IMA-AFHI KERALA | EVALUATOR ORIENTATION

IMA-AFHI Evaluator Information Bulletin

Orientation Bulletin and Exhaustive FAQ for IMA-AFHI Evaluators

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Part A — Evaluator Information Bulletin

1. What is IMA-AFHI?

The **IMA Age-Friendly Healthcare Initiative (IMA-AFHI)** is a Kerala-led movement to help hospitals, clinics and healthcare institutions become safer, more respectful, accessible, clinically sensitive and coordinated for older persons and their caregivers. It evaluates whether the institution's systems, staff behaviour, clinical pathways, documentation and caregiver support actually improve the lived experience of older persons.

2. Core Shift — From Accreditation to Progressive Network Model

Earlier interpretation	Updated IMA-AFHI approach
One-time inspection or accreditation	Continuous improvement journey
Pass/fail orientation	Progressive levels or grades
Infrastructure-heavy view	Functional age-friendliness and patient experience
Hospital judged at one point in time	Baseline, quarterly, annual and triennial review
Single institution focus	Statewide learning network with IMA leadership

3. Evaluation Types

Type	Purpose	Frequency
Baseline Evaluation	First visit — establishes starting point	Once, on joining
Quarterly Progress Review	Tracks actions and improvement	Every 3 months
Annual Self-Evaluation	Reviews outcomes and support needs	Yearly
Triennial Evaluation	Comprehensive renewal and level validation	Every 3 years
Friendly Renewal Visit	Re-engagement for hospitals that lost momentum	As needed

4. The 10 Evaluation Domains

Code	Domain	Weight
D1	Leadership, Governance and Commitment	10 pts
D2	Physical Accessibility and Safety	10 pts
D3	Senior Patient Experience and Priority Services	12 pts
D4	Essential Clinical Age-Friendly Care	16 pts
D5	Staff Training and Behavioural Culture	10 pts
D6	Multidisciplinary Coordination and AFHI Ambassador Team	10 pts
D7	Patient and Caregiver Engagement	8 pts
D8	Continuity of Care and Linkages	8 pts
D9	Documentation, Reporting and Quality Improvement	10 pts
D10	Innovation, Replicability and Network Participation	6 pts
	TOTAL	**100 pts**

5. Scoring Scale (0–4)

Score	Level	Meaning
0	Not started	No evidence of any activity — no ramp, no policy, no training
1	Planned / ad hoc	Intention stated, no consistent practice
2	Partially functional	Exists but inconsistent or weakly documented
3	Functional and documented	Consistent practice with evidence, known to staff
4	Advanced / replicable	Sustained practice, improvement tracked, can be shared

6. Evidence Quality Rating

Rating	Meaning	Example
Strong	Recent, verifiable, consistent and linked to practice	SOP + training record + photos + staff confirmation + feedback
Moderate	Evidence exists but partial or not consistently updated	Photos and policy exist, but staff awareness is variable
Weak	Claimed but not documented or observable	Verbal statement without records or observation
Not Available	No evidence submitted or observed	No document, record, observation or staff confirmation

7. Evaluator Visit Flow

1. Opening discussion with management and AFHI contact person.
2. Review hospital profile, application, commitment letter and previous reports.
3. Review AFHI team composition and meeting records.
4. Walk through entry, reception, OPD, waiting area, lab, pharmacy, billing, toilets, ramps and signage.
5. Interact with front office, nursing, doctor coordinator, administrator and quality manager.
6. Review evidence folder and training records.
7. Check whether clinical safety pathways are known and used where feasible.
8. Review patient/caregiver feedback and complaint handling.
9. Identify strengths, gaps and risks.
10. Recommend top five actions for the next quarter or renewal period.
11. Submit evaluator summary and provisional level recommendation if authorised.

8. Evaluator Summary Template

Hospital name	
District	
Current level / status	
Evaluation type	Baseline / Quarterly / Annual / Triennial / Friendly Renewal
Date of visit	
Evaluators present	
Hospital representatives present	
Key strengths	
Priority gaps	
Evidence quality	Strong / Moderate / Weak / Not Available
Top 5 actions recommended	
Training support required	
Suggested provisional level	If authorised to recommend
Follow-up date	
Disclaimer included	Yes / No

Part B — Frequently Asked Questions

General Understanding

Q. What is the main purpose of IMA-AFHI?

IMA-AFHI helps institutions become more respectful, safe, accessible and clinically sensitive for older persons. It creates a structured improvement pathway rather than a one-time judgement.

Q. Is IMA-AFHI an accreditation programme?

The updated model is a progressive network and quality-improvement model. Final recognition processes are authorised by IMA-AFHI. The core approach is continuous improvement through domains, levels, training, evidence and reporting.

Q. Is this only for large hospitals?

No. Small clinics, medium hospitals, trust hospitals, cooperative hospitals, corporate hospitals and public institutions can participate if they commit to functional age-friendly care.

Q. Are levels permanent?

No. Levels require periodic review. A hospital can progress, remain at the same level or require corrective actions depending on evidence and performance.

Scoring and Assessment

Q. What scoring scale should be used?

A 0–4 maturity scale: 0 not started, 1 planned/ad hoc, 2 partially functional, 3 functional and documented, 4 advanced/measured/replicable.

Q. What is the difference between score 2 and score 3?

Score 2 means the practice exists but is partial, inconsistent or weakly documented. Score 3 means it is functional, documented and known to relevant staff.

Q. What if a hospital has good intentions but no evidence?

Good intention may justify score 1, but higher scores require functional practice and evidence.

Domain-Specific Guidance

Q. What should be checked under leadership and governance?

Commitment letter, written policy, AFHI team order, role assignment, management review, meeting minutes and action plan.

Q. What is acceptable fall-risk practice?

A simple trigger checklist, staff awareness, assisted movement advice, physiotherapy/doctor referral where needed and documentation appropriate to the facility.

Q. What is acceptable delirium awareness?

Staff should recognise sudden confusion or altered attention as a clinical concern and know how to escalate it.

Q. What is acceptable medication safety practice?

A process to identify polypharmacy concerns, high-risk medicines or medication confusion, with doctor/pharmacist review where clinically indicated.

Evaluator Conduct

Q. What areas should be physically observed?

Entrance, drop-off, wheelchair point, reception, waiting area, OPD, billing, lab, pharmacy, toilets, lifts/stairs, signage, discharge area and any senior care service area.

Q. Should evaluators speak with patients?

Where appropriate and respectful, brief patient/caregiver interaction helps understand lived experience. Do not collect sensitive personal health details.

Q. What if false evidence is suspected?

Record inconsistencies objectively and escalate to the authorised IMA-AFHI body. Do not make public accusations during the visit.

Q. What if patient safety risks are noticed?

Document the risk clearly, inform hospital leadership during the visit and recommend urgent corrective action.

Reporting and Recommendations

Q. What should the evaluator report include?

Hospital profile, evaluation method, domain-wise findings, evidence reviewed, strengths, gaps, risk areas, score/level recommendation if authorised, top five actions, training needs and disclaimer.

Q. What are top five actions?

The most important practical improvements the hospital should complete in the next quarter or review cycle. Actions should be specific, feasible, assigned and time-bound.

Q. What if the hospital needs training support?

Mention required training by cadre: administrators, nurses, doctors, front office, support staff, physiotherapy, quality or social work.

Standard Disclaimer

This bulletin and FAQ 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 collected or shared unless a secure approved process and required permissions are in place.