

ABSTRACT

Tamil Nadu Health Systems Project – Chief Minister's Comprehensive Health Insurance Scheme – Innuyir Kappom Thittam - Nammai Kaakkum 48 – Nammai Kaakkum 48 Process Flow, Nammai Kaakkum 48 Guidelines, Nammai Kaakkum 48 Logo and Boards for Nammai Kaakkum 48 empanelled hospitals - Orders- Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms)No.46

Dated: 03.02.2022

Thiruvalluvar Aandu – 2053
Pilava, Thai – 21

Read :

From the Project Director, Tamil Nadu Health Systems Project, letter No.6906/TNHSP/INS/2021, Dated: 23.12.2021.

ORDER:

The Project Director, Tamil Nadu Health Systems Project has stated that increasing deaths due to Road Traffic Accidents is a persisting problem which was taken up for direct review by the Hon'ble Chief Minister of Tamil Nadu on 18.11.2021 and a new Life saving Scheme was announced titled "Innuyir Kappom Thittam – Nammai Kaakkum 48" to reduce the deaths due to Road Traffic accidents. Under this scheme, 81 designated treatment modalities / procedures for damage control measures costing upto Rs. 1.00 lakh per individual will be extended on a cashless basis on assurance mode under Chief Minister's Comprehensive Health Insurance Scheme to all victims, irrespective of whether they possess a Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) insurance card or not in the selected 609 IK 48 empaneled Government / Private Hospitals only. For this purpose:

1. 609 empanelled hospitals along highways including Government Hospitals and Private Hospitals have been enlisted.

Level	Government Hospitals	Private Hospitals
LEVEL 1	21	45
LEVEL 2	39	146
LEVEL 3	147	211
TOTAL	207	402

2. Service mapping of ambulances to the nearest appropriate Level I/II/III Trauma Care Center has been done district wise so as to reduce time delays and ensure 'Right patient is taken to the Right Hospital within the Right Time'.

3. The Government will allocate 50 crores including 10% admin cost as first installment for creating Innuyir Kappom Thittam fund and the scheme will be implemented on an assurance mode. It was decided that the scheme will be incorporated with Chief Minister's Comprehensive Health Insurance Scheme in future after understanding the implementation issues if any, to ensure smooth and timely access and coverage to Road Traffic Accident victims, in need of emergency care.

3. The Project Director, Tamil Nadu Health Systems Project has requested orders of the Government on the followings:

1. Nammai Kaakkum Process Flow
2. Nammai Kaakkum 48 Guidelines
3. Nammai Kaakkum Logo
4. Boards for Nammai Kaakkum 48 empanelled hospitals

4. The Government after careful examination of the proposal of the Project Director, Tamil Nadu Health Systems Project have decided to accept the same and issue orders for the Nammai Kaakkum 48 Process Flow, Nammai Kaakkum 48 Guidelines, Nammai Kaakkum 48 Logo and Boards for Nammai Kaakkum 48 empanelled hospitals (as annexed to this Government Order)

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To

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

The Mission Director, National Health Mission, Chennai-6.

The Managing Director, Tamil Nadu Medical Services Corporation, Chennai-6.

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

The Director of Medical and Rural Health Services, Chennai-6.

The Director of Medical Education, Chennai-10.

The Personal Secretary to Chief Secretary to Government, Chennai-9.

The Personal Secretary to Additional Chief Secretary (Finance), Chennai-9.

Copy to

The Hon'ble Chief Minister's Office, Chennai-9.

The Special Personal Assistant to Hon'ble Minister (Health & Family Welfare) Chennai-9.

The Health & Family Welfare (Data Cell) Department, Chennai-9.

SC/SF

//FORWARDED BY ORDER //

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4.2.2022
SECTION OFFICER
04.02.2022

Annexure 2:



RTA - Patient comes to any Hospital

IK NK 48 Basic Trauma Package for any

RTA Patient - Clinical examination, Hb, Urea, Sugar, ECG, X-Ray Chest.

Patient is stable. He will be discharge (Green Category).

Patient in Red / Yellow category

CMCHIS Card Holder
(Up to 48 hours) IK - NK48
Empaneled Hospital

CMCHIS Non-Card Holder /
other state / Foreign RTA
victims (Up to 48 hours)
IK - NK48 Empaneled Hospital.

Treatment under
IK - NK 48 Packages

Treatment under
IK - NK48 Packages

Packages applicable only Up to 48 Hours
in the NK 48 empaneled 609 hospitals only

IFT Can be done within 48 hours based
on the triage only among the NK 48 empaneled 609 hospitals

After 48 Hours (Red & Yellow Category)

CMCHIS Card holder
Hospital (Govt. /
Pvt. Empaneled
Hospitals under CMCHIS)

Non CMCHIS Card holder
(Govt. / Pvt. Empaneled
Hospitals under CMCHIS)

Other state / foreign
RTA victims

Treatment will be
continued under CMCHIS
as per existing packages

Treatment will be
continued under CMCHIS
as per existing packages

Treatment will be
continued under free
category in Govt Hospitals

Treatment will be continued
under payment
/ Pvt. Insurance by the patient in
Pvt. Hospitals

Treatment will be continued
under payment / Pvt. Insurance /
PM-JAY by the patient
in pvt hospitals

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Signature
7.2.2022

SECTION OFFICER

Annexure - II to G.O.(Ms)No.46, Health and Family Welfare (EAPI-1) Department, dated: 03.02.2022.

NammaiKaakkum 48 Operational Guidelines

IKT – Categories of patients who will benefit under NK – 48

- All accident victims on road within TN border including tourists from other states and foreigners
 - Accident victims brought by Good Samaritans
 - Accident victims brought by family
 - Accident victims who come by themselves
 - Unknown accident victim brought by police, or Good Samaritans
 - Mass casualty accident victims

IKT – NK 48 Exclusion criteria

- Assault injuries
- Domestic injuries
- Fall from height
- Injuries due to fall of heavy object
- Train traffic accident injuries
- Animal bites, Self harm
- Occupational work place injuries
- Thermal /Chemical/ Burn Injuries
- Cracker Blast Injuries

IKT NK 48 will cover the Steps 1,2,3 of the following 5 Steps of Emergency Trauma Care:

- Prehospital Triage & Transportation by Ambulance along with in-transit care
- Resuscitation & Stabilization in hospital Emergency Department
- Damage Control Surgeries
- Definitive Care&Rehabilitation

I. Pre-Hospital Guidelines

- ✓ Guideline 1
- ✓ Guideline 2
- ✓ Guideline 3
- ✓ Guideline 4
- ✓ Guideline 5
- ✓ Guideline 6
- ✓ Guideline 7
- ✓ Guideline 8

NK 48 Guideline 1

- On receipt of information from the accident site, Life support ambulance with trained manpower will reach the spot, Triaging & basic resuscitation (cABC) will be done by EMT.

NK 48 Guideline 2:

5 Levels of triaging at the Accident Scene for guiding the EMT

Pre-hospital Triage & Acuity Scale	Description of the Acuity Scale	Equivalent Triage category
Level 1 - Resuscitation	Patient battling for life in need of resuscitation/Severe hemodynamic compromise/Shock/Traumatic amputation of an extremity	Red
Level 2 - Emergent	Seriously injured patient who requires rapid medical intervention/Penetrating head, chest or abdominal injury/Neurovascular compromise of an extremity	Red
Level 3 - Urgent	Patient with stable vitals, but the presenting problem suggests further evaluation	Yellow
Level 4 - Less Urgent	Stable patient with lesser pain scale./ Laceration/Puncture requiring sutures/Isolated upper extremity injury	Green
Level 5 - Non-Urgent	Minor contusions, abrasions, lacerations not requiring closure, Non urgent with minor complaint	Green

- Control of any external catastrophic bleeding
- On spot inspection for Airway with C-spine Stabilization
- Breathing with SPO2
- Circulation with hemorrhage control

Triaging criteria :

- Pulse
- BP
- RR
- Consciousness state,
- Whether able to walk
- Any obvious deformities.

Critical Criteria for Pre-Hospital Triage by EMTs (Equivalent to Red Triage)

- Head Injury + vomiting/ENT bleed/convulsion /other part fracture /major bleeding
- Two or more than 2 major bone suspected or open fracture
- Pelvis injury or fracture (swelling, deformity, internal & external bleeding)
- Femur injury or fracture
- Penetrating wound & bleeding from pelvis /femur region.
- Neck Injury + bleeding
- CSF from ear or nose
- Multiple injury (fracture /penetrating wound /major bleeding)
- Abdominal injury (evisceration of any part, distension, contusion, penetration)
- Amputation

- Chest Injury + penetrating wound on chest
- Inability to move any part of body
- Multiple injured
- Ejected from Vehicle
- Prolonged extraction time (>5 mins)

NK 48 Guideline 3

- Private ambulances (C type ambulances as per National ambulance Code (NAC)) with equipment as per norms and trained paramedic can be recruited for patient transportation.

NK 48 Guideline 4

- The Government has clearly mapped each ambulance based on its base location. Similar mapping will be done for the private ambulances, other NGOs & Highway Ambulances.
- (should be integrated with State Ambulance service for communication & transport purposes).

NK 48 Guideline 5

- The ambulance-hospital connectivity will be guided by the service mapping to ensure the right patient is taken to the right hospital at the right time.

NK 48 Guideline 6

- Service mapping of Ambulance and the hospitals to be displayed district wise in the ambulance and hospital.
- To be displayed in Police, Highways, Transport, Fire, Disaster Management Camp, Revenue and District Collectorate.

NK 48 Guideline 7

- During transit from Scene to hospital, the onus of the patient solely lies with the Ambulance service.
- Upon admission of the patient in hospital, the onus of the patient to be taken up by the hospital – who will generate the IKT number & continue the care.

NK 48 Guideline 8

- Pre-arrival Intimation to be given by the Ambulance EMT to the destination IKT empaneled hospitals.
- If IFT is done the referring hospital to give Pre arrival intimation and get prior approval from the receiving hospital.

II. In-hospital Guidelines

- Guideline 9
- Guideline 10
- Guideline 11
- Guideline 12
- Guideline 13
- Guideline 14
- Guideline 15
- Guideline 16
- Guideline 17

- Guideline 18
- Guideline 19
- Guideline 20
- Guideline 21

NK 48 Guideline 9:

IKT Empanelled hospital Requirements

S.No	Level of Trauma Care Center	Facility to be present as per Government of India norms
1	Level 1	<ul style="list-style-type: none"> ▪ Provide 24*7 services ▪ Functioning Emergency Room (ER), ▪ Hybrid High Dependency Unit (HHDU), ▪ Emergency OT, Blood bank ▪ CT scan & MRI ▪ All super specialty and trauma care services like Neuro surgeon, Vascular surgeon, Ortho, Anesthesia, General Surgeon and Physician are available ▪ Counseling & rehabilitation room in the ED premises. ▪ Preferably with Ambulance Service ▪ Maintain MLC/AR records
2	Level 2	<ul style="list-style-type: none"> ▪ Provide 24*7 services ▪ CT, ICU, OT, Super specialist on call, Blood storage facility ▪ Round the clock availability of physicians, surgeons, orthopedic surgeons and anesthetist. ▪ On call facility for neurosurgeons. ▪ Maintain MLC/AR records
3	Level 3	<ul style="list-style-type: none"> ▪ Provide 24*7 services ▪ Provides initial evaluation & stabilization. Intensive care facility diagnostic capability blood bank & other supportive services ▪ Comprehensive medical & surgical inpatient services. ▪ Emergency doctors & nurses round the clock. ▪ Maintain MLC/AR records

- ATLS Stabilization to be available uniformly in all L1,L2,L3 empaneled Trauma Care centers.

NK 48 Guideline 10

- All IKT empanelled hospitals should follow TN State TAEI policy (G.OMsNo.266, Health and Family Welfare (EAPII-2) Department, Dated: 10.6.2019):

- Concept of triage,
 - Pre-arrival intimation,
 - Hospital call out protocols,
 - Pain Management Protocols,
 - A nursing coordinator (as single point contact) for all Trauma Care – related communication and organization -in all shifts
 - Resuscitation bay,
 - Red, yellow and green zones,
 - Protocol based treatment,
 - E-FAST,
 - Point of care testing (POCT),
 - Uniforms for all health care work force and
 - e MLC/ MLC
- All empanelled hospitals should submit real time data to State TAEI trauma registry .
 - Submit real time data to State TAEI trauma registry .
 - Install surveillance cameras in the EDs of TCC in empaneled hospitals and need to be monitored from TAEI State surveillance center at the Commissionerate of Trauma Care

NK 48 Guideline 11:

Training for HR of the Private Hospitals is Mandatory

- TSG offered by TAEI in the Regional Training Centers or
- Similar Accredited Life Support training
 - ATLS
 - ATCN
- Frequent CNE/ CME emergency care and in-service training to keep HR trained and equipped.

NK 48 Guideline 12

- Sensitization of all hospital care providers on TAEI Triage criteria, SOP & Protocols given in G.OMsNo.266, Health and Family Welfare (EAPII-2) Department, Dated: 10.6.2019.
- The TAEI Triage criteria to be displayed in all IKT empanelled hospitals.

NK 48 Guideline 13

- Critically ill (Red category) patient to be taken by 108 Ambulance service to the nearest empanelled Level 1 Hospital if located within 20-30km.
- The Level 1 Hospital may be a Government Hospital or a private facility.
- The patient should be transported in the shortest period to ensure advanced trauma life support.
- If it is far, the patient should be stabilized in the nearest L2 or L3 hospital and the same ambulance should move the patient in 30 mins after stabilization to the L1 facility for definitive intervention.

NK 48 Guideline 14

- 2 hours mandatory resuscitation for a critically injured patient before any Inter-facility Transfer.

- IFT with PAI & Acceptance of the receiving hospital.

Time Norms in Emergency Care of RTA patients

SN	Procedure	Time Norms
1	Triage	2 minutes
2	Primary Survey	2+2 minutes
3	Resuscitation	8 minutes
4	Investigations	15 minutes
5	AR entry	30 minutes
6	Secondary Survey	45 minutes
7	Specialist Opinion	120 minutes

NK 48 Guideline 15

- Non-Critical (Yellow category) patients should preferably be brought to nearest L2 or L3 Government Hospital.
- After due stabilization and evaluation if the patient requires higher care, patient may be taken to nearest empanelled Level 1 hospital through IFT duly certified.

NK 48 Guideline 16

- When treatment involves more than one hospital, the treatment time will be from the time of admission in the first hospital.

NK 48 Guideline 17

- Green criteria patients who are advised observation for 24-48 hrs may kindly be referred to nearest Government hospital.

NK 48 Guideline 18 :

Unknown patients under Hit and run accident category

- If the patient is Critically injured (Red category), to be taken to nearest empanelled Level 1 Government or Private hospital.
- If the patient identity is recognized by family and they prefer to shift the patient to a hospital of their choice, it will be permitted.
- If the patient continues to be unknown & unstable and requires to be transferred to higher center, Government will help for their exit through 108 AS.
- For an unknown patient admitted in a private hospital and even after 48 hrs if the patient is still not able to be identified, the patient will be shifted to the appropriate level of Government Hospital with prior intimation & Acceptance.
- However the patients records, other legal documents shall be retained in the private hospital for further reference. The RMO of the Government hospital shall be the guardian of the patient for all further care as per established guidelines in practice.

NK 48 Guideline 19:

Treatment for Road traffic injury patients who are brought directly to the empanelled private hospital by Good Samaritans or by family:

- Patients under red category will be treated on IKT guidelines as above.
- Patients under Yellow or green triage criteria, the patient may be referred to nearest Government hospital.
- If the patient insists on the "continuation of treatment at the same private facility", it is subject to patient eligibility and hospital empanelment under CMCHIS.

NK 48 Guideline 20

- EI number should be obtained by the first treating hospital & should be continued even with IFT till the treatment course is complete under IKT.

NK 48 Guideline 21

- Pre-auth submission by Hospital –
- Within 4 hours of admission during 8 am to 6 pm.
- Within 12 hours of admission during 6 pm to 8 am

PREAUTH CRITERIA

- Any Identification Card.
- If there is no Identity Card, a letter from Hospital to be submitted.
- Patient's Clinical Photo.
- Preliminary Assessment Report duly certified by examining Doctor.
- AR copy with treating Doctor's sign.
- If the patient needs additional treatment or procedure, Enhancement request may be applied with Secondary Survey report.

CLAIMS CRITERIA

- Treatment Summary, Discharge Summary / Referral Letter/ Death Summary within 5 days from the date of admission.
- Declaration that no money has been collected from the patient during the course of treatment
- CMCHIS URN if available.
- All investigations done, with Images.
- Operative notes and Case sheet.
- Hospital Bills (detailed).

IKT - NK 48 Claims

- Claims settlement for NK 48 within 5 days from EI number date
- CMCHIS call center will make telephonic enquiry on the patient status and keep a record.
- Any Death within 1 month of major accident should be reported with PM report for record maintenance.
- Enquiries & Grievances related to patient admission and NK 48 packages will be addressed in CMCHIS call center.
- Government may change any of the procedures for convenience & greater interest of the State & notify from time to time.
- Creation of an exclusive toll free number for IKT to be shared among all the stakeholder departments.

- The details of the Road traffic injured patient to be simultaneously informed to Police and all from 108 call center.
- In case, the patient is transported by private Ambulance / good Samaritan the toll free IKT number to be informed.
- This is to ensure Immediate verification by police & carry out road safety audit.
- Strict follow-up and bench marking of hospitals as per TAEI standards.
- Frequent Audits for quality of care
- No turning away from empanelled Govt / private hospital. ParamanandKataraVs Union of India Supreme Court Judgement 1989 -
- In case of referral reason to be given in writing.
- Common portal for Police, Insurance and hospital to cross verify....
- This Data can auto-populate in CCTNS portal/Trauma registry
- Just like CCTNS portal - DAR system that curtailed fake entry for MACT claims Transparency should be there.. Injured, Public, Police, Doctor, Insurance - stakeholders for data entry Compromise cases
Conversion from Assurance to Insurance mode
Premium calculation
Provided the current year outgo is taken as X for the state residents, the premium shall be calculated as

$$\frac{(X + ADMIN COST)}{TOTAL RESIDENT FAMILY OF THE STATE}$$

(2.18 Crore – As per previous database)

Accident and life loss are unfair. Let's ensure our roads are FAIR (Fatality & Accident Incidence Reduction) on Roads.

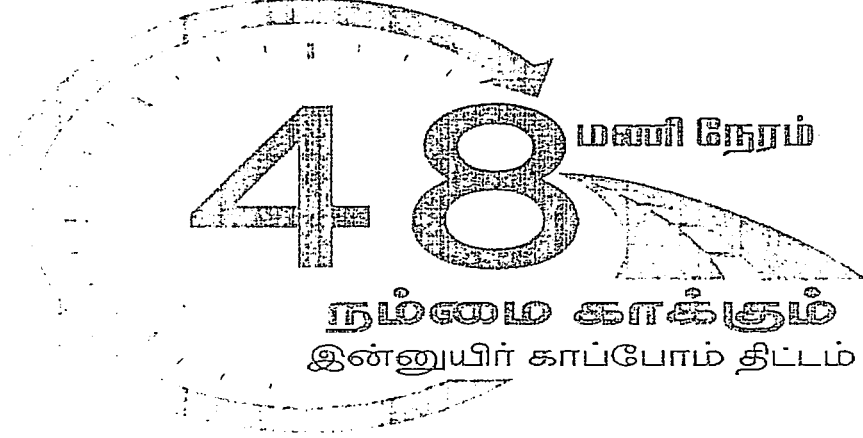
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- நம்மைக்காக்கும் 48 சேவையில்
- அவசர மருத்துவச் சேவைகள் சட்டம் பாதுகாக்க
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04.02.2022

Annexure - III to G.O.(Ms)No.46, Health and Family Welfare (EAPI-1)
Department, dated: 03.02.2022.

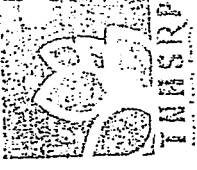
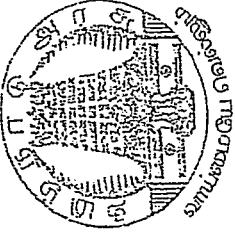
Logo for NammaiKaakkum 48



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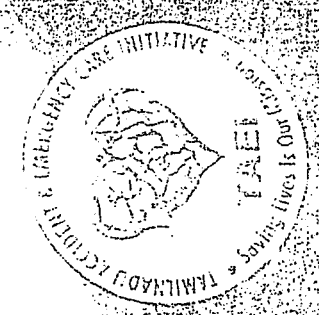
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சுலகணைய : 4 - அர்ப்பணை (15.00) எண் : 46, மருத்துவம் - மச்சூர்-வழி (2012-1-1) த அமை, தாள் : 03.02.2022.



தமிழ்நாடு அர்ப்பணை
இன்சூயிர் கார்ப்போர்ட் திட்டம்
நம்பையக்காக்கும் - 48
பொருளியற்றும் திட்டத்தை

48
யலி தீரம்
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