

AFHI Core Knowledge Manual

Domain-Based Scoring, Progressive Levels and Network Operating Framework

Issued by:	IMA Kerala State Branch · Committee for Healthy Ageing
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1. Purpose and Scope

This manual defines the domain-based scoring framework, progressive level criteria, evidence requirements and network operating model for IMA-AFHI. It is the authoritative reference for evaluators, hospital AFHI teams, district coordinators and the IMA-AFHI steering committee.

2. The Five Progressive Levels

Level	Name	Core Expectation	Validity / Review
1	Committed	Application, commitment letter, AFHI team nomination and baseline self-evaluation.	Initial membership; quarterly progress encouraged.
2	Functional	Core senior-friendly processes functioning — queue priority, basic accessibility, staff orientation, feedback and initial clinical safety practices.	Up to 2 years, subject to annual self-evaluation.
3	Advanced	Documented protocols, trained multidisciplinary team, annual self-evaluation, data capture, feedback use and continuity linkages.	Up to 3 years, subject to annual self-evaluation.
4	Model / Mentor	Demonstrated excellence, measurable QI, innovation, training support to others and replicable model practices.	Annual review and state recognition.
5	Centre of Excellence	Sustained state-level leadership in training, research or mentorship. Replicable practices shared with the Kerala network.	Special recognition by IMA-AFHI authorities.

3. Domain Framework — All 10 Domains

D1 — Leadership, Governance and Commitment (10 pts)

Key question: Is management actively driving age-friendly improvement beyond one enthusiastic person?

Evidence Type	Examples
Minimum evidence	Commitment letter, written policy, AFHI team order/list
Advanced evidence	Meeting minutes, action plan, management review records

D2 — Physical Accessibility and Safety (10 pts)

Key question: Can an older person with mobility limitations navigate the hospital safely and independently?

Evidence Type	Examples
Minimum evidence	Photos of access points, ramps/handrails/toilets/signage checklist, wheelchair availability log
Advanced evidence	Facility correction notes, safety incident data

D3 — Senior Patient Experience and Priority Services (12 pts)

Key question: Is queue priority actually practised at all touchpoints — not just written on a sign?

Evidence Type	Examples
Minimum evidence	Queue priority notice, front-office SOP, patient navigation process
Advanced evidence	Feedback summary, observation notes

D4 — Essential Clinical Age-Friendly Care (16 pts)

Key question: Do clinical staff actively use safety pathways for older patients, or are protocols only on paper?

Evidence Type	Examples
Minimum evidence	Fall-risk checklist, medication safety checklist, delirium/cognitive concern pathway
Advanced evidence	Care plan/discharge guidance format, protocol training records

D5 — Staff Training and Behavioural Culture (10 pts)

Key question: Are all staff cadres trained and practising respectful elder care?

Evidence Type	Examples
Minimum evidence	Training attendance sheet, induction module, CME/CNE participation
Advanced evidence	Staff sensitisation records, quiz/feedback from training

D6 — Multidisciplinary Coordination and AFHI Ambassador Team (10 pts)

Key question: Is the AFHI team a real working group or just a list of names?

Evidence Type	Examples
Minimum evidence	AFHI committee composition, role-wise task list, meeting minutes
Advanced evidence	Departmental action reports, escalation/contact list

D7 — Patient and Caregiver Engagement (8 pts)

Key question: Is feedback from older persons actually reviewed and acted upon?

Evidence Type	Examples
Minimum evidence	Patient/caregiver feedback form, complaint redressal process, education materials
Advanced evidence	Counselling notes summary, community outreach report

D8 — Continuity of Care and Linkages (8 pts)

Key question: Does the hospital ensure safe transitions to homecare, rehabilitation or palliative care?

Evidence Type	Examples
Minimum evidence	Discharge checklist, follow-up call log summary, referral/linkage list
Advanced evidence	Homecare/palliative/rehab contacts, continuity case summary

D9 — Documentation, Reporting and Quality Improvement (10 pts)

Key question: Is there a systematic evidence folder? Are reports submitted on time?

Evidence Type	Examples
Minimum evidence	Baseline self-evaluation, quarterly reports, annual self-evaluation
Advanced evidence	Scorecard, dashboard/data summary

D10 — Innovation, Replicability and Network Participation (6 pts)

Key question: Is the hospital actively contributing to the Kerala AFHI learning network?

Evidence Type	Examples
Minimum evidence	Participation certificates, good practice documentation, case story
Advanced evidence	Mentoring/training host record, innovation note

4. Evidence Principles

- Evidence should show that a practice exists, is functional and is known to relevant staff.
- Photographs alone are not enough if the practice is not used.
- For qualitative domains, narratives, interview notes and feedback summaries are acceptable.
- Avoid patient-identifiable data. Use anonymised summaries and aggregate statistics.
- Evidence burden should increase gradually from Level 1 to higher levels.
- Evidence collection should be proportionate and practical, especially for small clinics.

5. Membership Entry Pathway

Step 1. Hospital expresses interest and receives the AFHI network information pack.

Step 2. Hospital submits application form and commitment letter.

Step 3. Hospital nominates AFHI Ambassador Team / Senior Care Team.

Step 4. Baseline self-evaluation is completed within the stipulated period.

Step 5. Hospital enters the network at Level 1 and receives an initial 90-day improvement roadmap.

Step 6. Hospital participates in capacity-building programs and submits quarterly progress updates.

6. Quarterly Improvement Cycle

Quarterly Step	Hospital Action	Output
Input collection	Capture progress, evidence, training participation, feedback and challenges	Completed quarterly update form
Domain scoring update	Compare current status with previous baseline and level criteria	Updated scorecard and gap list
Priority planning	Identify most impactful improvements for next quarter	90-day action plan with 5 priority actions
Reporting	Submit to district IMA branch / AFHI coordinating body	Quarterly progress report
Review and feedback	Evaluator or coordinator reviews and responds	Feedback, support and next steps

Standard Disclaimer

This manual does not independently confer membership, recognition, certification or level progression. Final decisions rest with the authorised IMA-AFHI committee. Clinical judgement for individual patient care remains with qualified healthcare professionals.