

# IMA-AFHI Membership Application Pack

## Kerala State Network of Age-Friendly Hospitals and Healthcare Institutions

<b>Issued by:</b>	IMA Kerala State Branch · Committee for Healthy Ageing
<b>Version:</b>	Working Document 2026
<b>Status:</b>	For IMA-AFHI Network Use

### Cover Note for Applicant Institution

Thank you for expressing interest in joining the **IMA Age-Friendly Healthcare Initiative (IMA-AFHI)**. This initiative supports healthcare institutions to become more respectful, accessible, safe, clinically sensitive and coordinated for older persons and their caregivers. By submitting this application, your institution commits to the IMA-AFHI framework, baseline self-evaluation, staff nomination, improvement implementation and periodic reporting.

### 1. Basic Institution Details

<b>Name of institution</b>	
<b>Address</b>	
<b>District</b>	
<b>Local IMA branch</b>	
<b>Phone number</b>	
<b>Email</b>	
<b>Website</b>	
<b>Head of institution — Name</b>	
<b>Head of institution — Designation</b>	
<b>Head of institution — Contact number</b>	
<b>Head of institution — Email</b>	

### 2. Type of Institution

Type	Yes / No
Clinic	
Nursing home	
Small hospital	
Medium hospital	
Multi-specialty hospital	
Specialty hospital	
Trust / charitable hospital	
Cooperative hospital	
Corporate hospital	
Government institution	
Homecare service	
Palliative care unit	
Rehabilitation / physiotherapy centre	
Other, specify	

### 3. Facility Size and Service Profile

<b>Number of beds</b>	
<b>Average daily OPD attendance</b>	
<b>Approx. daily older-person (60+) OPD</b>	
<b>Emergency service available?</b>	Yes / No
<b>Inpatient service available?</b>	Yes / No
<b>ICU available?</b>	Yes / No
<b>Operation theatre available?</b>	Yes / No
<b>Physiotherapy / rehabilitation available?</b>	Yes / No
<b>Homecare service available?</b>	Yes / No
<b>Senior citizen / geriatric clinic available?</b>	Yes / No

<b>Existing quality accreditation / certification</b>	
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## 4. AFHI Contact and Nodal Person Details

### Primary AFHI Contact Person

<b>Name</b>	
<b>Designation</b>	
<b>Department</b>	
<b>Mobile number</b>	
<b>Email</b>	
<b>Role in institution</b>	

### Alternate Contact Person

<b>Name</b>	
<b>Designation</b>	
<b>Department</b>	
<b>Mobile number</b>	
<b>Email</b>	

## 5. AFHI Ambassador Team / Senior Care Team Nomination

Role	Name	Designation	Contact
Management representative			
Medical coordinator			
Nursing coordinator			
Administrator / operations lead			
Quality / documentation coordinator			
Front office / patient relations lead			
Pharmacy / lab representative			
Physiotherapy / rehabilitation representative			
Social worker / counsellor			
Homecare / palliative care representative			
Other member			

## 6. Management Commitment and Declaration

We, the undersigned, on behalf of \_\_\_\_\_, express our willingness to join the **IMA Age-Friendly Healthcare Initiative**. We agree to:

- Align our institution with the principles and framework of IMA-AFHI.
- Nominate an AFHI Ambassador Team / responsible contact persons.
- Complete the baseline self-evaluation within the stipulated period.
- Identify priority gaps and prepare a practical age-friendly improvement plan.
- Participate in IMA-AFHI training, orientation, reporting and review activities.
- Implement feasible improvements in accessibility, priority care, clinical safety and staff training.
- Maintain relevant evidence including policies, photographs, training records and meeting minutes.
- Submit periodic progress updates and annual self-evaluation as required.
- Avoid making public claims of certification or level recognition unless officially approved.
- Protect patient privacy and avoid sharing patient-identifiable data unnecessarily.

<b>Authorised signatory — Name</b>	
<b>Designation</b>	
<b>Institution</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Seal</b>	

## 7. Baseline Readiness Self-Declaration

Please mark honestly. This is not pass/fail — it identifies your starting point.

Domain	Status	Notes
Senior queue priority at all touchpoints	Not started / Partial / Functional	
Wheelchair available at entry	Not started / Partial / Functional	
Ramps and handrails accessible	Not started / Partial / Functional	
Senior-friendly seating in waiting areas	Not started / Partial / Functional	
Signage in Malayalam, large font, high contrast	Not started / Partial / Functional	
Accessible toilet for older persons	Not started / Partial / Functional	
Help desk or navigation support	Not started / Partial / Functional	
Fall-risk awareness among nursing staff	Not started / Partial / Functional	
Medication safety review process	Not started / Partial / Functional	

Domain	Status	Notes
Patient/caregiver feedback system	Not started / Partial / Functional	
Discharge guidance provided to patients	Not started / Partial / Functional	
Staff trained in respectful elder communication	Not started / Partial / Functional	
AFHI team meeting held at least once	Not started / Partial / Functional	
Evidence folder started	Not started / Partial / Functional	

## 8. Documents to be Submitted with Application

Sl.	Document	Submitted?
1	Completed membership application form	
2	Management commitment letter / declaration	
3	Hospital profile sheet	
4	AFHI contact person details	
5	AFHI Ambassador Team / Senior Care Team nomination	
6	Baseline readiness self-declaration	
7	Copy of hospital registration / licence, if required	
8	Existing quality accreditation / certification details, if any	
9	Initial photographs of entry, reception, waiting area, toilets, signage	
10	Existing senior citizen policy / patient priority policy, if available	
11	Training records related to older-person care, if available	
12	Patient feedback / grievance process document, if available	

## 9. Minimum Requirements for Level 1 Entry

Requirement	Status
Application submitted	
Commitment letter submitted	
Hospital profile submitted	
AFHI contact / team nominated	
Baseline self-evaluation completed or scheduled	
Agrees to participate in training and reporting	
Agrees not to make unauthorised certification claims	
Privacy safeguard accepted	

**Recommended entry status:** Level 1 — Committed Age-Friendly Healthcare Institution. This is the beginning of a structured improvement journey, not a declaration of full maturity.

## 10. Office Use Only

<b>Application received date</b>	
<b>Received by</b>	
<b>IMA branch / district</b>	
<b>Documents complete?</b>	Yes / No
<b>Missing documents</b>	
<b>Baseline self-evaluation received?</b>	Yes / No
<b>AFHI team nominated?</b>	Yes / No
<b>Commitment letter received?</b>	Yes / No
<b>Initial entry status</b>	Accepted / Pending / Clarification required
<b>Suggested entry level</b>	Level 1: Committed / Pending
<b>Remarks</b>	
<b>Next step</b>	
<b>Review date</b>	

## Standard Disclaimer

This application pack and any acknowledgement issued do not independently confer membership, recognition, certification, accreditation, renewal or level progression. Final decisions rest with the authorised IMA-AFHI committee. Patient-identifiable information should not be submitted unnecessarily.