

1.5.2 This shall apply to all those are involved in the operation of the in the state including provider staff as well as to everybody else who renders any form of service for operation and management of IPTHS.

1.5.3 These Standard Operating Procedures shall be reviewed at periodic intervals and revised on mutual agreement. This SOP and / or any revisions and / or amendments with reasonable time required for implementation shall be decided by the IPTHS Management Committee. However, revision and/or amendment to the SOP arising out of any statutory requirement shall make applicable forthwith from the date of intimation by the Department. All policy statements issued by the Mission Director are considered amendments to the Standard Operating Procedures subject to approval of DoH & FW, Government of Odisha (Department).

1.5.4 However, the Authority reserves the right to amend the Standard Operating Procedure (SOP), within the overall framework of the RFP, unilaterally and the Operator shall be bound to implement such change from the date of its communication by the Authority.

1.5.5 Amended versions of the Standard Operating Procedure (SOP) shall be implemented subject to the approval of the Authority.

1.5.6 The SOPs are remaining applicable in all situations unless otherwise specifically waived by DoH&FW, GoO.

1.5.7 In the absence of any specific provision in the agreement on any issue, Service provider and Department shall discuss and arrive at suitable agreement within the overall framework of the RFP and the agreement.

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2 Scope of the Project

2.1 Integrated Patient Transport Service

2.1.1 Under Integrated patient transport following services shall be covered:

S. No	Services Covered	Scope & Coverage[1]
1	**Emergency Medical Ambulance Service. (ALS +BLS)**	In all 30 Districts with a minimum of 512 ambulances (ALS&BLS).
2	**24x7 Referral Transport System for JSSK beneficiaries.**	In all 30 Districts with a total of 500 or more vehicles. These vehicles shall be deployed strategically and equitably to ensure most optimal use of the services.
3	**Boat Ambulances in selected locations.**	Six Boat Ambulances to be deployed within 4 (four) riverine districts of Odisha in the locations identified by the Authority.

2.2 Grievance Redressal & Health Advice Helpline

2.2.1 Grievance registering (24x7 Service)

(a) Receive complaints and feedback regarding deficiencies in service provided in government health Institutions and escalate the same to appropriate authority.
(b) Registering and tracking of public grievances regarding the deficiencies in health care delivery, welfare schemes and entitlements on 24x7 basis.
(c) Real-time Grievance Redressal by establishing linkages with the heads of all the health facilities on 24x7 basis.
(d) Citizen's view and suggestions with regards to improving the service delivery with respect to quality of care, safety, Courtesy and other aspects will be received and sent to the concerned department for appropriate action.

2.2.2 Health Advice (24x7 Service):

(a) 24x7 health information for guiding the people on health related matters like first aid, nutrition, disease prevention and common ailment

[1] Number of vehicles are subject to modification

(b) Medical advice including emergency medical advice
(c) Information on health care service, health care facilities and diagnostic centers with the help of integrated computerized geographical mapping and database.
(d) Information about blood bank, blood storage centres and availability of blood.
(e) Support to field health staff like ANM and ASHAs for management of emergency conditions and treatment protocol over the phone.

2.2.3 Counseling

a) Counseling regarding general well being as well as people with psychological problems e.g. adolescent health issue, Suicide prevention, Family Welfare, Nutrition HIV/AIDS

b) Follow up of sample beneficiaries registered under MCTS for availing desired services in time. Special call will be made to High Risk Pregnant Women on monthly basis & to those defaulters of services as per need.

2.2.4 Health Information

a) Information on health programs and health related welfare schemes related schemes implemented in Odisha. (e.g. JSY,JSSK, RMNCHA+ etc.)
b) Health Related information during epidemic and disasters

2.2.5 Other Responsibilities of Call Centre:

(a) Maintain directory of in charge of all facilities and other stakeholder for emergency referrals, health care service availability and reporting of grievances.
(b) Send SMS of web address, registration number (Complaint ID) and estimated time required to resolve the grievance to complainant.
(c) Forward the complaint to the concerned official through an SMS/email (Call Centre) for redressal within 7 days of the complaint.
(d) Also send reminder SMS (automated) at least 2 days before the end of stipulated time for the redressal of unresolved grievances.
(e) Linkages with ASHA grievance redressal system
(f) Linkage with Patient Transport Service
(g) Grievance registration system is to have a scope of integration with other state level grievance redressal portal.
(h) Agency to carry out necessary modification in the complain registration system to effect such integration.

2.2.6 Priority Services to be offered round the Clock (24x7):

Following are the priority services, which should be available round the clock:

(a) Redressal of real time emergency grievances
(b) Emergency medical Advice
(c) Information on Emergency health care service, health care facilities and diagnostic centre**(designated health facility only)**
(d) Information about blood banks, blood storage centres and availability of blood
(e) Emergency counseling services on psychological problems e.g. adolescent health issue, suicide prevention.
(f) Complain regarding female feticide and infanticide
(g) Information on emergency ambulance service
(h) Emergency health related information during epidemic and disasters

2.2.7 Activity Flow (GR Health Advice Helpline Service)

Type of Activity	Actions by Client	Proposed Actions by Health Advice Helpline (104) Staff
1. A call to help line.	• Dial the toll free number (eg.104 or any other number give by the state)	• Once a call is connected with a client, assess whether the type of call is related to grievance health query.
2. Registration of grievances.	• Explain the type of grievance, name of the facility/person against which grievance has been raised. • Inform/share details of the place / district where the deficiencies were noted / encountered	• Fill the grievance registration form available on web portal. • Then triage the grievances on basis of emergency; a) real time grievances, with focus on those with denial of services b) grievances relating to systemic issues, requiring higher authorities intervention • For the real time grievances, resolve the grievances immediately by contacting the concerned authorities. • For the grievances requiring higher authorities intervention, grievances will be directed to the concerned official through wed portal, and resolution status will be

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		put on the web portal • Such grievances which are not clear and if operator who receives can not understand the type of grievance, the call should be forwarded to the supervisor who will note down the details and register the grievance • Registration number and estimated time required to resolve the grievance will be communicated to the complainant • Also convey the web address to the client so that he may check the status of grievance • Forward the complaint to the concerned official through a SMS/mail (by call centre/automated through web portal) for redressal of unresolved grievances.
3. If the response on the grievance is not communicated within stipulated time.	• May ask the status of his/her grievance from toll free number by quoting registration number • If not satisfied, ask them to forward it to next level and enter details in the web portal	• Irrespective of the clients call back or not to check status of complaints, all such grievances which are pending should be informed to the complainant and details of next level authority where grievance has been forwarded e.g. district/state responsible for the Redressal.
4. Grievances forwarded to the Authority.	• May enquire the status either through toll free number or through online/checking the web portal. • If not satisfied, write to the State Mission Director, NHM/ Secretary Health of the concerned state.	• Irrespective of the clients call back or not to check status of complaints, all such grievances which are pending should be put as unresolved grievance on web portal and also copy to Mission Director, NHM, Secretary Health and PS to State Minister of Health with information to the client

		and district
5. Health Query.	• Explain the health-related issue for which information/facilitation is sought.	• Note the caller's details, address and contact number • Issue the registration number • Ask in detail about the health query and triage into a) medical /health query b) health services/facility information c) counselling d) support to field level workers e) and others • Address the query and if required further supports connect the call to medical officer or counselor as per the assessment.

3 Expected Output

3.1 Patient Transport /Ambulance Service

3.1.1 24x7 pre-hospital emergency transportation care (Ambulance) services in all 30 districts of the state within agreed response time;

3.1.2 Uninterrupted functioning of the call centre/ control room and overall Emergency Response Service ensuring that no call is left unattended;

3.1.3 Operationalize/ Manage / Maintain existing as well as new Ambulances, which may be included later in the fleet.

3.1.4 Training and Deployment of adequate qualified personnel as per requirement of the project in Head Office, field staff, Call center employees, Emergency Management Technicians, Drivers and other required staff for running the Project efficiently.

3.1.5 Operate and manage further scaling up or scaling down of the project.

3.1.6 Submit various reports and information within the stipulated time frame to the State and district Level management/monitoring Committees formed exclusively, for the overall supervision of the project, and other State and District level authorities.

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3.2 Grievance Redressal and Health Advice Helpline (GRHAH):

3.2.1 Increased access to health information for all strata of society through a dedicated **25-seat** call centre (to be housed centrally together with IPTS/Ambulance Service) for providing desired services as mentioned above. Seats can be increased/decreased at any point of time by the Contracting Authority. The approved service provider will establish the Health Helpline through the extensive use of proven & indigenous triage software with algorithms/protocols and appropriate information and communication technologies (ICT).

3.2.2 State would be better equipped to handle any health crisis by effectively managing the information dissemination process and directing people to the right place in the least amount of time.

3.2.3 State would be able to optimize the resources in the Healthcare system – funds, personnel, facilities, etc.

3.2.4 Deploy trained and qualified manpower for GR & Health Advice Helpline capable of handling the calls smoothly.

3.2.5 Ensure availability of timely and appropriate health facility for the citizen and redressal of Grievances.

4 Centralised Call Centre and Control Room

4.1. Infrastructure & Technology

4.1.1 The approved service provider would be operating from the existing facility of the Government at IDCO Tower, Bhubaneswar along with additional space obtained on lease for expansion of call centre and develop an integrated enhanced Centralized Call Centre and Control Room facility to accommodate both 24x7 RTS (102 Ambulance) and Health Helpline Service (104) in addition to existing EMAS (108 Ambulance Service).

4.1.2 The Technology manual for Odisha EMAS, 24X7 Referral Transport(Janani Express) & Health Help line Service operations and Service provider Policies for IT specific to Odisha operations would be separately prepared in compliance with terms of RFP, Agreement, approved SoP and relevant Laws which would be internal documents which are totally confidential and proprietary information of Service provider affecting the competitiveness of Service provider vis-à-vis third parties. However, the same would be made available to the department or its representative for review and monitoring purpose subject to the terms of the owner of the respective IP of the technology deployed.

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4.1.3 The approved service provider shall make the entire setup ready within the timeline and manner as stipulated in the RFP including procurement of capital assets as required under the project.

4.1.4 The hardware and software in the Control Room would provide for computer telephony integration with ability to log calls with geographical information system. All the ambulances are monitored with the help of Geographic Positioning System (GPS).

4.1.5 All the ambulances are to be provided with GPS *and AVLT* equipment which shall be maintained by the approved service provider.

4.1.6 Adequate provision shall be made to take back up of the data generated in the Control Room. Adequate provisioning of back up media to be ensured by NHM for archival of data generated during previous contract period. The Service provider shall project the requirement of back up media.

4.1.7 The hardware and software would be maintained by the approved service provider and take all steps to maintain the hardware and software for uninterrupted operations. In case there is a breakdown due to technical problem, the approved service provider shall take necessary steps to rectify the same as early as possible. In case of a major break down, where incoming calls cannot be taken, information of such breakdown shall be provided to NHM forthwith and the approved service provider shall take all necessary steps as the situation demands to rectify the same at the earliest. In addition to this Agency shall ensure AMC & insurance of all assets of the projects including HW and SW. In case of default in ensuring continuity of insurance and/or AMC any liability for mishap during discontinuation period shall be borne by the approved service provider The Agency shall enter Annual Maintenance Contract with the vendor. However before completion of the Annual Maintenance Contract, if the contract was terminated, the Service provider shall take sufficient steps to enter into AMC with another vendor. But for the intervening period i.e. termination old AMC and entering of new AMC, the Agency shall maintain all the assets of the project including Hardware and software. Proper documentation of all the above activities to be ensured by the Agency.

Ambulances without insurance coverage shall be treated as Off Road as defined at Clause 2.14.6, Off Road definition (c) of the RFP.

4.1.8 In case of shifting, scheduled maintenance of hardware and software etc. wherein there can be discontinuance of operations for a specified period of time, the same would be communicated to NHM in advance and the NHM

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shall ensure that the same is communicated to general public in effective manner.

4.1.9 NHM shall conduct an independent audit of IT installation including hardware, software and reporting system to check the accuracy, authenticity, integrity and credibility of the system before commencement of Call Centre and Control Room Operations.

4.1.10 An application to achieve automation in mapping trips and off road registered in GPS with case details maintained at call centre shall be developed. It is responsibility of the service provider to provide access to data through API for this purpose. In addition to this the Agency shall also provide APIs for dash board which is to be accessed by public.

4.1.11 Agency to provide access to basic MIS reports on real time basis along with access to voice logs. The MIS data requirements for OPEX processing and regular monitoring are enclosed at Annexure-1 which is subject to change from time to time based on review by authority

4.2 Access to Service

4.2.1 A victim in emergency would call the three-digit toll free phone number 108, which is accessible from all the locations where Emergency Response Services are operational to avail the facility. This number and telephone line shall have toll free access in local area with priority routing through all telephone operators operating in State of Odisha. 108 shall be Category (I) service with unrestricted access from all landlines & mobile phones throughout the state of Odisha.

4.2.2 The existing Toll-Free number "108"allotted by Department of Telecom for the service and presently being used for Emergency Medical Ambulance Serve shall be used for all three patient transport services including Emergency Ambulance Service, 24x7 Referral Transport Service and Boat Ambulance Services. However, for Health Helpline Service different three-digit toll free number i.e. 104 shall be used.NHM shall provide access to the approved service provider for this purpose up to the period of agreement for this purpose. NHM shall facilitate and would coordinate, as and when necessary, with Telecom companies to ensure the allotment of the toll-free number 108 & 104 on all telecom networks in State of Odisha which shall be provided free of charge to the approved service provider during the term of this agreement.

4.2.3 Further, if there is any disruption in call during the tenure of this contract, due facilitation with the Telecom companies is to be made to ensure routing

of calls to 108 is restored at the earliest possible. In the meantime Disaster Recovery site shall be used for managing service. NHM would facilitate optical fiber link, radio link or any other link as and when available with BSNL is provided to the Control Room to enhance connectivity of the Control Room upon receiving relevant proposal from Agency with Cost Benefit analysis. For procurement of product or services in this regard process stipulated in SoP & RFP is to be followed. NHM shall give permission to service provider to get All Call Report directly from Department of Telecom/ BSNL /Private Telecom service provider during the tenure of this contract to verify that all calls are landing to the service provider's dialer and share with NHM.

4.2.4 The approved service provider shall operate the control Room round the clock on 24x7 modes to respond to distress call. For Proper management of the IPTHHS the approved service provider shall equip the Control Room with Geographical Information System, Global Positioning System, Automatic Vehicle Location Track and other necessary hardware and software for computer integrated telephonic integration as specified in the RFP.

4.2.5 On receiving call of emergency nature, the control room shall then communicate the caller/or connect ambulances to caller directly and take the patient to the nearest health facility depending on the severity of the patient's condition. The concerned health facility is also to be informed provided proper protocol and infrastructure as required is available at the health facility in advance to keep them prepared for immediate emergency care within that critical/ golden hour (Time in between injury become fatal). NHM will provide contact numbers of health officers of designated hospital in vicinity so that the service provider can call the concerned designated hospital, if required, or if there is a severe emergency. In case ambulance could not be provided for a case then the concerned caller is to be informed clearly within a reasonable time of 5 minutes from receiving the call/ service request. The reason for cancellation shall be correctly reflected in the records at call centre including number and tracking ID of ambulances considered for dispatched. NHM will advise the health officers at facilities to attend to such calls and adequate arrangement or done in order to attend to such severe emergency cases. At present such protocols do not exist in the health facilities.

4.2.6 In case Health Help Line i.e. "104" the call shall be attended by the team of doctors, Health Advisory Officer or Counsellor seating at the call Centre to address the queries, furnish information and record suggestion and complaint and escalate to appropriate level for consideration.

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4.3 Functioning of Call Centre

4.3.1 The Control Room is the nerve centre of the entire project. The primary objectives of the Control Room or the centralized call centre would to attend/respond the calls property to ensure provisioning of required to all eligible callers or victims.

The objective of Emergency Response Centre would be

a) To respond to the emergency caller
b) To quickly collect information related to type of emergency, seriousness, number of persons involved and location of the emergency from the caller.
c) Dispatch the nearest available ambulance to attend to the emergency
d) Monitor and track the ambulance online till the end of the incident
e) Provide navigational guidance to the ambulance in terms of location
f) MBBS Doctors (Allopathic) will be positioned at the ERC round the clock to provide medical advice to the Emergency Medical Technician in the ambulance.

4.3.2 Basic steps to be followed in response to a call received at the call centre vide toll free number "108".

a) Junior Executives receiving the call would collect initial critical information from the called related to place, location, landmark and the type and seriousness of Emergency. Based on type of emergency, the call shall be classified into Medical, Police and Fire emergency. In case of Police and Fire emergency, the call shall be transferred to the unit handling Police and Fire emergencies. In case of medical emergency, the criticality shall be ascertained and an appropriate ambulance (ALS / BLS) shall be dispatched based on need and availability. The executive shall pickup the phone within 10 seconds.
b) Dispatch is complete when the nearest available ambulance attends the call that has been assigned *and ambulance starts moving after assignment of job.*
c) Provide navigational guidance to the ambulance in terms of location, whenever required.
d) The Control Room shall have adequate seating arrangements for executives handling calls efficiently. The staffing should be done appropriately in order to meet the set objective criteria and performance parameters in the RFP.
e) Standard scripts for taking the calls for key emergency related processes shall be made readily available to the staff for reference. The same shall be prepared by Agency and approved from authority before usage.

f) The approved service provider shall operate the Control Room round the clock with necessary trained personnel and technology.

g) The dispatcher shall locate the nearest available ambulance and communicate the message to Ambulance informing the crew about

   i) Pick-up Location (nearest motorable road)
   ii) Nature of injury / illness

The cases where the Ambulance cannot be reached to the exact pick up location then the nearest motor able point would be communicated to the caller prior to dispatch if it can be ascertained at the time of dispatch. Caller shall be asked to come to the motorable point.

h) In the Control Room, the following information shall be captured in a manner

   i) Date and time receive of call (as per dialer)
   ii) Dispatch Time (time when the Ambulance is assigned and time when ambulance started moving)
   iii) Response time (time taken from receiving of the call to when Ambulance reaches the spot (Patient Location) or nearest motorable road to reach the patient (where there is no motorable road up to patient location and in such case caller must be informed before hand to come to the nearest mototable point prior to dispatch if it can be ascertained at the time of dispatch. Caller shall be asked to come to the motorable point.
   iv) Patient Information (Name, contact details, sex, age)
   v) Automatically generate a unique ID
   vi) Information related to incident
   vii) Type of emergency to be defined as per Chief Complaint List enclosed at Annexure - 2
   viii) Information related to location (Town, nearest landmark. etc.)
   ix) Distance travelled in each trip to be captured as per GPS and Odometer. Further breakup of distance and time as per GPS to be captured as

      Time when Ambulance started moving
      Time when ambulance reached pickup location
      Time when patient board the ambulance
      Time when patient reached hospital
      Time when ambulance reached base location

i) The Control Room shall have information (collected prior from NHM) related to all the hospitals / medical facilities in the area of operations and NHM shall provide updated information from time to time as and when its updated. NHM shall also provide all information related to State health infrastructure and health personnel engaged in public

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hospitals to ensure smooth coordination between the 108 service providers and the health workers /officers of the state.

j) It is expected to receive considerable number of no voice / response calls, nuisance calls, enquiry calls, non-emergency request calls and other calls which are not of emergency in nature and don't need attention. Further, many of these calls potentially disrupt operations by blocking time of the available resources. The approved service provider is permitted to design their own strategy to handle these situations which can change based on need and the impact of strategy adopted by the approved service provider. *However every effort should be made to respond to genuine calls*

k) The Control room shall block nuisance / Prank calls to avoid unnecessary blocking the IVRS line.

l) Control Room shall have information regarding the public safety agencies, evacuation agencies including the Telephone Numbers of all the Police Stations, Fire Stations, Health and Disaster Management units in State of Odisha as provided by the Government. *Agency shall have in place required integration with applications of other departments as directed by Govt. from time to time.*

m) The ambulance has to reach the site of requirement or nearest point on motorable Road within the response time as specified in the contract or RFP. It is clarified that non-response to hoax calls, no voice, prank call, call disconnected, repeat calls, crank calls, duplicate calls or calls that did not provide an address for the patient or insufficient information will not be taken into account while determining adherence to Response Time standards and cancelled call ratio and other operational parameters. Response Time standards shall apply only to Emergency ambulance requests requiring a response as determined by the Control Room using call screening and dispatch protocols approved by NHM and only such calls shall be used for the purposes of determining response time compliance calculations. While determining the response time, the time when the call was first received would be considered. Calls abandon before 5 seconds of the call landing on the dialer will not be considered for calculating call abandon ratio and other operational parameters.

n) Service provider can if desired call back all Nos which were initially cancelled due to non availability of Ambulance within 15 minutes and it is only applicable for home to institution to provide an ambulance if the patient still needs the same. But this is not applicable for IFT Cases.

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4.3.3 Management Review System

a)- A documented management review system needs to be in place which takes care of any variances, sudden events etc. which can effect operations. Pro-active steps should be initiated based on call trends and external environment to ensure robustness of the ERC operations.

b)-Shift In-charge should study performance of individual Junior Executives by following methods on daily basis and suggest improvement.

a. Side by side monitoring
b. Listening to voice loggers

c)- Attributes in call taking shall be listed in the ERC Manual.

d)- The Call Centre should have a continuous online display of metrics and statistics of number of calls received on that day, unattended call on that day (%), Average call waiting time, longest call waiting time.

5 Field Operation

5.1 Placement of Vehicles

5.1.1 Ambulances under Emergency Medical Ambulances Service (108), Referral Transport Service and Boat Ambulances Service shall be located strategically in order to attain optimal service level performance including response time parameter.

5.1.2 The locations for placement of these ambulances shall be finalised in consultation with district administration and NHM.

5.1.3 The Service provider has to be abide by the Performance Parameter prescribed and shall be responsible and maintain average response time of 30 minutes (time taken for ambulance to be on scene after the call is received in the Call Centre), as key performance parameter. In no case the service provider shall assign ambulance from outside the area of operation of 50 KMs distance. However this stipulation shall be applicable only after the replacement of 420 Ambulances under EMAS throughout the state.

5.1.4 The Service Provider will arrange for setting up of parking shed, rest room or any other infrastructure as per the requirement at their cost.

5.1.5 Ambulances would have all equipment for life support as defined under RFP. Service provider shall man these ambulances with trained personnel as defined in RFP.

5.2 Onboard Equipment and Staffing

5.2.1 Approved service provider shall ensure installation and maintenance of all the equipment, instruments and tools as defined in the RFP. Failing timely renewal of AMC proportionate amount equivalent to the AMC gap period shall be deducted from OPEX. Ambulances without insurance coverage shall be treated as Off Road as defined at RFP Clause 2.14.6 & Off Road condition (for the purpose of penalty calculation) at (c). Further Any loss arising during the period of discontinuation of AMC/Insurance is to be borne by the Agency.

5.2.2 Service Provider shall carry out routine preventive and break-down maintenance and up-keep of all these equipment, instruments and tools to ensure zero failure at the time of emergency.

5.2.3 The approved service provider, without failure, shall engage requisite number of trained field and ambulance staff with qualification and experience as defined in the RFP.

5.2.4 Approved service provider shall ensure compliance of labour and other applicable laws with respect to engagement, compensation (including salary, benefits and entitlements) and working hours, etc.

5.3 Screening, Dispatch and Assessment

5.3.1 The call shall be primarily screened at Control Room level to ensure that ambulance is dispatched as per protocol only. The screening procedure will be done at the Control Room level. However the screening procedure shall be approved by NHM. Since PRI line is the only medium to get service request from public due care shall be taken to ensure that calls should not be long in duration.

5.3.2 The emergency operation (108 Service) shall be limited to any response to a scene that there is perceived to be a high probability of life-threatening injury or illness and a reduced response time may mitigate the illness or injury.

5.3.3 On receipt of instructions from the Control Room, the ambulance crew shall start rolling immediately and reconfirm the location of the incident and other key information en-route, if necessary, simultaneously. After reaching the location, the ambulance crew shall ensure scene safety before reaching the patient / victim. After attending to the patient / victim, the Emergency Medical Technician would assess the need for ambulance transport.

5.3.4 In case the need for ambulance transport does not exists, the crew shall inform the Control Room for further instructions and proceed according to instructions of the Control Room.

5.3.5 In case of mass casualties and if there is need of additional ambulances, the same shall be communicated by the ambulance crew. If any other resource is needed to attend to the emergency including help from police and fire agencies, the same shall also be communicated by the ambulance crew to Control Room.

5.3.6 In case of the emergency requiring transport, Emergency Medical Technician (EMT) shall assess the type of emergency and seriousness and transport the patient to the nearest appropriate medical facility and pre-hospital care shall be provided en-route, if required. If necessary, the EMT shall interact with the Control Room and conference in Doctor for medical advice for guidance.

5.3.7 Patient Care Record (PCR) shall be maintained which shall include patient conditions, vital medical parameters and details of drugs and disposables consumed the time or receipt of call by the Ambulances. Also PCR would incorporate additional information as provided by NHM through the EMR form.

5.3.8 Time of arrival at the incident location, time started towards hospital and time when reached the hospital would be logged in by the driver using GPS devices and paper-based log book shall also be maintained in the ALS, BLS and RTA Services. The GPS reading would be taken in to consideration for all practical purposes, except in circumstances (limited to 2%) as stipulated in RFP.

5.4 Selection of Health Facility

5.4.1 In the event that the patient is conscious and able to comprehend and communicate clearly or the patient's relative or friend is present, then the operator ambulance shall take the patient to the closet designated Government Hospital and in all other cases the operator will take the patient to the nearest appropriate hospital or Trauma centre.

5.4.2 Obstetric Emergency: In the event of an Obstetric Emergency where the patient makes a request to be taken to a hospital / healthcare facility, the operator shall take the patient to such hospital / healthcare facility, which is nearest designated delivery point or health institution, provided that the operator shall ensure coverage on best effort basis, by another Ambulance of the Ambulance operation area of the relevant Ambulance that responds to an

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Obstetric Emergency in the event the Patient concerned is being taken to a hospital /healthcare facility outside the Ambulance Operation Area of that ambulance.

5.5 Starting and Closure of Call

5.5.1 Should another ambulance call be dispatched while returning, it is the responsibility of the dispatch officer at the ERC to ensure that the closest ambulance responds to the call. While returning back to the location and if in between another emergency call is assigned to ambulance, the crew will immediately respond to such calls and close the old case and start the new case from that location only. For the earlier trip the distance (KM run exclusively to attend the call) would be considered till the closure of the call and for the new call the KM reading will have begun from the time the new call is started. Both of these two calls would be considered as a separate trip. *In such cases utmost care is to be taken by crew in usage of GPS buttons when the ambulance is diverted for another case before reaching base location. At the point of diversion the earlier trip must be closed by pressing appropriate button. Thereafter the button panel is to be reset for a fresh trip. When the Ambulance is able to take another emergency call, it should be placed back in service.*

5.5.2 All cases are to be closed within 48 hours from the actual job closure time.

5.6 Ambulance Operation:

5.6.1 The ambulance shall be located at Base location unless directions are given by the Control Room regarding Dispatch. Dispatches shall be initiated from the Control Room. *Service provider shall be responsible to maintain the average response time as a key performance parameter. However in case of Road Traffic Accident cases the EMT can sou moto inform the Call Centre to pick up the case.*

5.6.2 In case any Emergency victim / Patient approaches the ambulance directly, the crew shall inform the person to connect Control Room using 108 toll free number for new case ID generation.

5.6.3 Emergency operation shall be limited to any response to a scene where there is perceived to be a high probability of life-threatening injury or illness and a reduced response time may mitigate the illness or injury.

5.6.4 Multiple calls from different callers from one single location will be handled on a first-come-first-serve basis. Every call would have a unique job IDs and **in case of multiple patients transfers in one or more Ambulances during mass casualty / or other such events multiple job ids would be created.** Job IDs shall be created against case/trip irrespective of patients carried in the case/trip.

5.7 Equipment Maintenance& Upkeep

5.7.1 The EMT and the Driver on duty shall maintain inventory of all equipment. At the end of every shift, the EMT and Driver shall handover the ambulance to the next crew along with a check list to this effect signed by both of them. The concerned EMT shall check functionality of the equipment regularly and report immediately in case any missing, defect or breakdown.

5.7.2 It is the **overall responsibility of Agency to ensure supply and upkeep of equipments to ambulance** for maintaining uptime optimally for attending cases.

5.7.3 The overall responsibility of theft, damage or loss of the Ambulance equipment shall be of the approved service provider.

5.7.4 It is the responsibility of the crew and the approved service provider to keep the ambulances and all its equipment (medical equipment) including GPS **(vehicle tracking system)** on working condition before putting them on service. The ambulances shall be treated as out of service unless all the essential equipments as per the Annexure-7 of essential equipments for ALS and BLS vehicles are in functional condition. No case to be assigned if ambulance is marked as off-road due to any reason.

5.7.5 The approved service provider shall conduct regular Checks / Stocking / Cleaning of all medical equipment, tools and instruments. The EMT and the Driver at the beginning of a shift must do a complete regular check. Any missing items must be restocked immediately and responsibility pinned down to the previous crew and Cluster Leader informed about the missing items. This check has to be carried out according to the check list provided through the Ambulance Supervisor. The crew shall clean the ambulance regularly and after every trip. When cleaning the Ambulance or equipment, the crew shall assume that all fluids are contaminated and appropriately use gloves and clean all surfaces with appropriate disinfectant.

5.7.6 It is the responsibility of the *Service Provider* to ensure that the Ambulance is cleaned and restocked after each trip. If any items are unavailable, the Cluster Leader and Operations Head should be notified as soon as possible and replacement done.

5.7.7 In the event of any ambulance under IPTHHS being withdrawn by Agency or Authority, the branding shall be removed and Agency who shall provide an undertaking as per Annexure-3 evidencing that the branding has been removed prior to withdrawal of such ambulance

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5.7.8 The crew shall clean the ambulance regularly and after every trip. When cleaning the Ambulance or equipment, the crew shall assume that all fluids are contaminated and appropriately use gloves and clean all surfaces with appropriate disinfectant

6 Management of Operation

6.1 Medical Direction&Pre-hospital Care

6.1.1 Medical Direction may be provided to initiate stabilization support even before the patient reaches the hospital. The approved service provider is allowed to adopt approved protocol and SOPs for medical dispatch and pre-hospital (on ambulance) care.

6.1.2 There are four components of pre-hospital care

a) Dispatch decision
b) Pre arrival Instructions
c) Standard Medical Guidelines
d) Destination decision

6.2 Dispatch Decision:

6.2.1 The emergency dispatcher should advice the EMT of the following:

a) Nature of the call (including patient age and sex)
b) Exact location of the call

6.2.2 An Advance Life Support Unit is automatically requested whenever the nature of the call indicates the potential for needing advance life support

6.2.3 In cases where a BLS team after reaching the scene realizes the requirement of an ALS for the incident the EMT of the BLS ambulance can call the Control Room and request the dispatcher for the sending one ALS and actual dispatch will happen on the basis of dispatch protocol. In such case Response time will be consider for the first arrival ambulance. In such instance both the cases will considered as separate. The service provider has to provide detail of such incidences where need for an ALS was assessed only after reaching the site.

6.2.4 Any other ALS unit may be dispatched as deemed appropriate by the Control Room dispatcher.

6.2.5 **Pre arrival instructions**: Whenever requested and required, Dispatcher in the Control Room(and the Doctor patched in to the call when required) would

provide pre-arrival instructions to the bystander of the emergency victim attempting stabilization. Standard guidelines are used if dispatcher provides the instructions.

6.2.6 **Standard Medical Guidelines and Online Doctor support**: The EMT is trained in the standard medical guidelines, which shall be followed by the EMT. In case of any clarity required, the EMT shall seek advice from the ERC and request for the Doctor to be patched in to the call for appropriate advice.

6.3 Destination Decision:

6.3.1 The Ambulance will drop the patient to the closest Govt. Hospitals /empanelled Health Facilities and only on urgency as per assessment of EMT may drop the patient to the closest govt tertiary care hospital in case the patients requires tertiary care.

6.3.2 The following are criteria which require transport to the nearest Emergency hospital.

a) Cardiac or respiratory arrest
b) Unmanageable or obstructed airway
c) Continuous or recurring seizures
d) Major trauma
e) Amputations
f) Burn patients
g) Imminent birth
h) Suspected myocardial infarction in any patient over age 40 with severe chest pain

6.3.3 The EMT shall have unrestrained freedom to decide transport a patient /victim if he decides that the patient / victim requires urgent medical care in a medical facility.

6.3.4 In case any victim or the bystander refuses transportation, the same may be recorded by EMT in the patient care record and obtain signature of the victim or attendant. In case he refuses to sign, the same shall be recorded in the patient care record and the Control Room be intimated about the same.

6.3.5 The ambulance would not wait unreasonably longer time at the time of discharge of the patient from the ambulance. However 102 Ambulance may wait for 30 minutes so that it can transport the same patient in case mother is referred to higher facility immediately.

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6.4 Do Not Resuscitate (DNR) Policy

6.4.1 *The approved service provider shall follow the policy regarding "Do not Resuscitate (DNR)" in accordance with the existing laws in the country as approved by Department.* The approved Service Provider shall develop a policy regarding determination of death, including death at the scene of apparent crimes. When a call is received by Control Room of unresponsive patient with attendants suspecting him / her as dead, on arrival at scene EMT shall collect the following information from the bystanders:

a) When the patient was last found breathing / responsive?
b) How long the patient has been unresponsive?
c) Interventions, if any, attempted by bystanders

6.4.2 The EMT confirms the absence of vital signs. EMT or any staff of the approved service provider including the Doctor who is patched in by the Control Room shall not declare or pronounce Death. The bystanders may be clearly informed about the absence of vital signs as the situation warrants. The same shall be recorded in the Patient Care Record which shall be filled with all the observations with record of time when the assessment was completed.

6.4.3 In case of a mob situation, the EMT would act as per the need of the hour and transport the patient / victim to the nearest Government hospital. No death certificate / death intimation shall be given by the approved service provider and / or its crew.

6.5 Emotionally Disturbed Patients

6.5.1 If an emotionally disturbed patient refuses treatment or transport, the EMT shall request police to accompany the patient or ask Control Room to do the same.

6.5.2 If a patient displays violent tendencies or violence towards Ambulance personnel, bystanders or other personnel on scene, the crew shall retreat and return to the scene after the scene is secured by police and relations

6.6 Unattended Death

6.6.1 If the patient is not declared Dead on Arrival or death has not been pronounced at the scene of the call, resuscitative measures shall be taken in accordance with prevailing medical protocol.

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6.6.2 If death is pronounced on scene by a qualified Medical practitioner, all actions of the crew prior to the declaration of death shall be recorded on the PCR and the same informed to Control Room and follow instructions from Control Room.

6.6.3 The Ambulance personnel shall not disturb the body of a deceased person under any circumstances and pass information to Control Room.

6.7 Patient or Location Not Found

6.7.1 Upon arrival on a scene, it is the responsibility of the EMT to attempt to locate the patient. If the patient/ location is not immediately found, the EMT must contact Control Room dispatcher to attempt to determine the exact location. A search of the immediate area should be performed.

6.7.2 If no further information can be discerned, a Patient Care Report must be filled out, and any significant findings must be documented as to the effort undertaken to find the patient / location.

6.8 Crime Scene Operations

6.8.1 A scene shall be considered a crime scene if evidence of a crime or suspected crime is found, including but not limited to:

a) Homicide
b) Suicide
c) Rape
d) MVA involving serious injury or death
e) Assault
f) Intake of Drugs and Narcotics

6.8.2 Upon the discovery of a crime scene, the Police shall be informed if not already present, and only personnel necessary to the treatment of the patient shall enter the scene.

6.8.3 On a crime scene, the EMS personnel shall work in close communication with law enforcement while performing up to their standard of care. Care shall be taken to preserve evidence on the scene if possible while providing patient care. The scene and all actions taken by EMS staff shall be thoroughly documented in the PCR. Preservation of evidence shall not take priority over patient care.

6.8.4 Once patient care has been completed or if the scene is deemed unsafe, Police shall be informed and EMT shall intervene as required only after the Police ensure safety.

6.8.5 Ambulance personnel shall not reveal details about a crime scene to any other Ambulance personnel except the authorities permitted under the law.

6.9 Record Keeping and Documentation

6.9.1 All the forms viz., the Patient Consent Form or Patient Care Record will be in the custody of the EMT present in the ambulance. All documents shall be handed over to the authorized person of the approved service provider with due acknowledgement.

6.9.2 The Patient Care Record shall be acknowledged by the Duty Doctors / Nurses at the medical facility / hospital for any patient taken to the medical facility / hospital.

6.10 Mass Casualty Incidents (MCI)

6.10.1 In emergency conditions and mass casualties if it warrants taking decision beyond the scope of the guidelines in the SOP, the approved service provider may do so without prior approval. However, the approved service provider would inform, with necessary reasoning to Mission Director within 24 hours. In addition to this, the Mission Director, NHM shall have the authority to temporarily suspend these Standard Operating Procedures in an emergency conditions and mass casualties after due consideration of the gravity of the situation which shall be granted approval by NHM based on reasoning..

6.10.2 For the operational purposes of the Ambulance, a Mass Casualty Incident shall be any large number of casualties produced in a relatively short period of time, usually asthe result of a single incident such as an accident, hurricane, flood, earthquake, fire, bomb blast, armed attack, vehicle collision that exceeds local logistic support capabilities.

6.10.3 A Mass Casualty Incident (often shortened to MCI and sometimes call a multiple-casualty incident or multiple-casualty situation) is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. For example, an incident where a two-person crew is responding to a motor vehicle collision with three severely injured people could be considered a mass casualty incident. The general public more commonly recognizes events such as building collapses train and bus collisions, earthquakes and other large-scale emergencies as mass casualty incidents.

6.10.4 During MCI, the Ambulance/s which participates in the rescue operations shall be exempted from all penalties till the time the rescue operation is complete.

6.10.5 The first arriving EMT is responsible for initial triage and the request of additional resources.

6.10.6 Upon arrival, an EMT may take over Incident Command and shall continue to maintain an ICS until the incident has been managed.

6.10.7 Management of accident incidents / multiple casualty incidents / disasters resulting in injuries to multiple individuals who require first aid / transportation.

6.10.8 If medical triage establishes that more than one person needs to be transported, then the Ambulance Crew shall immediately inform the Control Room who shall send additional Ambulances.

6.10.9 Each Ambulance shall only allow one person to accompany the patient / victim in the Ambulance.

6.10.10 In case of big events and natural calamities when the ambulances required being mobilized for preventive measures Dept. of Health & FW can make a written request for deploying Ambulance at various locations.

6.11 Fire / Hazardous Materials (HAZMAT) Calls

6.11.1 The duty crew of an ambulance for a Fire or Hazmat stand by, shall remain on the scene, out of service, until released by the Fire personnel.

6.11.2 Upon arrival at any major incident where Command has previously been established, the EMT must report to the command post and advise the Senior Officers (Fire and/or police agencies) of the location of the ambulance in case EMS assistance is needed.

6.11.3 The Driver is responsible for the staging of the ambulance, keeping lanes clear for additional Fire Apparatus and allowing exit for all emergency vehicles.

6.11.4 The EMT shall request First Responders to be on alert or to respond to the scene, as necessary, and must make sure that the Ambulance Supervisor has been notified of the incident.

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6.11.5 The Fire Department will automatically be dispatched to all calls for Motor Vehicle Accidents with a confirmation that people are trapped. Additional Fire Department response may be used at the discretion of the EMT/ Nurse/ Doctor (stability of a vehicle involved in MVA, possible Hazmat, CPR assistance, forced entry, etc.)

6.12 Inter Facility Transfer/Referral Transport within Odisha

6.12.1 Inter Facility Transfers would be considered where;

a) Patient is in critical condition and the existing facility doesn't have appropriate treatment facilities.
b) The condition of the patient may be critical if proper treatment is not extended in time and the treatment facility is not available in existing facility.
c) Existing facility is only a primary careand doesn't have round the clock operations.

6.12.2 Inter facility transfer has to be through Control Room. Such transfer shall be carried out based on the protocol for inter facility transfers . The physician at the transferring facility should provide detailed instructions to be followed for safe transport. The physician at the transferring facility should enter on the PCR form the reason and justification for transferring and the sign & seal.

PROTOCOL FOR INTER-FACILITY TRANSFER OF PATIENTS

1. Inter Facility Transfers would be considered only on the request of the Medical Officer (on duty) of the facility in special cases, where Patient is in critical condition and the existing facility doesn't have appropriate treatment facilities.
2. The condition of the patient may be critical if proper treatment is not extended in time and the treatment facility is not available in existing facility
3. Existing facility is only a primary care provider and doesn't have round the clock operations.
4. Inter facility transfer has to be through ERC. Preferably, the staff of the transferring hospital should accompany the ambulance. The physician at the transferring facility should provide detailed instructions to be followed for safe transport. The physician at the transferring facility should enter on the PCR form the reason for transferring and the sign & seal.
5. Where the patient is transferred before being admitted to the facility due to absence of the doctor or health staff then this shall not be considered as inter-facility transfer/referral transport and the patience shall be moved to the

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next nearest appropriate health facility. However the service provider is required to maintain record of such instances.

6. **Critical or unstable patients** must be transported to the closest designated Government / empanelled facility based on levels of care provided.
7. The following are criteria which require transport to the closest Emergency hospital unless otherwise ascertained by the EMT on the ambulance in consultation with the advising doctor:
   I. Cardiac or respiratory arrest
   II. Unmanageable or obstructed airway
   III. Continuous or recurring seizures
   IV. Major trauma
   V. Amputations
   VI. Burn patients
   VII. Imminent birth
   VIII. Suspected myocardial infarction in any patient over age 40 with severe chest pain.
   IX. Patients in ICU irrespective of the disease suffering from.
   X. Patients in SNCU
8. The EMT shall have unrestrained freedom to decide transport a patient / victim if he decides that the patient / victim requires urgent medical care in a medical facility.
9. Ambulance is under no obligation to transport any patient to a facility, which does not have appropriate medical facilities or enlisted under the scheme.
10. In case any victim or their by stander refuses transportation, the same may be recorded by EMT in the patient care record and obtain signature of the victim or attendant. In case he refuses to sign, the same shall be recorded in the patient care record.
11. The Emergency MO of the CHC is authorized to transfer an emergency case directly to next higher(Tertiary) health care facility side stepping the DHH (Secondary health care facility) during odd hours, with a proper Emergency Form (Format at Annexure-4) giving complete details as regards to the clinical condition and management of the patient. A patient can only be transferred from a Tertiary level health care facility, on the recommendation of the Medical Superintendent of the concerned hospital or any officer authorized on his behalf. Without signature on the referral form the service provider shall not transfer the patient.
12. Under no circumstances inter-facility transfer of a patient is permissible from a higher to lower health care facility.
13. Since the Govt. Medical Officers are not authorized to refer patient to any private hospitals, no patient from a Govt. health facility can be referred to any private hospital by Govt. Medical Officer. Such referral is only permissible on

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the recommendation of the Medical Superintendents of the 3 Govt. Medical College Hospitals and SVP PG Institute of Pediatrics.

14. While carrying a patient on board, if the EMT of the ambulance suspects that the patient is not likely to be alive, he will take the patient to a nearest Govt. health care facility instead to the health care facility to which the patient has been referred, for check up. If the patient is declared dead by the Medical Officer there, the EMT shall leave the dead body at the hospital and inform the attendant/ relation of the patient to make their alternative arrangement for carrying the dead body and return to the base location of ambulance. The ambulance of OEMAS project is not permitted to transfer any dead body, as per the provision under Clause-6. (I) of the SOP. If the patient's relations insist to take the suspected dead body home instead of a Govt. health facility to confirm death, the EMT may do so with information lodged with the local / nearest police station and inform 108 control room
15. The protocol on inter-facility transfer should be prominently displayed in every Govt. Health Care Facility and inside the ambulances of OEMAS.
16. **Advance Life Support Ambulance**: As per the patient Assessment Protocol for pre-hospital care, the Agency follows the guidelines compiled by Life supporters for ZIQITZA Health Care Ltd. According to the guide lines patients with following conditions can be transported by ALS ambulance after initial assessment for management.
    - i. Chest Pain- when the patient requires application of Nitroglycerine patch/ requires monitoring with Cardiac Monitor/ having dysrhythmias.
    - ii. In Anaphylaxis
    - iii. Acute Myocardial infarction (Heart attack)
    - iv. Cerebro-vascular Accident (Stroke).
    - v. Abnormal Delivery (breech/limb presentation/prolapsed cord/multiple birth)
    - vi. Post-partum Hemorrhage.
    - vii. Miscarriage.
    - viii. Diabetic Emergencies; Hypo/Hyperglycemic conditions.
    - ix. Severe Dyspnea.
    - x. Poisonings: severe cases of Ingested/ inhaled/ poison on skin/ in eye/ insect bite/snake bite.
    - xi. Seizures (in Diabetic emergency cases only).
    - xii. Severe cases of Chest Injuries/ Abdominal injuries/ severe Extremity injuries/Spinal injuries/ Crush injuries.
    - xiii. Severe Hemorrhage.
    - xiv. Severe Burn cases (including thermal, chemical and electrical burns)
    - xv. Shock (Hypoperfusion)
    - xvi. Head/ Neck/ Spinal Injuries

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The above protocol for transport of patients in ALS ambulance being followed by the service provider to be continued as such.

Where the patient is transferred before being admitted to the facility due to absence of the doctor or health staff then this shall not be considered as inter-facility transfer/referral transport and the patience shall be moved to the next nearest appropriate health facility. However the service provider is required to maintain record of such instances.

6.13 Request for Dead Body Transfers

6.13.1 Ambulance wouldn't transfer any person declared dead by a doctor.

6.13.2 Victim shall be considered dead only when it is declared officially by the doctor as dead.

7 Human Resource Management

7.1.1 Manpower Recruitment

7.1.2 The approved service provider would recruit and engage adequate number of personnel both at field level and at call centre level to execute the project smoothly as envisaged under contract.

7.1.3 The approved service provider shall ensure that all the staff members are having the requisite qualification and experience for the position they are hired as per clause no. 2.5.16 of RFP.

7.1.4 The approved service provider can employee any one suitable for the job in compliance with the laws of the land (Labour Act/ Minimum Wages Act, etc.). The approved service provider being the Principal Employer shall comply with the provisions of MTWA, EPF, ESI, Payment of wages, Bonus, Gratuity, etc. as applicable and would indemnify the NHM from liability (if any) on account of its failure or negligence. There will be no Employee- Employer relationship between the staff deployed by the approved service provider and the NHM. This is a principal to principal contract between Service provider and NHM

7.1.5 The approved service provider will be solely responsible for staff related payments including salary, compensation and other statutory payables and timely payment of all such expenditure. The Agency shall open a dedicated bank account wherefrom it will only disburse salary to its staffs engaged in the

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project in time. The Agency shall submit details of account statement for such bank account every month to verify timely payment of salary to staffs.

7.1.6 The approved service provider will take prior approval for any changes in its key personnel projected to be deployed in the technical proposal from Authority (MD, NHM).

7.1.7 The approved service provider would submit the details of courses being conducted for training of EMTs, Pilot and other personnel including the curriculum to NHM as and when required. *The approval process for the courses shall be same as the approval process provided for the SOP in the RFP.*

7.1.8 It is not be obligatory in the part of NHM to redress or attend the grievances, if any, raised before it by the project staff. The approved service provider is primarily and solely responsible to attend the grievances and resentments made by the staff and provide appropriate and timely remedy, wherever required. However, NHM shall take appropriate actions to ensure uninterrupted provisioning of the services and held the approved service provider primarily responsible for all such act and abstinence affecting the operation.

7.1.9 Service provider being the Principal Employer of all the staff deployed for this project, shall be responsible for due compliance of all obligations under any statute or laws as applicable in India.

7.1.10 Approved service provider shall ensure that all the dues and entitlements of the staff members including the field staff are met on time. Any interruption in the service due to any act or abstinence of the approved service provider shall be treated as breach of contract *amounting to action as per* clause 2.17 of RFP.

7.1.11 Details of the proposed manpower deployed and disengaged should be shared with the Govt. as and when required.

7.1.12 The Recruitment and Training manual for Odisha EMAS operations and Service provider Policies for training, recruitment, replacement and other activities specific to Odisha operations would be in place which would be in compliance with terms of RFP, Agreement, approved SoPs and General Laws which would be internal document of Service provider

7.1.13 Service provider shall deploy adequate number of qualified personnel for efficient conducting operations

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7.1.14 Service provider shall make necessary arrangements for deploying the ambulance with required number of personnel in ambulance.

7.1.15 The ambulance personnel deployed should have necessary qualifications as defined in the RFP document.

7.1.16 Minimum qualification:

(a) Call Taker: any graduate degree, proficient with computers, and proficient in local language, proficient in Hindi & English.
(b) Dispatcher: any graduate degree, proficient with computers, proficient in local language, proficient in Hindi & English.
(c) EMT: As defined in the RFP. Must have Identification badge and Uniform when in Service.
(d) Driver: As defined in the RFP . Must have LMV driving license. Must have Identification badge and Uniform when in Service.
All candidates (c & d)have to be proficient in local language. Basic reading and writing in English will be preferred.

7.2. Staff Uniform and Identity

7.2.1 All ambulance crew who works for the approved service provider are, at all times whilst performing their duties should wear proper and approved uniform along with ID Card.

7.2.2 Uniform dress code and minimum standards of appearance shall be ensured by the approved service provider to inspire confidence in service, through a professional image.

7.2.3 Uniform when worn must at all times be clean and pressed and individual's overall appearance should be of a smart, professional person.

7.2.4 No ambulance crew is allowed to perform his/her duty without wearing uniform *and ID card*. Non-adherence to this provision shall amount to breach of service code .

7.2.5 Uniforms provided by the approved service provider should not be worn when not working for the approved service provider.

7.2.6 No member of staff is to undertake any off-duty activity in uniform (i.e. shopping).

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7.2.7 Uniform supplied by the Company is its property. It is the responsibility of the individual to whom it is issued to ensure it is cleaned and cared for appropriately.

7.2.8 Staff must report any loss as soon as it occurs, and make every effort to trace missing items.

7.2.9 Uniforms, badges and other issued equipment must be returned on termination of employment, to the appropriate line manager. The Company will make a deduction, or charge as appropriate, for uniforms and other property not returned.

7.2.10 Excessive use of perfumes, body sprays and aftershaves etc which may affect performance of colleagues or offend patients must be avoided.

7.2.11 For staff wearing uniform, no opened toe shoes or chappals or sandals should be worn.

7.2.12 Employees must wear their ID badge in a visible position whilst at work/on duty. Employees may be challenged if their ID badge is not visible and persistent offenders will be considered for disciplinary action.

7.2.13 If an employee is found working either without uniform or an ID badge, he will be marked absent for the day.

7.3 Code of Conduct for Crew Members

7.3.1 The crew members should not:

a) Be drunk intoxicated or under the influence of narcotic substances on duty.
b) Indulge rash driving, or deliberately causing damage to the vehicle.
c) Using ambulance for personal work (includes taking unauthorized halt or taking unauthorized / longer route).
d) Damaging the ambulance and other property e.g. GPS or medical equipment or mobile phone or branding etc.
e) Misuse the medicine on the ambulance. (Like selling it).
f) Giving false details in report or not maintaining proper reports or creating job ids for not eligible patient or even if there is no patient.
g) Demand/receive any gifts/tips or other inducement, cash or in kind from the public.

h) Allowing entry of anybody other than patients/ victims or bystanders in the ambulance.
i) Indulge in any practice that is unethical or fraudulent or involving in unlawful strike or indulge in fuel theft and any other theft.
j) EMT should not be seated in the driver cabin when patient is on board. Drop patients in private hospital or collect money from hospital authorities.
k) Keeping the mobile phone switched off or keeping the mobile phone in location where mobile network is not available or not picking up the call. And Crew sleeping during duty, denying duty resulting in putting life of patient in danger including death.

7.3.2 The approved service provider shall be primarily held responsible for non-compliance of code of conduct by the staff as the principal employer and to initiate appropriate disciplinary action.

7.3.3

a) Elder and Child Abuse
   i) Elder abuse: As elders become more physically frail, they're less able to stand up to bullying and or fight back if attacked. They may not see or hear as well or think as clearly as they used to, leaving openings for unscrupulous people to take advantage of them. Mental or physical ailments may make them more trying companions for the people who live with them.
   ii) Child abuse is the physical, sexual, emotional mistreatment, or neglect of a child.
   iii) Abuse include:

      (a) Not providing proper healthcare.
      (b) Charging for free medical care or services
      (c) Getting kickbacks for referrals to other providers or for prescribing certain drugs
      (d) Overmedicating or under-medicating
      (e) Recommending fraudulent remedies for illnesses or other medical conditions
      (f) Inadequate responses to questions about care

   Any such practices by anyone in the Company will be result in termination of their services with the Company.

b) Physical behavior and Restrictions
   i) Ambulance crew needs to be aware of different behaviors displayed by patients. Awareness of these behaviors helps them to take the first steps towards better care to the patient needs.
   ii) Type of patient Behaviors:
      (a) Some patients are difficult, nasty, obnoxious or disruptive.
      (b) Some patients file lawsuits.
      (c) Some patients place unrealistic responsibility on the EMT.

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(d) Sometime patients are just frustrated.
(e) Some patients demand treatments, EMT is unwilling to provide or prescribe as per the current situational medical condition.
(f) A belief that a disease doesn't exist.
(g) Patients can be violent at times due to stress.
(h) Female patients might resist a male EMT to proceed with the necessary treatment.

iii) In any of the above displayed or non-displayed behavior the EMT should understand the patient and treat him/her with utmost professionalism and courtesy.

7.4 Training

7.4.1 The approver service provider shall enhance the capacity of staff employed for the operation management of the project through qualitativeand ongoing training programs within the scope of this project.

7.4.2 Continued training should be provided to Ambulance Personnel (EMT, Pilot, Helper) and Control Room staff to perform their duty with required efficiency and quality standard.

7.4.3 Service Provider shall ensure training to staff keeping in mind the provision 2.5.16 as defined in the RFP document.

7.4.4 The training module shall aim at to enhance the capacity of the personnel involved in service provisioning in terms of knowledge and skills through induction and periodic refresher trainings.

7.4.5 Develop curriculum and training modules as required for State health staff to improve emergency response at health facilities at the request of the Government. (Government to bear expenses on such training and workshop).

8. Repair, Maintenance and Management of Ambulances

8.1 Ambulance Upkeep and Maintenance

8.1.1 Ambulances shall be procured, fabricated, equipped and in the name of National Health Mission, Odisha or any other authority as proposed by the government following the prescribed procurement procedure and other relevant statutory provisions including registration and fitness clearances.

8.1.2 The ambulances once before being deployed shall be subject to inspection by the Govt.

8.1.3 The responsibility of maintenance and upkeep of the ambulances throughout the contract period shall solely rest with the approved service provider.

8.1.4 The approved service provider would renew the insurance (zero depreciation), AMC, fitness annually to maintain continuity until the end of the contract. Service Provider shall bear all the expenditure related to vehicle insurance and road tax during the entire contract period.

8.1.5 Government shall reimburse the cost of repair or replacement of any ambulance or equipment, owned by State Government, which is damaged as a direct consequence of a Force Majeure event, to the extent that such cost was not covered by the relevant insurance policies that were obtained by the Service Provider.

8.1.6 The flow chart for complaint escalation shall be as below:

8.1.7 The approved service provider will check the vehicle as per the maintenance schedule *prescribed by the Manufacturer* in order to maintain the health of the vehicle.

8.1.8 The exterior design shall be finalized by Government. First year branding (stickering) of newly introduced vehicles under EMAS (108 Ambulance) owned by Government shall be part of CAPEX. Branding of each vehicle shall be done afresh in 31st month of induction and such cost shall be part of the OPEX and borne by the Agency. The Agency (Service Provider) at its own cost shall do branding of 102 Ambulances as per the specification prescribed by the Authority

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8.2 Mechanical Break Down of Ambulance Vehicles

8.2.1 If the breakdown occurs while responding to a call or with a patient on board, next nearest ambulance at that point of time must be requested through the EMS dispatcher in the Control Room.

8.2.2 It is the responsibility of the EMT to ensure that the Control Room are notified *immediately* of *any* breakdown. *Thereafter the Cluster leader is to be informed.*

8.3 Accidents Involving Ambulance Vehicles

8.3.1 Whenever an accident occurs, no matter how minor, the Ambulance shall stop and the EMT shall survey the scene.

8.3.2 If a critical patient is being transported, the EMT shall quickly survey the scene, and request Control Room necessary resources if an alternative ambulance is required to transfer the patient.

8.3.3 A Complaint shall be filed at the nearest police station by the cluster *leader.* Accident Information Report (AIR) will be emailed to the NHM *within 48 hours of incident.*

8.3.4 NHM will provide all necessary authorization to the approved service provideras nodal agency for integrated patience transport and health helpline service for the State to deal with insurance authorities for matter involving accident of ambulances and other assets.

8.3.5 It is the responsibility of the approved service provider to take necessary action for insurance claim settlement and repairing of the vehicle to put them back to service. The NHM will provide the necessary one-time authorization to Insurance Company to credit the claims amount directly to the approved service provider for all the vehicles insured by that insurance company

8.3.6 A vehicle which has been declared as total loss shall be replaced by the NHM at their own cost which is only applicable for Ambulances operational under EMAS (Emergency Medical Ambulance Service). It is the responsibility of the approved service provider to keep such vehicle at its designated base location until its condemnation and disposal.

8.3.7 To carry repair minor / major and accidental repairs the vehicle will be mapped to the service provider workshop, if any, or the nearest workshop.

8.3.8 Service Provider may set up workshop duly authorised by TML for timely repair and maintenance if required and ambulances would be mapped to this workshop depending upon its location.

8.3.9 Any ambulance which is damaged by force majeure event, the ambulance **will not be considered for levying of off road and simultaneous off Road.**

8.4 Scheduled and Preventive Maintenance

8.4.1 Any schedule maintenance would be primarily as per manufacturer's recommended schedule to avail the warranty benefit .Service provider will ensure to maximize uptime of the ambulance so as to ensure that in any given point of time in a district optimal no of ambulances is operational.

8.4.2 The scheduled maintenance activity would be carried out in such a way that services are not delayed beyond the point where the warranty coverage would be declined. In order to ensure that ambulance remain in perfect running condition & at the same time to ensure maximum life of each components of the ambulances, the approved service provider can plan preventive maintenance.

8.4.3 The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road for more than the balance of accumulated off-road days. However Vehicles damaged due to accident and mob violence shall only be excluded. Allowed off-road days of 1.5 days per month do not include force majeure cases including accident and mob violence. However, it covers all other maintenance including routine or preventive.

8.4.4 Each vehicle shall be allowed a maximum off road days of 18 days for each year of operation @ 1.5 days per month towards preventive and breakdown maintenance. The off-road days per vehicle are to be calculated for each ambulance. Allowed off-road days of 1.5 days per Ambulance per month to be accumulated over 1 year of service without any scope for carry forward to the next year. No case to be assigned if ambulance is marked as off road for more than 12 working hours due to any reason including non functional essential equipments as defined at Annecure-7.

8.4.5 An ambulance cannot have an operational status in a sequence like Off-road → On-road →Off Road unless a minimum of one case is successfully attended in between two off-road conditions. That means there can't be an On-road condition between two Off-road condition of an ambulance unless a call is

attended successfully in between. Such On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.

8.5 General Maintenance

8.5.1 All the other *maintenance other than scheduled and preventive* which includes major repair of aggregates for which down time period will vary depending nature of work and OEM (original equipment manufacturer) dealer which includes jobs as below.

a) Suspension repair like king pin job, leaf spring bushes, anti-roll bar bushes, shock absorber & bushes, gear shifting lever bushes, U J Cross, Propeller Shaft Centre Bearing etc.

b) VE Pump repair, EDC system, engine repair (normal), head gasket replacement, gear box repair, differential repair etc.

c) Maintenance of attachments like Grand Light, AC system, self-starter, alternator, wash basin motor,wiper motor, minor accidental repairs like minor dent, scratch touch up work,oxygen system and fire extinguishers check-up, etc.

d) Stretchers & other medical equipment's checking & maintenance for proper working condition.

8.5.2 Ambulances under repair or maintenance for damage due to force majeure events including accidents and mob violence shall be exempted from off road penalties

8.6 Sanitation and Privacy in the Ambulance

8.6.1 The sanitation inside the ambulance is of utmost importance. It's the responsibility for the crew members to strictly follow sanitation norms as below:

a) An ambulance should be well maintained to ensure proper sanitized condition for safety of patients and ambulance crew themselves.
b) The interior of the ambulance, including all storage areas, must be kept clean so as to be free from dirt, grease, and other offensive matter.
c) If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease, other than a common cold, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient must, immediately

after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.

d) Smoking in any portion of the ambulance is prohibited.
e) Bio medical waste to be segregated as per Government norms.
f) Bio medical waste to be disposed under supervision of Hospital Staff as per BMW rules.

8.6.2 The crew members are obliged to maintain the protocol with respect to the privacy of the patient or victim as explained below:

a) Ambulance team need to maintain patient confidentiality to allow the patient to feel free to make a full and frank disclosure of information to the EMT with the knowledge that he will protect the confidential nature of the information disclosed.

b) EMTs duty is to keep their patients' confidences. In essence, their duty to maintain confidentiality means that they may not disclose any medical information revealed by a patient or discovered by an EMT in connection with the treatment of a patient.

c) Full and frank disclosure of patient's condition enables the EMT to diagnose conditions properly and to treat the patient appropriately.

d) In return for the patient's honesty, the EMT generally should not reveal confidential communications or information without the patient's express consent unless required to disclose the information to any hospital or medical care center or doctor where the patient needs further treatment.

e) Each ambulance must be maintained in full operating condition and in good repair and documentation of maintenance must be kept in the file.

8.7 Breach of Confidentiality:

8.7.1 A breach of confidentiality is a disclosure to a third party, without patient consent, of private information that the EMT has learned within the patient-EMT relationship.

8.7.2 Disclosure can be oral or written, by telephone or fax, or electronically, for example, via e-mail or health information networks. The medium is irrelevant.

8.7.3 Breach of confidentiality in any manner will be treat seriously and can result in termination of the employee's services in addition to other legal recourses available under relevant law.

8.8 Continuous Quality Improvement

8.8.1 The approved service provider shall have quality initiatives to support continuous improvement of emergency management.

8.8.2 Feedback should be collected by various methods with appropriate sample to ensure the desired quality of services is maintained.

8.8.3 The approved service provider shall have a proper complaint redressed mechanism in place where in the complaints from the patients who availed service are captured and resolution is provided within specified time period. In addition there shall be a facility of automated mechanism to measure the satisfaction level of the user of Ambulance services by sending a text message to the users availed the service to grade the level of satisfaction numerically. The ratings are to be compiled periodically to evaluate user response rate, service quality and take possible corrective measures.

8.8.4 In processes and areas where there are frequent complaints, the approved service provider would initiate special projects in quality improvement to resolve the same.

8.8.5 The approved service provider would set up a quality department to monitor quality initiatives of the program.

8.8.6 Any inputs from the feedback of patients using the service which would require amendments of terms and conditions of the agreement with best interest of the intended user would be brought to the notice of NHM and NHM would consider the amendment after detailed study. Any amendment for which the approved service provider would be incurring additional costs, the additional costs would be reimbursed by NHM. Such initiatives would be taken up in the best interest of the improvement of Emergency Management.

9 Monitoring, Evaluation and Implementation

9.1. Monitoring Structures

9.1.1 There shall be following committees with defined role and responsibility to ensure smooth implementation, operation and monitoring of the project;

a) State Steering Committee
b) State Procurement Committee

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c) State Management Committee
d) District Level Monitoring Committee

9.1.2 Service Provider shall provide access to online data to facilitate online monitoring on a continuous basis. Service Provider shall also give login rights to the designated officials of NHM and Department for online monitoring and evaluation. Service Provider shall also provide hardware and software, if required, at the office of MD, NHM for online monitoring of the services.

9.1.3 The services and records of the service shall be subject to inspection by designated officer(s) of Department or NHM.

9.1.4 Government reserves the right to evaluate the performance of the Service Provider as well as the project annually by a third party.

9.1.5 The approved service provider shall develop and implement a fool proof monitoring and evaluation system to ensure efficiency in capacity utilization. Key indicators need to be put in place for looking at equity of access, quality of care, volume of utilization and wasteful consumption.

9.1.6 An online monitoring system having access to data to be provided at the office of Mission Director, NHM, Bhubaneswar by the Agency. The Agency shall also provide all necessary information in the manner, form and frequency as required by the Authority from time to time.

9.1.7 The Department of Health & FW would be conducting regular monitoring and evaluation of the program based on quantifiable indicators and set parameters. Based on results of evaluations, inputs could be provided to Service provider for improvement.

9.1.8 The Department will review the performance of the program monthly. Principal Secretary, Medical and Health Department, Govt of Odisha would review the program quarterly.

9.1.9 The District Chief Medical & Health Officers will monitor the activity in their respective districts in the review in District Health Society meetings and provide necessary support to the program

The review would be focused but not limited to following areas:

a) Review of Action Points
b) Update on normal functioning of 108
c) Off Road Status of Ambulances
d) Ambulances launch status (if any)
e) Service Quality Issues (if any)
f) Payment Issues (if any)
g) Marketing & IEC Update

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h) Pending items (if any)
i) Compliance to SoPs and Protocols
j) Vehicle and crew preparedness and conduct,
k) And any other items

9.2 Project Monitoring Cell (PMC)

9.2.1 Project Monitoring Cell established and empowered to be the dedicated Cell for monitoring of this Project on day to day basis, which shall work under the overall supervision and control of the Mission Director, NHM, Odisha This Cell will act as an interface between the department and the approved service provider and perform the following functions:

a) Ensuring seamless coordination between the Government and the Service Provider in effective and efficient implementation of the project as per the agreement.

b) Proactive role in strategic and operational planning of activities that would enhance the value of the services, both existing and potential, and effective monitoring of the outputs and outcomes of the project activities.

c) Ensuring timely release of funds to the Service Provider and their utilisation in accordance with the agreement and follow-up action thereof.

d) Ensuring proper upkeep and maintenance of assets that are purchased with the Government funds that are under the control of the Service Provider for delivery of services.

e) Anticipate and alert the Government of any problems that might have a direct impact on the quality of services.

f) Supervise the fleet management, data management, HR management etc. periodically and keep the Government informed.

g) Any other task assigned by the Government from time to time based on the circumstances

h) Ensuring all the Government expenditures under the project are within and as per the provisions of the Agreement.

i) Ensuring implementation of all provisions of the Agreement before recommending the release of monthly payment.

j) Monitoring the implementation of all clauses in the Agreement.

k) Ensuring optimum utilization of ambulance services by rational deployment of ambulances and organization of segments;

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l) Submission of specified periodical reports to department on Physical and operational performance.

m) Co-ordination with department and other authorities at district/institution or state level for smooth functioning and appropriate grievance redressal.

10 Procurement, Financing, Payment and Reimbursements

10.1 Procurement

10.1.1 Procurement all the assets under the project shall be undertaken by the Agency in the manner specified below.

a. For the purpose of the procurement a Purchase Committee shall be formed by the Agency and the State Steering Committee (PTS) shall nominate four Government officials with approval of the Govt. of Odisha to represent in the Purchase Committee. It would be the responsibility of the committee to ensure that all the procurements are done on a transparent, competitive and fair manner through open tender.

b. Prior-approval of the State Procurement Committee (PTS) formed by the Government of Odisha to be obtained in each occasion with respect to the procurement terms and conditions including evaluation criteria, eligibility criterion, mode of procurement, performance security, specifications, designed other special conditions included in the bid document.

c. Approved specifications of the Ambulances, healthcare equipment is given in **Annexure-6 of RFP**. The specification of IT equipment and other items of capital in nature required for up gradation and expansion of the existing Control Room and Call Centre facility shall be finalised as per the requirement.

d. All Non-consumable procurements shall become assets of the project, which will have to be handed over to the Government on termination/completion of the project. Proper records of such assets will be maintained in the project accounts.

e. Inspection will be made by an inspection team constituted by the NHM for Ambulances (fabricated/pre-fabricated)and other capital assets for its satisfactory work and operational readiness.

f. All the bills or invoices for capital items procured, insurances, licenses, should be procured in the name of the NHM.

g. Inventory record of Drugs and Consumables shall be maintained by the approved service provider.

h. The medical and non-medical consumables used inside the ambulance are to be procured by the approved service provider independently and is responsibility of the approved service provider to adhere to the standard quality parameter with respect to those products.

i. All other capital assets (excluding ambulances) shall be replaced as and when required taking in to condition its standard usable life and current operational status.

j. All capital items procured for implementation of projects would be handed over to Government after termination of the agreement.

k. Service provider shall maintain a record of the assets in the project held on behalf of Government and these records shall be made available to Department Official or its representative for inspection and review periodically. Adequate notice is to be given by the officials to Service provider before any such inspection.

l. In normal cases, no ambulance shall be due for replacement before 5 years of its induction.

10.2 Financing

10.2.1 **Capital Expenditure**: Government shall finance for all capital expenditure relating procurement, designing, refurbishing, and installation of assets including civil infrastructure, IT infrastructure (hardware), ambulances[2] (ALS & BLS), machineries, equipment, accessories, office furniture & fittings. However, the Service Provider shall invest from its own fund for the procurement/development of software required to be installed to run the IPTHHS including Call Centre, Computer Aided Dispatch system, Vehicle Tracking System and Monitoring System, etc. The payment shall become due once ambulances or other capital assets, as the case may be, are ready to operate in all respect and put to use.

10.2.2 **Operational Expenditure:** Government shall bear the operational cost for running the ambulance service on actual kilometer run (i.e. trip kilometer) or

[2]Vehicles and equipment cost under Referral Medical Transport Service (RTS) (i.e. Janani Express) shall be borne by the Agency.

on fixed cost[3] basis as the case may be. The rate per Km or per month per ambulance shall be paid as per the contracted rate.

10.2.3 In case of **24x7 RTS (102 Ambulance)** the cost of vehicle and equipment as per the specification shall be borne by the Service Provider and Government shall not incur any capital expenditure. The Service Provider is free to either procure these assets or have then on rent/lease. **All vehicles, at the time of deployment under 24x7 RTS should not be older than one (1) year from the date of first registration with RTO. The vehicles should be registered as commercial vehicle and as ambulance.**

10.2.4 In case of GR & Health Advice Helpline Services, Government shall pay per seat/shift/month basis (separate rate for doctors and non-doctors) at the end of the month on satisfactory completion of services.

10.2.5 **Advance financing towards procurement of capital asset**: The Service Provider, shall be provided advance, if required, only towards procurement of capital asset (i.e. CAPEX) under the project against 100% Bank Guarantee separately (other than performance security).Advance financing towards CAPEX shall be limited to of Rs 15.00 crores at any given point time. This advance shall be adjusted against claim for CAPEX. While requesting for advance financing, service provider shall produce sufficient evidence justifying the CAPEX requirement.

10.3 Claims and Reimbursements

10.3.1 Claims or reimbursements towards operational expenditure shall be payable on monthly basis on submission of statement of claim and invoice along with supporting documents by the Service Provider. The supporting and details as required to be provided along with the monthly invoice towards operating expenses is given in **Annexure-5A & B.** At the time of submission of the invoice the approved service provider shall ensure that the invoice is complete in all respect. Submission of invoice with incomplete information and supporting shall not be considered and shall be returned back by the Project Monitoring Cell within seven working days after scrutiny along with a deficiency note, if any. In case there is no deficiency note that the provisional claim would be considered as final and NHM will release the payment within agreed timeline of 21 working days (as per RFP clause 2.6.8).Timeline for payment shall be counted from the date when the completed and corrected invoice along with all necessary supporting documents are submitted by approved service provider.

[3] In case of Boat Ambulance only

10.3.2 Monthly payment towards road Ambulance Services under EMAS (108) and RTS (102) shall be based on actual kilometers run exclusively to attend the calls supported by GPS tracking reports or based on Odometer reading from EDS, whichever is lesser (at the rate of Rs.24.98 per K.M. and Rs.17.40 per K.M. for EMAS and RTS respectively). Odometer reading from EDS shall be considered only in exceptional circumstances where the variation in distance covered (kilometer run) in a trip between odometer reading and GPS tracking report is more than 10% due to defunct GPS device during the course of the trip and which shall be limited to maximum 2% of the total cases completed in a month across the fleet, to be calculated separately for 102 and 108 ambulance services.

Selection of 2% Cases:

First calculate Billing KM for all cases by choosing minimum of GPS and EDS KM.

Select cases where variation between GPS and Odometer reading is more than 10% and GPS reading is less than Odometer.

Find out average variation i.e EDS-GPS distance per case from cases obtained above.

Find out excess KM to be added for 2% of cases by multiplying 2% of all cases by average variation per case.

10.3.3 The Service Provider shall submit the GPS reports (as customized by the Authority from time to time) along with monthly claim to validate the same. Service Provider shall go to the destination by following shortest possible route and shall avoid detouring the vehicle to gain kilometers. If found, payment of additional Kilometers run during the trip(s) could be deducted. In case, detouring is done due to reasons beyond the control of the Service Provider, the same shall be reasoned out in the monthly claim. The agency shall submit the job details captured at the call centre properly mapped to trips registered in the GPS.

10.3.4 Payment towards Boat Ambulances Services shall be on fixed monthly contracted rate of Rs.1,25,000/- per month.

10.3.5 Payment towards 104-Health Helpline Service shall be on per seat/shift basis at the contracted rate of Rs.10,000/- per seat per shift for Non-doctor and at the rate of Rs.1,00,000/- per seat per shift for Doctors.

10.3.6 Any penalties imposed against non-compliance shall be recovered from the bills/performance security deposited by the Service Provider. If penalties or any other payment recovered from Performance Security, then the Service Provider is required to replenish the Performance Security to make it to its original amount within 15 days from such deductions.

10.3.7 The payment against all ***capital expenditure*** incurred by Service Provider (Where it is to be borne by the Government) shall be released upon the procurement and satisfactory commissioning of assets and upon declaration of such capital assets as the properties of the State Government. Prior to approval for reimbursement the Agency shall furnish acknowledgment received from the vendor/supplier confirming that payment has been made to the vendor/supplier. The government within three months shall reimburse all eligible capital expenditure incurred by the service provider from the date of submission of invoice along with all necessary supporting documents, which is to be raised after commissioning of assets. A compliance checklist for reimbursement of Capital Expenditure is given in **Annexure-6.**

10.3.8 The billing period and due date for submission of monthly Invoice or different services under the project shall be as fellow:

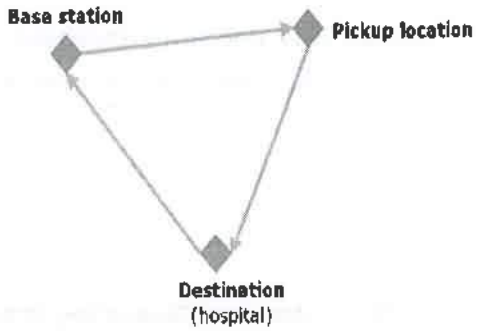
Sl. No.	Project Components	Billing Period	Due Date of Claim & document Submission
1	ALS, BLS & Boat Ambulances	21st to 20th of next month	Within 7 working days from end of billing period
2	Referral Transport Ambulance (RTA) & GR & Health Help Services	From 5th to 4th of next month	Within 7 working days from end of billing period

10.3.9 If the payment is not made within 15 days of submission of the final claim, then Govt shall pay the service provider an interest on the basis of SBI PLR (Prime Lending Rate) for the outstanding amount for the delayed period

10.3.10 If the payments are delayed for beyond the 60 days of submission of the accepted final claim, all the penalties under the RFP and the SOP will be waived off for the delayed period.

10.4 Trip Distance

10.4.1 In case of ALS, BLS and RTA, the approved service provider shall be paid on the basis of total distance (Kilometre) covered exclusively to attend the calls(i.e. trip distances) by the ambulance during that billing period The word 'Trip distance' shall mean anyone one of the following distance.



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a) When the ambulance dispatched from the base station: Journey from the base point to the site of emergency and onwards to the hospital/CHC with the patient and back to the base location or the location from where the vehicle is dispatched by the Control Room before reaching the base station to attend another case.

b) When the vehicle is dispatched before it reaches to the base station: Journey from the point of dispatch to the site of emergency and onwards to the hospital/CHC with the patient and back to the base location or the location from where the vehicle is dispatched by the Control Room before reaching the base station to attend another case.

c) Journey from the base point to the site of emergency, where the patient is stabilized on the spot and patient is not required to be taken to CHC/hospital and back to the base location.

d) Journey from the base point to the site of emergency where the patient is not found /or has moved from the site by using some other transportation means and back to the base location. In cases where more than one patient is transported in the same Ambulance at the same time (Multiple Patient Trip), different job ids will be generated; however, the same will be counted as 1 trip only.

e) If Ambulances are deployed for Specific Event / Festivals /Mela etc., in such cases the ambulance would be considered as having completed the minimum number of trips and the minimum number of kms per day. Further the said ambulances would not be considered for response time penalty and any other penalty parameters.

f) If on reaching the hospital the patient is referred to a higher hospital on immediate basis as inter facility transfer, then the said transfer would be a new case and trip. The GPS reading would be broken into two separate trips and all the kms logged would be considered for billing purpose.

11 Communication

11.1 Any communication from Department to Service provider shall be responded within the following specified time limits

11.1.1 Questions raised in Legislative Assembly - within 7 working days or as per rules of the Assembly

11.1.2 Details requested under RTI: within 10 working days

11.1.3 General Letters and Queries: Within 7 working days

11.1.4 Urgent Letters and Queries: Within 3 working days

11.1.5 Reply to NHRC, OHRC & Writ Petitions: within 7 days

12 Settlement of Disputes

In case Agency fails to comply with the provisions applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the agency shall be fully responsible to compensate/indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to provisions of Orissa Public Demand Recovery Act 1962 or other laws as applicable on the occurrence of such situations.

13 Penalties & Deductions & Performance Parameters

Service provider shall be liable to penalty for non-performance or adherence to performance/quality parameter in the manner described below.

Sl. No	Performance Parameter	Description and Incidence of Default	Penalty
A	**"EMAS-108": Emergency Medical Ambulance Service**		
A1	Taking over and operationalization of Services (complete fleet) across all districts within 6 months of signing of the Contract.	For each day of delay in deployment beyond 6 months' time.	Rs 1000.00 per day/vehicle for delay in deployment.
A2	Average Response Time (Call to Site): 30 minutes (For response time calculation interfacility transfer cases to be excluded)	For each minute of delay in average response time: ***(To be calculated as monthly average over the entire fleet of vehicle-ALS & BLS)***	0.5% of the total monthly billing amount per each minutes of such delay.
A3	Eligible Call Attended: 80% or more (More than 80% of the calls as eligible for response is attended by dispatching ambulance)	Penalty shall be levied if attendance level falls below 80% in a month.	Rs 45,000/- per each percentage of shortfalls from 80% level.
		i) Allowed off-road days of 1.5 days per	

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A4	*i)* The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (ALS/BLS) shall be allowed to be off road* for more than the balance of accumulated off-road days. *ii)* At any given point of time more than 90%[4] of the vehicles (ALS/BLS) shall be on road *(ready to attend the emergency call with all major equipment functional including the GPS device)*.	month do not include force majeure cases including accident and mob violence. However, it covers all other maintenance including routine or preventive. ii) For 90% on-road condition only those ambulances, which are off road for more than 1 hour at a stretch, shall be considered and calculation shall be done for each district separately. However in case of small districts where 10% of the vehicles in a district is less than 2 (two) then in lieu of 10% vehicles 2 vehicles shall be taken. Off-road beyond balance accumulated day per ambulance and in any given point of time where more than 10% ambulances are off-road.	***(i)Rs 1,000.00 per day/vehicle in excess of allowed days*** ***(ii)*** Rs 100.00 per ambulance hour in excess of 10% limit (district-wise). *Above penalties with respect to off roading are concurrent in nature. (i.e. both of these penalties shall be levied simultaneously in case of default)*
A5	3 cases /day/ambulance and avg. running of 170 km /day/ ambulance (Measured over a month with total no. of ambulances)	Penalty shall be imposed if any of these performance indicators is not fulfilled. If both the performance parameters are not	Penalty shall be imposed @Rs. 200/- per month/ambulance per each 1.00 km shortfall in average daily running of ambulance).

[4] Vehicles damaged due to accident and mob violence shall only be excluded.

	N.B.- In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips and KM shall not be applicable.	complied than both penalties will be applied simultaneously.	And @ Rs 1,100/- per each 0.1 cases shortfall from expected level of 3 cases/day against avg. trip done per day.
A6	Any shortfall/ default found on inspection by Authorised representatives or officials of the Authority.	1. Poor General cleanliness /Ambulance body Hygienic storage of Medical/ non-medical consumables/staff not wearing uniform /staff and availability/ Maintenance of Branding; 2. Non-availability of Medical/ non-medical consumables as per the enclosed list at Annexure-6.of RFP 3. Non-functioning of Essential equipment as per Annexure-7; 4. Improper maintenance/non-updating of log book, stock register, PCR record, vehicle maintenance record as prescribed by Authority; 5. Non-functioning of Air- conditioning of Ambulance.	Penalty of Rs 1000/- per ambulance 1st time for every shortfall/ default and subsequently Rs. 2500/- per Ambulance (Individually for every shortfall/ default)
A7	Operational Expenditure towards Not availed Cases over and above 10% of entire cases shall	Not availed cases beyond 10% of total	Only not availed cases totaling 10% of entire

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ANNEXURE-6: CHECKLIST FOR REIUMBURSHMENT OF CLAIM FOR CAPITAL EXPENDITURE

Sl No	Item	Submitted (Y/N)	Number of Pages
1	Original Invoice (certifying payment made to the supplier on face of the bill, stock entry on back side of the bill)		
2	Copy of extracts from the Asset Register		
3.	Actual Payees Receipt from the Supplier/vendor indicating quantity of materials.		
4	Inspection Report		
5	Copy of Minutes of the meeting of Purchase Committee for selection of supplier		
6	Copy of Finance bid of the supplier		
7	Any other document as required by the authority.		

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ANNEXURE-5 B: CHECKLIST FOR REIUMBURSHMENT OF OPERATIONAL EXPENDITURE TOWARDS 24X7 REFERRAL TRANSPORT

Sl No	Item	Submitted (Y/N)	Number of Pages
1	Proof of payment of dues to 102 Vendors: The proof should preferably be bank statement along with undertaking at **Annexure-8**		
2	Inspection Report and Handing over document in respect of Ambulances introduced in the fleet along with copy of RC, Insurance(comprehensive coverage 5 persons as occupant), Fitness		
3	Handing over document for the Ambulances interchanged base location		
4	Copy of Renewed Fitness and Insurance in respect of Ambulances operational under the project.		
5	List of Ambulance crew engaged for the concerned billing period		
6	Any other document as required by the authority.		

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ANNEXURE-5 A: CHECKLIST FOR REIUMBURSHMENT OF OPERATIONAL EXPENDITURE TOWARDS EMAS

Sl No	Item	Submitted (Y/N)	Number of Pages
1	Proof of payment of salary to staffs engaged in project: The proof should preferably be bank statement		
2	List of manpower engaged in project for the concerned billing period.		
3	EPF ESIC payment details for the preceding month along with payment challans		
4	District wise list of Ambulance Crew and CL		
5	List of MBBS Doctors		
6	Fitness and Insurance Renewal document		
7	Any other document as required by the authority.		

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H&FW Dept. Govt.

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ANNEXURE-4: EMERGENCY TRANSFER FORM (PROTOCOL FOR INTERFACILITY TRANSFER)

EMERGENCY TRANSFER FORM	
Cause of Referral:	
The Patient may be transferred with Risk: **Yes/No**	
Details of the Referring Doctor: **Name:**_____ **Designation:**_____ **Contact No:**_____ **Name of Hospital:**_____ **Signature of Doctor:**_____	**Details of the Referred Hospital:** **Name:**_____ **Address:**_____ _____ _____ _____

ଅନୁମତି ପତ୍ର

ଶ୍ରୀମାନ୍ କମ୍ବୋର ହଲେଥ ଜିକିତ୍ସା ,ସ୍ତ୍ରୀ / ପୁରୁଷ ...ବସ୍ସସ ..... ଶ୍ରୀମତୀ / ସହାସ୍ତତା ଆମ୍ବୁଲାନ୍ସ ପରିଚାଳିତ ଦ୍ୱାରା .ଲିଃ ରେ ସ୍ଥାନାନ୍ତରିତ କୁ ..... ଠାରୁ ..... କରୁଅଛି ଆବଶ୍ୟକ ନିମନ୍ତେ ହବେ। ମୁଁ ଭଲ ରୂପରେ ବୁଝି ପାରୁଥିବା ଭାଷାରେ ସମସ୍ତ ବିପଦ ବା କଷ୍ଟର ସମ୍ଭାବନା ଓ ପରିଣାସ ସମ୍ବନ୍ଧରେ ମୋତେ ଅବଗତ କରାଯାଇଅଛି । ମୋର ଜ୍ଞାତସାରରେ ସ୍ଥାନନ୍ତରିତ ହବେ। ନିମନ୍ତେ ମୁଁ ଅନୁମତି ପ୍ରଦାନ କରିଛି ।

ଯଦି ମୁଁ ଆମ୍ବୁଲାନ୍ସ କର୍ମଚାରୀଙ୍କ ବିନା ଅନୁମତିରେ ଆମ୍ବୁଲାନ୍ସ ପରିହାର କରେ ଏହା ତବେ , କରାଯିବ ବିବେନା ବୋଲି ହୋଇଛି ଅନୁମତିରେ ମୋର । ଯଦି ଏଥି ନିମନ୍ତେ କିଛି ଅଘଟଣ ଘଟେ ତବେ ମୁଁ ସେଥି ନିମନ୍ତେ ଦାସ୍ୱୀ ରହିବି ।

କ କରାଯିବ ସ୍ଥାନାନ୍ତରିତ ଯାହାକୁ ରୋଗୀ ହଉଛି ମୁଁ (।
ଖସର୍ମ୍ପ ରୋଗୀର ହଉଛି ମୁଁ (କୀସ୍ୱ ସାଥୀ ଯାହାକୁ ସ୍ଥାନାନ୍ତରିତ କରାଯାଉଛି ରୋଗୀର)
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ନାମ:

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ANNEXURE-3: UNDERTAKING FOR REMOVAL OF BRANDING PRIOR TO WITHDRAWAL OF AMBULANCE

It is hereby confirmed and certified that the Branding of Referral Transport Ambulance (insert the registration number of Ambulance) which is to be withdrawn on (insert the date of withdrawal) has been removed completely in the presence of our authorized representative. We are aware that in the event of the said vehicle being used in patient transport in future, we shall never claim the operational expenditure for the ambulance as it will not be part of the of fleet of ambulance under IPTHHS.

Dated this _____ Day of _____, 20____

For _____

(Name)
Authorized Signatory

Mission Director
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ANNEXURE-2: LIST OF CHIEF COMPLAINTS FOR USE IN EMERGENCY MEDICAL DISPATCHES

Sl No.	Chief Complaints
1	Abdominal Pain/Problems
2	Allergies (Reactions) / Envenomations (Stings, Bites)
3	Animal Bites / Attacks
4	Assault / Sexual Assault / Stun Gun
5	Back Pain (Non-Traumatic / Non-Recent)
6	Breathing Problems
7	Burns (Scalds) / Explosions
8	Carbon Monoxide / Inhalation / HAZMAT / CBRN
9	Cardiac or Respiratory Arrest / Death
10	Chest Pain
11	Choking
12	Convulsions / Seizures
13	Diabetic Problems
14	Drowning / Diving / SCUBA Accident
15	Electrocution / Lightning
16	Eye Problems / Injuries
17	Falls
18	Headache
19	Heart Problems / A.I.C.D.
20	Heat / Cold Exposure
21	Hemorrhage / Lacerations
22	Inaccessible Incident / Entrapments
23	Overdose / Poisoning (Ingestion)
24	Pregnancy / Childbirth / Miscarriage
25	Psychiatric / Suicide Attempt
26	Sick Person
27	Stab / Gunshot / Penetrating Trauma
28	Stroke (CVA) / Transient Ischemic Attack (TIA)
29	Traffic / Transportation Incidents
30	Traumatic Injuries
31	Unconscious / Fainting(Near)
32	Unknown Problem (Collapse 3rd Party)
33	Inter-Facility Transfer / Palliative Care
34	Automatic Crash Notification (A.C.N.)
35	HCP (Health-Care Practitioner) Referral (United Kingdom only)
36	Flu-Like Symptoms (Possible H1N1)
37	Inter-Facility Transfer specific to medically trained callers

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Sl No	Name of field	Description	Whether Applicable for cancelled Call
53	CLEAR_MANUAL	Time recorded by Crew when Clear Button of GPS is pressed	
54	CLEAR_MANUAL_ODOMETER	Odometer reading recorded by Crew when Clear Button of GPS is pressed	
55	START_GPS	Time as per START Button of GPS	
56	ONSCENE_GPS	Time as per ONSCENE Button of GPS	
57	ONSCENE_GPS_DISTANCE	distance from START to ONSCENE as per GPS	
58	BOARD_GPS	Time as per BOARD Button of GPS	
59	BOARD_GPS_DISTANCE	distance from ONSCENE to BOARD as per GPS	
60	HOSPITAL IN_GPS	Time as per Hospital IN Button of GPS	
61	HOSPITAL IN_GPS_DISTANCE	distance from ONSCENE to Hospital IN as per GPS	
62	HOSPITAL OUT_GPS	Time as per Hospital Out Button of GPS	
63	HOSPITAL OUT_GPS_DISTANCE	distance from Hospital In to Hospital Out as per GPS	
64	CLEAR_GPS	Time as per Clear Button of GPS	
65	CLEAR_GPS_DISTANCE	distance from Hospital Out to Clear as per GPS	
66	CREATION TIME	Time stamp when row containing job is created in database	Yes
67	LAST UPDATE TIME	Time stamp when row containing job is updated	Yes
68	UPDATE COUNTER	Total no of updates applied on the row	Yes
69	NAME OF PILOT	Applicable for both EMAS & Referral Transport	
70	NAME OF EMT	Applicable for both EMAS	
71	NAME OF HELPER	Applicable for both EMAS	

Sl No	Name of field	Description	Whether Applicable for cancelled Call
38	NO OF PATIENT	if More than 1 then name and age to be mentioned as comma separated list	
39	PATIENT CONDITION	Description of patient/ patients condition after boarding	
40	CLOSING REMARK	Closing remarks to include for availed case, reason for unavailed & Cancelled case	
41	ONBOARD DELIVERY	Applicable for pregnency cases, if yes indicate Y else nothing	
42	ONBOARD DEATH	Applicable for all cases, if yes indicate Y else nothing	
43	START_MANUAL	Time recorded by Crew when START Button of GPS is pressed	
44	START_MANUAL_ODOMETER	Odometer reading recorded by Crew when START Button of GPS is pressed	
45	ONSCENE_MANUAL	Time recorded by Crew when ONSCENE Button of GPS is pressed	
46	ONSCENE_MANUAL_ODOMETER	Odometer reading recorded by Crew when ONSCENE Button of GPS is pressed	
47	BOARD_MANUAL	Time recorded by Crew when BOARD Button of GPS is pressed	
48	BOARD_MANUAL_ODOMETER	Odometer reading recorded by Crew when BOARD Button of GPS is pressed	
49	HOSPITAL IN_MANUAL	Time recorded by Crew when Hospital IN Button of GPS is pressed	
50	HOSPITAL IN_MANUAL_ODOMETER	Odometer reading recorded by Crew when Hospital IN Button of GPS is pressed	
51	HOSPITAL OUT_MANUAL	Time recorded by Crew when Hospital Out Button of GPS is pressed	
52	HOSPITAL OUT_MANUAL_ODOMETER	Odometer reading recorded by Crew when Hospital Out Button of GPS is pressed	

Sl No	Name of field	Description	Whether Applicable for cancelled Call
22	PICKUP ADDRESS	To be divided into separate components: Rural: District, Block, GP, Village, location, landmark , PS Urban: District, MC/M/NAC/CensusTown, location, landmark, PS For IFT Cases, pickup address should be District, Block, Hospital Name	Yes
23	DROPOFF ADDRESS	Only Hospital Name to be given	Yes
24	TYPE OF HOSPITAL	Government Hospital MCH,DHH,SDH, CHC, PHCN,SC, Non Designated, Private	Yes
25	PCR ACKNOWLEDGED	Whether PCR Acknowledged	
26	REASON FOR NON ACKNOWLEDGEMENT	If PCR is not aknowledged then reason	
27	PCR ACKNOWLEDGEMENT DATE AND TIME	Date & Time of acknowledgeing PCR	
28	OPD NO	OPD No	
29	IPD NO	IPD No	
30	OPENING KM AS PER ODOMETER	start value as per Odometer	
31	CLOSING KM AS PER ODOMETER	end value as per Odometer	
32	COMPLETION OF TRIP	Date time of completion of Trip when case is dispatched, for cancelled calls completion means closure of cancelled case	Yes
33	TOTAL KM AS PER GPS	Trip distance as per GPS	
34	PATIENT NAME	Name of the patinet, name is not known then "unknown", if infant or neonate then "baby of XXX"	
35	AGE	for less that 1 year the value should be .1 to .11	
36	SEX	Sex of patient	
37	PATIENT CONTACT NO	Patient contact No if available	

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Annexure

ANNEXURE-1: DETAILS OF CASES DISPATCHED OR CANCELLED

Sl No	Name of field	Description	Whether Applicable for cancelled Call
1	JOB NO	Unique Identifer	Yes
2	FLEET	108 for 108 Ambulances & 102 for 102 Ambulances	Yes
3	CALLER NAME	Name of the Caller who made call	Yes
4	CALLER CONTACT NO	contact number Mobile / landline	Yes
5	ALTERNATE CALLER CONTACT NO	Alternate number if available	Yes
6	TYPE OF EMERGENCY	Emergency (to be defined)	Yes
7	CHIEF COMPLAINT	As per Annexure	Yes
8	IS IFT	Yes or No	Yes
9	REFFRED BY	Name of medical staff who referred (applicable only for IFT Cases)	Yes
10	ASHA	Applicable for JSY Cases	
11	ASHA MOBILE	Applicable for JSY Cases	
12	NO OF PATIENT	Total no of patients carried in the trip	
13	STATUS OF CALL	AVAILED/ Not Availed / Cancelled	
14	AMBULANCE NO	Tracking ID of Ambulance	
15	BASE LOCATION	Base Location of Ambulance	
16	CALL DATE AND TIME	Date & Time of Call landing on dialer	
17	CALL END TIME	End time as per Dialer for Calculation of Handling Time	
18	DISPATCHED DATE AND TIME	Time when ambulance was assigned and ambulance started moving	
19	ONSCENE DATE AND TIME	Time when ambulance reached site of emergency	
20	TOTAL DISPATCH TIME	dispatch time	
21	TOTAL RESPONSE TIME	Call to Site Time	

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		prescribed Performance Parameters, Premature termination or suo-moto abandonment., which the service provider shall pay additional penalty in case of suo-moto abandonment of contract / project, penalty will be calculated as per the Schedule 4 annexed. While applying this penalty, the Government may appropriate towards the penalty, the balance remaining unpaid amount on account of capital expenditure as on the day of suo- moto abandonment by the service provider.	

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	and outgoing calls		
D2	Availability of call takers during working hour	Absent for more than an hour during the working hours.	150% of the proportionate charges
E	**Call Centre Service Level Efficiency**		
E1	Service level target of 85% of the calls is to be attended within threshold limit of 10 seconds (Short abandoned calls within 5 secods are to be excluded)	Penalty shall be imposed if the rate goes below 85%.	Penalty shall be @ 30,000 per each 1% of Shortfall.
E2	Call Centre Down Time for Integrated Call Centre beyond permissible limit of 0.5%, calculated over a month. *(Mechanical or Operational). This is non-cumulative.*	Average down time each month beyond allowed limit of 0.5%.	Rs.5000/- per each hour of downtime.
F	**Premature Suo moto Abandonment by Agency**		
	In case Agency abandons the project suo moto prematurely then penalty shall be levied	Under Clause 5 of the Agreement on Quantification of Penalty, both parties have agreed that in addition to the recourses available under RFP for termination or suspension of agreement and forfeiture of Performance Security, wherever applicable for penalty for non-performance or non-compliance of the terms and conditions as set out in the RFP document, which includes besides	As per Schedule as **Annexure 9**

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	Location/Point of Diversion or reverse i.e. base Location/Point of Diversion → Hospital →Home→ Base Location/Point of Diversion **1 Trip= 1 Case** N.B.-In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of trips shall not be applicable.	be calculated for each month of operation over entire fleet of vehicles (102 Ambulances) deployed in that month.	trips) – Actual Average Trips per Ambulance/Day) ***Example: If service provider does 2.8 trips/day/ambulance for 100 vehicles then penalty shall be = 100x1000 x 2 = Rs. 2,00,000/-***
B6	Operational Expenditure towards Not availed Cases over and above 10% of entire cases shall not be paid.	Not availed cases beyond 10% of total cases shall not be paid.	Only not availed cases totaling 10% of entire cases during the billing period shall be paid. For this average trip size of not availed cases is to found out by formula (Total billing KM of all not availed cases / Total not availed cases) thereafter the deduction is to be calculated by multiplying average trip size of not availed case with number of not availed cases over and above 10% of total cases.
C	**Boat Ambulance**		
C1	To be decided after six months of operation		
D	**Centralised Call Centre for entire Service including EMAS, 24X7 Referral Transport and 104 GRHAH :**		
D1	Average calls attended by each call takers in helpline Separate seats to be allocated for incoming		To be defined after 6 months of operation

		ambulances, which are off road for more than 1 hour at a stretch, shall be considered and calculation shall be done for each district separately. However in case of small districts where 10% of the vehicles in a district is less than 2 (two) then in lieu of 10% vehicles 2 vehicles shall be taken.	
B3	Average Response Time (Call to Site): 35 minutes (For response time calculation drop-back cases to be excluded)	Per each minute of such delay in avg. response time (call to Site). *Average response time to be calculated on monthly basis.*	0.5% of the monthly charges.
B4	Eligible Call Attended: 80% or more (More than 80% of the calls as eligible for response is attended by dispatching ambulance)	Penalty shall be levied if attendance level falls below 80% in a month.	Rs 25,000/- per each percentage of shortfalls from 80% level.
B5	Numbers of trips/ambulance /day (Average 3 (Three) trips per day.) A trip could be either (a) Pick-up from Home to Hospital or (b) Drop back from Hospital to Home) i.e. Base Location/Point of Diversion → Home →Hospital→ Base	Multiple patients in a single trip will be considered as a single trip. No penalty shall be imposed if average trip per ambulance per day is less than 4(four) Average daily trips per ambulance per day to	Penalty shall be imposed in case of any shortfall in average trip/ambulance/ day in each month of operation @ Rs. 1,000/- for each shortfall of 0.1 trips per ambulance. (Short fall in trips per ambulance/day = Minimum Expected Average Trip per Ambulance/Day (i.e. 4

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	Cases over and above 10% of entire cases shall not be paid.	cases shall not be paid.	cases during the billing period shall be paid. For this average trip size of not availed cases is to found out by formula(Total billing KM of all not availed cases / Total not availed cases) thereafter the deduction is to be calculated by multiplying average trip size of not availed case with number of not availed cases over and above 10% of total cases.
B	**Referral Transport Ambulance (102-Ambulance)**		
B1	Complete rolling out of all vehicles (102 Ambulances) within 6 months of signing the contract	Each day of delay per vehicle	Rs. 500 per day/non deployed vehicle
B2	i) The off-road days for preventive and breakdown maintenance would be accumulated @1.5 days per vehicle per completed month. No ambulance (102) shall be allowed to be off road* for more than the balance of accumulated off-road days ii) At any given point of time more than 90%[5] of the vehicles (102 Ambulance) shall be on road.	***(i)*** Allowed off-road days of 1.5 days per month do not include accident and mob violence cases for which additional up to 30 days in each year of operation is allowed for repair and restoration. However, it covers all other maintenance including routine or preventive. (ii) For 90% on-road condition only those	***i) Rs 1,000.00 per day/vehicle in excess of allowed days*** ***ii)*** Rs 80.00 per ambulance hour in excess of 10% limit (district-wise calculation to be done).

[5] Shall exclude vehicles under repair in accident or mob violence cases (maximum up to 30 days in each year of operation).

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ANNEXURE- 7: MOST ESSENTIAL EQUIPMENT OF ALS AND BLS

Sl No	Equipment	Condition	Type	Action
1	Defibrillator / Monitor	AED and Manual Defibrillator – Both not working ECG – Absolute no display (No downgrade if printer is not working) ECG Pads / Cable not available / Not working Pulse Oxy Meter not working (No downgrade if handheld pulse oxy meter is provided as back up) Fully discharged and Charging facility not working	ALS	Off Road
2	Transport Ventilator	Transport Ventilator not working (only If alternate provision for Mechanical ventilation with ambu-bag set not provided)	ALS	Off Road
3	Suction Pump Electrical	Only if both the suction pumps are not working	ALS & BLS	Off Road
4	Suction Pump Manual	Only if both the suction pumps are not working	ALS & BLS	Off Road
5	Laryngoscope with Blades	Laryngoscope non-functional	ALS	Off Road
6	Oxygen cylinder "B" Type	Oxygen Cylinder empty (only if all other Oxygen cylinders in ambulance are empty)	ALS & BLS	Off Road
7	Oxygen Cylinder "D" Type	Oxygen Cylinder empty (Only if all other Oxygen Cylinders are empty)	ALS	Off Road
8	Collapsible Chair cum Trolley Stretcher	Stretcher fully not functional (doesn't include minor issues which don't effect the transportation of patient from one place to ambulance including failure of auto loading facility)	ALS & BLS	Off Road
9	Defibrillator & ECG with pulse Oxy meter	Only if Pulse oxy meter not working and no handheld device provided as back up	BLS	Off Road
10	GPS Equipment	GPS equipment in non operational condition for more than 12 working hours	ALS and BLS	Off Road

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ANNEXURE-8: UNDERTAKING FOR CONFIRMATION ON PAYMENT OF DUES TO VENDORS OF 24X7 REFERRAL TRANSPORT HIRED AMBULANCES PRIOR TO SUBMISSION OF INVOICE FOR REIMBURSHMENT OF OPERATIONAL EXPENDITURE

It is hereby confirmed and certified that all dues including statutory payables to vendors of hired ambulances has been paid for the period from ___ to ____ and there is no amount outstanding for the aforesaid period.

Dated this _____ Day of _____, 20____

For _____

(Name)
Authorised Signatory

MD & CEO
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Mission Director
NHM ODISHA
H&FW Dept.

Annexure-9

EMERGENCY MEDICAL AMBULANCE SERVICE UNDER IPTHHS

PENALTY CALCULATION TABLE IN CASE OF PRE-MATURE TERMINATION FACTORING IN ANNUAL INCREAMENT OF 10%

Year	Particulars	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	TOTAL
Year 1	Multiplication Factor	*1.000*	*1.008*	*1.017*	*1.025*	*1.034*	*1.042*	*1.051*	*1.060*	*1.068*	*1.077*	*1.086*	*1.095*	*12.56*
	Monthly Operational Cost (Factoring @ 10% p.a)	1,00,188	1,01,019	1,01,858	1,02,703	1,03,556	1,04,415	1,05,282	1,06,156	1,07,037	1,07,925	1,08,821	1,09,724	12,58,682
	Monthly Operatinal Cost (Claimed)	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	15,50,009
	Differential(excess/shortage)	28,980	28,148	27,310	26,464	25,612	24,752	23,886	23,012	22,131	21,242	20,347	19,443	2,91,327
	Cumulative Differential (Penalty/Ambulance)	*28,980*	*57,128*	*84,438*	*1,10,902*	*1,36,514*	*1,61,266*	*1,85,152*	*2,08,164*	*2,30,294*	*2,51,537*	*2,71,883*	*2,91,327*	
Year 2	Multiplication Factor	1.104	1.113	1.123	1.132	1.141	1.151	1.160	1.170	1.180	1.190	1.199	1.209	13.87
	Monthly Operational Cost (Factoring @ 10% p.a)	1,10,635	1,11,553	1,12,479	1,13,412	1,14,354	1,15,303	1,16,260	1,17,225	1,18,198	1,19,179	1,20,168	1,21,166	13,89,931
	Monthly Operatinal Cost (Claimed)	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	15,50,009
	Differential(excess/shortage)	18,533	17,614	16,689	15,755	14,814	13,864	12,907	11,943	10,970	9,988	8,999	8,002	1,60,078
	Cumulative Differential (Penalty/Ambulance)	*3,09,859*	*3,27,474*	*3,44,162*	*3,59,917*	*3,74,731*	*3,88,595*	*4,01,503*	*4,13,445*	*4,24,415*	*4,34,403*	*4,43,403*	*4,51,405*	
Year 3	Multiplication Factor	1.219	1.230	1.240	1.250	1.260	1.271	1.281	1.292	1.303	1.314	1.325	1.335	15.32
	Monthly Operational Cost (Factoring @ 10% p.a)	1,22,171	1,23,185	1,24,208	1,25,239	1,26,278	1,27,326	1,28,383	1,29,449	1,30,523	1,31,606	1,32,699	1,33,800	15,34,866
	Monthly Operatinal Cost (Claimed)	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	15,50,009
	Differential(excess/shortage)	6,996	5,982	4,960	3,929	2,889	1,841	784	- 281	- 1,356	- 2,439	- 3,531	- 4,633	15,143
	Cumulative Differential (Penalty/Ambulance)	*4,58,401*	*4,64,383*	*4,69,343*	*4,73,272*	*4,76,161*	*4,78,002*	*4,78,787*	*4,78,506*	*4,77,150*	*4,74,711*	*4,71,180*	*4,66,547*	
Year 4	Multiplication Factor	1.347	1.358	1.369	1.380	1.392	1.403	1.415	1.427	1.439	1.451	1.463	1.475	16.92
	Monthly Operational Cost (Factoring @ 10% p.a)	1,34,911	1,36,030	1,37,159	1,38,298	1,39,446	1,40,603	1,41,770	1,42,947	1,44,133	1,45,330	1,46,536	1,47,752	16,94,914
	Monthly Operatinal Cost (Claimed)	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	15,50,009
	Differential(excess/shortage)	- 5,743	- 6,863	- 7,992	- 9,130	- 10,278	- 11,436	- 12,603	- 13,779	- 14,966	- 16,162	- 17,368	- 18,585	- 1,44,905
	Cumulative Differential (Penalty/Ambulance)	*4,60,804*	*4,53,941*	*4,45,949*	*4,36,819*	*4,26,541*	*4,15,105*	*4,02,502*	*3,88,723*	*3,73,757*	*3,57,595*	*3,40,227*	*3,21,642*	
Year 5	Multiplication Factor	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	18.68
	Monthly Operational Cost (Factoring @ 10% p.a)	1,48,978	1,50,215	1,51,462	1,52,719	1,53,986	1,55,264	1,56,553	1,57,853	1,59,163	1,60,484	1,61,816	1,63,159	18,71,651
	Monthly Operatinal Cost (Claimed)	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	1,29,167	15,50,009
	Differential(excess/shortage)	- 19,811	- 21,047	- 22,294	- 23,551	- 24,819	- 26,097	- 27,386	- 28,685	- 29,995	- 31,316	- 32,648	- 33,991	- 3,21,642
	Cumulative Differential (Penalty/Ambulance)	*3,01,831*	*2,80,784*	*2,58,490*	*2,34,938*	*2,10,119*	*1,84,022*	*1,56,637*	*1,27,951*	*97,956*	*66,640*	*33,991*	*0*	

NOTE:

IN CASE OF PRE-MATURE TERMINATION THE PENATY SHALL BE EQUAL TO THE SUM OF THE CUMULATIVE DIFFERENTIAL OF ALL THE AMBULANCES AS APPEARING AGAINST DURATION OF OPERATION.

MD & CEO
ZIQITZA HEALTH CARE LTD.

Mission Director
NHM ODISHA
H&FW, Bhubaneswar

Annexure-9

24X7 REFERRAL TRANSPORT (JANANI EXPRESS)

PENALTY CALCULATION TABLE IN CASE OF PRE-MATURE TERMINATION FACTORING IN ANNUAL INCREAMENT OF 10%

Year	Particulars	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	TOTAL
Year 1	Multiplication Factor	1.000	1.008	1.017	1.025	1.034	1.042	1.051	1.060	1.068	1.077	1.086	1.095	12.56
	Monthly Operational Cost (Factoring @ 10% p.a)	61,576	62,087	62,603	63,122	63,646	64,174	64,707	65,244	65,786	66,332	66,882	67,437	7,73,598
	Monthly Operatinal Cost (Claimed)	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	9,52,650
	Differential(excess/shortage)	17,811	17,300	16,785	16,265	15,741	15,213	14,680	14,143	13,602	13,056	12,505	11,950	1,79,052
	Cumulative Differential (Penalty/Ambulance)	17,811	35,111	51,896	68,161	83,903	99,116	1,13,796	1,27,939	1,41,541	1,54,597	1,67,102	1,79,052	
Year 2	Multiplication Factor	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18	1.19	1.20	1.21	13.87
	Monthly Operational Cost (Factoring @ 10% p.a)	67,997	68,562	69,131	69,704	70,283	70,866	71,454	72,048	72,646	73,248	73,856	74,469	8,54,265
	Monthly Operatinal Cost (Claimed)	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	9,52,650
	Differential(excess/shortage)	11,390	10,826	10,257	9,683	9,105	8,521	7,933	7,340	6,742	6,139	5,531	4,918	98,385
	Cumulative Differential (Penalty/Ambulance)	1,90,443	2,01,268	2,11,525	2,21,209	2,30,313	2,38,834	2,46,767	2,54,107	2,60,849	2,66,988	2,72,519	2,77,437	
Year 3	Multiplication Factor	1.22	1.23	1.24	1.25	1.26	1.27	1.28	1.29	1.30	1.31	1.32	1.34	15.32
	Monthly Operational Cost (Factoring @ 10% p.a)	75,088	75,711	76,339	76,973	77,612	78,256	78,905	79,560	80,221	80,886	81,558	82,235	9,43,343
	Monthly Operatinal Cost (Claimed)	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	9,52,650
	Differential(excess/shortage)	4,300	3,677	3,048	2,415	1,776	1,132	482	- 173	- 833	- 1,499	- 2,170	- 2,847	9,307
	Cumulative Differential (Penalty/Ambulance)	2,81,737	2,85,414	2,88,462	2,90,877	2,92,653	2,93,785	2,94,267	2,94,094	2,93,261	2,91,762	2,89,592	2,86,744	
Year 4	Multiplication Factor	1.35	1.36	1.37	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.46	1.47	16.92
	Monthly Operational Cost (Factoring @ 10% p.a)	82,917	83,606	84,299	84,999	85,705	86,416	87,133	87,856	88,586	89,321	90,062	90,810	10,41,710
	Monthly Operatinal Cost (Claimed)	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	9,52,650
	Differential(excess/shortage)	- 3,530	- 4,218	- 4,912	- 5,612	- 6,317	- 7,028	- 7,746	- 8,469	- 9,198	- 9,933	- 10,675	- 11,422	- 89,060
	Cumulative Differential (Penalty/Ambulance)	2,83,215	2,78,997	2,74,085	2,68,473	2,62,156	2,55,127	2,47,382	2,38,913	2,29,715	2,19,781	2,09,107	1,97,684	
Year 5	Multiplication Factor	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	18.68
	Monthly Operational Cost (Factoring @ 10% p.a)	91,563	92,323	93,090	93,862	94,641	95,427	96,219	97,018	97,823	98,635	99,453	1,00,279	11,50,334
	Monthly Operatinal Cost (Claimed)	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	79,388	9,52,650
	Differential(excess/shortage)	- 12,176	- 12,936	- 13,702	- 14,475	- 15,254	- 16,039	- 16,832	- 17,630	- 18,435	- 19,247	- 20,066	- 20,891	- 1,97,684
	Cumulative Differential (Penalty/Ambulance)	1,85,508	1,72,572	1,58,870	1,44,395	1,29,141	1,13,102	96,270	78,640	60,205	40,957	20,891	0	

NOTE: IN CASE OF PRE-MATURE TERMINATION THE PENATY SHALL BE EQUAL TO THE SUM OF THE CUMULATIVE DIFFERENTIAL OF ALL THE AMBULANCES AS APPEARING AGAINST DURATION OF OPERATION.

MD & CEO
ZIQITZA HEALTH CARE LTD.

MD & CEO
ZIQITZA HEALTH CARE LTD.

Mission Director
NHM, ODISHA
H&FW Dept, Odisha

Annexure-9

BOAT AMBULANCE SERVICE

PENALTY CALCULATION TABLE IN CASE OF PRE-MATURE TERMINATION FACTORING IN ANNUAL INCREAMENT OF 10%

Year	Particulars	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	TOTAL
Year 1	Multiplication Factor	1.000	1.008	1.017	1.025	1.034	1.042	1.051	1.060	1.068	1.077	1.086	1.095	12.56
	Monthly Operational Cost (Factoring @ 10% p.a)	96,955	97,760	98,571	99,390	1,00,214	1,01,046	1,01,885	1,02,731	1,03,583	1,04,443	1,05,310	1,06,184	12,18,072
	Monthly Operatinal Cost (Claimed)	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	15,00,000
	Differential(excess/shortage)	28,045	27,240	26,429	25,610	24,786	23,954	23,115	22,269	21,417	20,557	19,690	18,816	2,81,928
	Cumulative Differential (Penalty/Ambulance)	28,045	55,285	81,713	1,07,324	1,32,109	1,56,063	1,79,178	2,01,448	2,22,864	2,43,421	2,63,111	2,81,928	
Year 2	Multiplication Factor	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18	1.19	1.20	1.21	13.87
	Monthly Operational Cost (Factoring @ 10% p.a)	1,07,065	1,07,954	1,08,850	1,09,753	1,10,664	1,11,583	1,12,509	1,13,443	1,14,384	1,15,334	1,16,291	1,17,256	13,45,087
	Monthly Operatinal Cost (Claimed)	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	15,00,000
	Differential(excess/shortage)	17,935	17,046	16,150	15,247	14,336	13,417	12,491	11,557	10,616	9,666	8,709	7,744	1,54,913
	Cumulative Differential (Penalty/Ambulance)	2,99,862	3,16,908	3,33,058	3,48,305	3,62,641	3,76,058	3,88,549	4,00,106	4,10,722	4,20,388	4,29,097	4,36,841	
Year 3	Multiplication Factor	1.22	1.23	1.24	1.25	1.26	1.27	1.28	1.29	1.30	1.31	1.32	1.34	15.32
	Monthly Operational Cost (Factoring @ 10% p.a)	1,18,229	1,19,211	1,20,200	1,21,198	1,22,204	1,23,218	1,24,241	1,25,272	1,26,312	1,27,360	1,28,417	1,29,483	14,85,346
	Monthly Operatinal Cost (Claimed)	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	15,00,000
	Differential(excess/shortage)	6,771	5,789	4,800	3,802	2,796	1,782	759	- 272	- 1,312	- 2,360	- 3,417	- 4,483	14,654
	Cumulative Differential (Penalty/Ambulance)	4,43,611	4,49,400	4,54,200	4,58,002	4,60,798	4,62,580	4,63,339	4,63,067	4,61,756	4,59,395	4,55,978	4,51,495	
Year 4	Multiplication Factor	1.35	1.36	1.37	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.46	1.47	16.92
	Monthly Operational Cost (Factoring @ 10% p.a)	1,30,558	1,31,641	1,32,734	1,33,836	1,34,947	1,36,067	1,37,196	1,38,335	1,39,483	1,40,641	1,41,808	1,42,985	16,40,230
	Monthly Operatinal Cost (Claimed)	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	15,00,000
	Differential(excess/shortage)	- 5,558	- 6,641	- 7,734	- 8,836	- 9,947	- 11,067	- 12,196	- 13,335	- 14,483	- 15,641	- 16,808	- 17,985	- 1,40,230
	Cumulative Differential (Penalty/Ambulance)	4,45,937	4,39,296	4,31,561	4,22,726	4,12,779	4,01,712	3,89,516	3,76,181	3,61,699	3,46,058	3,29,250	3,11,265	
Year 5	Multiplication Factor	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	18.68
	Monthly Operational Cost (Factoring @ 10% p.a)	1,44,172	1,45,368	1,46,575	1,47,792	1,49,018	1,50,255	1,51,502	1,52,760	1,54,028	1,55,306	1,56,595	1,57,895	18,11,265
	Monthly Operatinal Cost (Claimed)	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	1,25,000	15,00,000
	Differential(excess/shortage)	- 19,172	- 20,368	- 21,575	- 22,792	- 24,018	- 25,255	- 26,502	- 27,760	- 29,028	- 30,306	- 31,595	- 32,895	- 3,11,265
	Cumulative Differential (Penalty/Ambulance)	2,92,093	2,71,725	2,50,150	2,27,358	2,03,340	1,78,085	1,51,583	1,23,823	94,796	64,490	32,895	0	

NOTE :IN CASE OF PRE-MATURE TERMINATION THE PENATY SHALL BE EQUAL TO THE SUM OF THE CUMULATIVE DIFFERENTIAL OF ALL THE AMBULANCES AS APPEARING AGAINST DURATION OF OPERATION.

MD & CEO
AQITZA HEALTH CARE LTD.

MD & CEO
ZIQITZA HEALTH CARE LTD.

Mission Director
NHM, ODISHA
H & F.W. Deptt., BHUBANESWAR

Annexure-9

GRIEVANCE REDRESSAL AND HEALTH HELP LINE SERVICE IN ODISHA NON DOCTORS

PENALTY CALCULATION TABLE IN CASE OF PRE-MATURE TERMINATION FACTORING IN ANNUAL INCREAMENT OF 10%

Year	Particulars	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	TOTAL
Year 1	Multiplication Factor	1.000	1.008	1.017	1.025	1.034	1.042	1.051	1.060	1.068	1.077	1.086	1.095	12.56
	Monthly Operational Cost (Factoring @ 10% p.a)	7,756	7,821	7,886	7,951	8,017	8,084	8,151	8,218	8,287	8,355	8,425	8,495	97,446
	Monthly Operatinal Cost (Claimed)	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	1,20,000
	Differential(excess/shortage)	2,244	2,179	2,114	2,049	1,983	1,916	1,849	1,782	1,713	1,645	1,575	1,505	22,554
	Cumulative Differential (Penalty/Ambulance)	2,244	4,423	6,537	8,586	10,569	12,485	14,334	16,116	17,829	19,474	21,049	22,554	
Year 2	Multiplication Factor	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18	1.19	1.20	1.21	13.87
	Monthly Operational Cost (Factoring @ 10% p.a)	8,565	8,636	8,708	8,780	8,853	8,927	9,001	9,075	9,151	9,227	9,303	9,381	1,07,607
	Monthly Operatinal Cost (Claimed)	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	1,20,000
	Differential(excess/shortage)	1,435	1,364	1,292	1,220	1,147	1,073	999	925	849	773	697	619	12,393
	Cumulative Differential (Penalty/Ambulance)	23,989	25,353	26,645	27,864	29,011	30,085	31,084	32,008	32,858	33,631	34,328	34,947	
Year 3	Multiplication Factor	1.22	1.23	1.24	1.25	1.26	1.27	1.28	1.29	1.30	1.31	1.32	1.34	15.32
	Monthly Operational Cost (Factoring @ 10% p.a)	9,458	9,537	9,616	9,696	9,776	9,857	9,939	10,022	10,105	10,189	10,273	10,359	1,18,828
	Monthly Operatinal Cost (Claimed)	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	1,20,000
	Differential(excess/shortage)	542	463	384	304	224	143	61	- 22	- 105	- 189	- 273	- 359	1,172
	Cumulative Differential (Penalty/Ambulance)	35,489	35,952	36,336	36,640	36,864	37,006	37,067	37,045	36,940	36,752	36,478	36,120	
Year 4	Multiplication Factor	1.35	1.36	1.37	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.46	1.47	16.92
	Monthly Operational Cost (Factoring @ 10% p.a)	10,445	10,531	10,619	10,707	10,796	10,885	10,976	11,067	11,159	11,251	11,345	11,439	1,31,218
	Monthly Operatinal Cost (Claimed)	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	1,20,000
	Differential(excess/shortage)	- 445	- 531	- 619	- 707	- 796	- 885	- 976	- 1,067	- 1,159	- 1,251	- 1,345	- 1,439	- 11,218
	Cumulative Differential (Penalty/Ambulance)	35,675	35,144	34,525	33,818	33,022	32,137	31,161	30,095	28,936	27,685	26,340	24,901	
Year 5	Multiplication Factor	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	18.68
	Monthly Operational Cost (Factoring @ 10% p.a)	11,534	11,629	11,726	11,823	11,921	12,020	12,120	12,221	12,322	12,424	12,528	12,632	1,44,901
	Monthly Operatinal Cost (Claimed)	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	1,20,000
	Differential(excess/shortage)	- 1,534	- 1,629	- 1,726	- 1,823	- 1,921	- 2,020	- 2,120	- 2,221	- 2,322	- 2,424	- 2,528	- 2,632	- 24,901
	Cumulative Differential (Penalty/Ambulance)	23,367	21,738	20,012	18,189	16,267	14,247	12,127	9,906	7,584	5,159	2,632	0	

NOTE: IN CASE OF PRE-MATURE TERMINATION THE PENATY SHALL BE EQUAL TO THE SUM OF THE CUMULATIVE DIFFERENTIAL OF ALL THE SEATS AS APPEARING AGAINST DURATION OF OPERATION.

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NHM, ODISHA
H & F.W. Dept., Odisha

Annexure-9

GRIEVANCE REDRESSAL AND HEALTH HELP LINE SERVICE IN ODISHA DOCTORS

PENALTY CALCULATION TABLE IN CASE OF PRE-MATURE TERMINATION FACTORING IN ANNUAL INCREAMENT OF 10%

Year	Particulars	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	TOTAL
Year 1	Multiplication Factor	1.000	1.008	1.017	1.025	1.034	1.042	1.051	1.060	1.068	1.077	1.086	1.095	12.56
	Monthly Operational Cost (Factoring @ 10% p.a)	77,564	78,208	78,857	79,512	80,172	80,837	81,508	82,184	82,867	83,554	84,248	84,947	9,74,458
	Monthly Operatinal Cost (Claimed)	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	12,00,000
	Differential(excess/shortage)	22,436	21,792	21,143	20,488	19,828	19,163	18,492	17,816	17,133	16,446	15,752	15,053	2,25,542
	Cumulative Differential (Penalty/Ambulance)	22,436	44,228	65,371	85,859	1,05,687	1,24,850	1,43,343	1,61,158	1,78,291	1,94,737	2,10,489	2,25,542	
Year 2	Multiplication Factor	1.10	1.11	1.12	1.13	1.14	1.15	1.16	1.17	1.18	1.19	1.20	1.21	13.87
	Monthly Operational Cost (Factoring @ 10% p.a)	85,652	86,363	87,080	87,803	88,531	89,266	90,007	90,754	91,508	92,267	93,033	93,805	10,76,070
	Monthly Operatinal Cost (Claimed)	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	12,00,000
	Differential(excess/shortage)	14,348	13,637	12,920	12,197	11,469	10,734	9,993	9,246	8,492	7,733	6,967	6,195	1,23,930
	Cumulative Differential (Penalty/Ambulance)	2,39,890	2,53,527	2,66,447	2,78,644	2,90,113	3,00,846	3,10,839	3,20,085	3,28,577	3,36,310	3,43,277	3,49,472	
Year 3	Multiplication Factor	1.22	1.23	1.24	1.25	1.26	1.27	1.28	1.29	1.30	1.31	1.32	1.34	15.32
	Monthly Operational Cost (Factoring @ 10% p.a)	94,584	95,369	96,160	96,958	97,763	98,575	99,393	1,00,218	1,01,049	1,01,888	1,02,734	1,03,587	11,88,277
	Monthly Operatinal Cost (Claimed)	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	12,00,000
	Differential(excess/shortage)	5,416	4,631	3,840	3,042	2,237	1,425	607	- 218	- 1,049	- 1,888	- 2,734	- 3,587	11,723
	Cumulative Differential (Penalty/Ambulance)	3,54,889	3,59,520	3,63,360	3,66,402	3,68,639	3,70,064	3,70,671	3,70,454	3,69,404	3,67,516	3,64,782	3,61,196	
Year 4	Multiplication Factor	1.35	1.36	1.37	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.46	1.47	16.92
	Monthly Operational Cost (Factoring @ 10% p.a)	1,04,446	1,05,313	1,06,187	1,07,069	1,07,957	1,08,853	1,09,757	1,10,668	1,11,586	1,12,513	1,13,446	1,14,388	13,12,184
	Monthly Operatinal Cost (Claimed)	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	12,00,000
	Differential(excess/shortage)	- 4,446	- 5,313	- 6,187	- 7,069	- 7,957	- 8,853	- 9,757	- 10,668	- 11,586	- 12,513	- 13,446	- 14,388	- 1,12,184
	Cumulative Differential (Penalty/Ambulance)	3,56,750	3,51,436	3,45,249	3,38,181	3,30,223	3,21,370	3,11,613	3,00,945	2,89,359	2,76,846	2,63,400	2,49,012	
Year 5	Multiplication Factor	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	18.68
	Monthly Operational Cost (Factoring @ 10% p.a)	1,15,337	1,16,295	1,17,260	1,18,233	1,19,215	1,20,204	1,21,202	1,22,208	1,23,222	1,24,245	1,25,276	1,26,316	14,49,012
	Monthly Operatinal Cost (Claimed)	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	1,00,000	12,00,000
	Differential(excess/shortage)	- 15,337	- 16,295	- 17,260	- 18,233	- 19,215	- 20,204	- 21,202	- 22,208	- 23,222	- 24,245	- 25,276	- 26,316	- 2,49,012
	Cumulative Differential (Penalty/Ambulance)	2,33,674	2,17,380	2,00,120	1,81,887	1,62,672	1,42,468	1,21,266	99,059	75,837	51,592	26,316	0	

NOTE : IN CASE OF PRE-MATURE TERMINATION THE PENATY SHALL BE EQUAL TO THE SUM OF THE CUMULATIVE DIFFERENTIAL OF ALL THE SEATS AS APPEARING AGAINST DURATION OF OPERATION.

Director
HHL Odisha

MD & CEO
ZIQITZA HEALTH CARE LTD.

Penalty Performance Parameter forming part of SOP

I. PENALTY FOR RESPONSE TIME OF AMBULANCES

RESPONSE TIME PENALTY (EMERGENCY MEDICAL AMBULANCE SERVICE) - 108		
A.	Actual Average Response time of the Fleet (in Minutes)	
B.	Average Response time as stipulated in the RFP (Point No. 8 of the Corrigendum)(In Minutes)	30
C (A-B)	Increase in Response Time, if any (In Minutes)	-30
D (C X 0.5)	% Penalty For higher response time (0.5% of the OPEX per each minute of delay)	-15.00%
E	Total Operational Expenditure for the Billing Period	
F (E X D)	Response Time Penalty Amount	

RESPONSE TIME PENALTY (24 X 7 REFERRAL TRANSPORT AMBULANCE SERVICE) - 108 JANANI		
A.	Actual Average Response time of the Fleet (in Minutes)	
B.	Average Response time as stipulated in the RFP (Point No. 8 of the Corrigendum)(In Minutes)	35
C (A-B)	Increase in Response Time, if any (In Minutes)	-35
D (C X 0.5%)	% Penalty For higher response time (0.5% of the OPEX per each minute of delay)	-17.50%
E	Total Operational Expenditure for the Billing Period	
F (E X D)	Response Time Penalty Amount	

II. PENALTY FOR ATTENDING LESS THAN 80% ELIGIBLE CALLS

PENALTY FOR ATTENDING LESS THAN 80% ELIGIBLE CALLS (EMERGENCY MEDICAL AMBULANCE SERVICE) - 108		
Sl No.	**PARTICULARS**	**PENALTY AMOUNT(Rs.)**
A	Total Job created in EDS	
B	Dispatched Call out of total calls	
C	% of service requests attended **(B/A)X100**	
D	% of Short fall from RFP stipulated 80%	
E	Penalty Amount @ Rs.45,000/- for each % of shortfall	

PENALTY FOR ATTENDING LESS THAN 80% ELIGIBLE CALLS (24X7 REFERRAL TRANSPORT AMBULANCE SERVCIE) - 108 JANANI		
Sl No.	**PARTICULARS**	**PENALTY AMOUNT(Rs.)**
A	Total Job created in EDS	
B	Dispatched Call out of total calls	
C	% of service requests attended **(B/A)X100**	
D	% of Short fall from RFP stipulated 80%	
E	Penalty Amount @ Rs.25,000/- for each % of shortfall	

Mission Director
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III. PENALTY FOR OFF ROAD TIME OF AMBULANCES

OFF ROAD PENALTY FOR EMERGENCY MEDICAL AMBULANCE SERVICE - 108							
Ambulance Code	Offroad days during the period	Opening balance of allowed Off Road days	ALLOWED OffRoad Days Per Month	Total allowed Off Road Days	Closing Balance of allowed off Road Days C/F(If any)	Penalty Days (If any)	Penalty Amount @ Rs.1,000/- per day
	A	B	C	D	E=D-A	F=A-D	G=F X 1000

OFF ROAD PENALTY FOR 24X7 REFERRAL TRANSPORT AMBULANCE SERVICE - 108 JANANI							
Ambulance Code	Offroad days during the period	Opening balance of allowed Off Road days	ALLOWED OffRoad Days Per Month	Total allowed Off Road Days	Closing Balance of allowed off Road Days C/F(If any)	Penalty Days (If any)	Penalty Amount @ Rs.1,000/- per day
	A	B	C	D	E=D-A	F=A-D	G= F X 1000

N.B.

a) Any ambulance shall be counted as 'Off-road' condition in any one of the following instances:
   (i) GPS is not working for more than 12 hours at stretch;
   (ii) Key equipment not functional/available for more than 12 hours at a stretch;
   (iii) Ambulance/vehicle is not working (vehicle breakdown) for more than 12 hrs. at a stretch;

b) In case of EMAS (108) vehicles (which are government owned) "Off-road" does not include force majeure cases including accident and mob violence vehicle under repair. However, it covers all other maintenance including routine or preventive.

c) No ambulances are allowed to operate without insurance coverage and valid fitness certificate and shall be treated as off-road in such situation. However, in case of renewal of fitness certificate where application for renewal is made within stipulated timeline (i.e. 30 days before date of expiry of validity) but fresh certificate has not been issued by the authority then it will not be treated as off-road.

d) In case of Referral Transport (or 102 Ambulance) maximum 30 days in each year of operation shall be allowed for each vehicle for repair in case of damage due to mob violence or accident in addition to 18 days for routine and preventive maintenance.

e) For Referral Transport Vehicles (or 102 Ambulance), "Off-road" days in excess of 30 days (which is allowed for repair in case of mob violence and accident) shall be treated as off road. Service Provider is required to replace accidental vehicles within 30 days.

f) An ambulance cannot have an operational status in a sequence like Off-road → On-road →Off Road unless a minimum of one case is successfully attended in between two off-road conditions. That means there can't be an On-road condition between two Off-road condition of an ambulance unless a call is attended successfully in between. Such On-road condition shall be treated as Off-road condition for all practical purpose where not even a single call is attended successfully.

g) In case the ambulance does not attend the call when the vehicle is showing on-road status then it shall be treated as off-road.

Mission Director
NHM, ODISHA
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IV. PENALTY FOR SIMULTANEOUS OFF ROAD OF AMBULANCES

SIMULTANEOUS OFF ROAD PENALTY (EMERGENCY MEDICAL AMBULANCE SERVICE) - 108		
Dist	Simultanous off road interval over and above cut off (In hour)	Simultaneous Off Road Penalty Amount @ Rs.100/- per hour (Rs.)
[A]	[B]	[C]= B X 100

SIMULTANEOUS OFF ROAD PENALTY (24 X 7 REFERRAL TRANSPORT AMBULANCE SERVICE) - 108 JANANI		
Dist	Simultanous off road interval over and above cut off (In hour)	Simultaneous Off Road Penalty Amount @ Rs.80/- per hour (Rs.)
[A]	[B]	[C]= B X 80

Director
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V. PENALTY FOR ATTENDING LESS CASES PER DAY PER AMBULANCE

MINIMUM CASE PENALTY (EMERGENCY MEDICAL AMBULANCE SERVICE) - 108		
Sl No	**Description**	**Penalty (Amount in Rs.)**
1	Actual Average Case Per Ambulance per day	
2	Required Average Case Per Ambulance per day	3.00
3	Shortfall in average case (if any)	3.00
4	**Penalty for shortfall in average No. of Cases @Rs.1,100/- for 0.1 cases shortfall**	-

N.B.

In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of cases shall not be applicable

MINIMUM CASE PENALTY (24 X 7 REFERRAL TRANSPORT AMBULANCE SERVICE) - 108 JANANI		
Sl No	**Description**	**Penalty (Amount in Rs.)**
1	Actual Average Case Per Ambulance per day	
2	Required Average Case Per Ambulance per day	3.00
3	Shortfall in average case (if any)	3.00
4	**Penalty for shortfall in average No. of Cases @Rs.1,000/- for 0.1 cases shortfall**	-

N.B.

In case the cancelled call remains within 10% of total service request then penalty with respect to minimum number of cases shall not be applicable

Mission Director

VI. PENALTY FOR ATTENDING LESS KM PER AMBULANCE PER DAY

MINIMUM K.M.PENALTY (EMERGENCY MEDICAL AMBULANCE SERVICE) - 108		
Sl No	**Description**	
1	Actual Average KM Per Ambulance per day	
2	Required Average KM Per Ambulance per day	170
3	Shortfall in Average KM (if any) (2-1)	-170
4	**Penalty for deficiency in average KM Run by Ambulances @ Rs.200 per K.M. per Ambulance Rs.200X(3)X fleet size**	-

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