

IMA-AFHI KERALA | PROGRESS REPORT TEMPLATE

AFHI Quarterly Progress Report Format

Template for Quarterly Submission by Member Hospitals

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

Submit within 15 days of the end of each quarter. Be specific and factual. Attach photographs or documents where mentioned.

Section 1 — Report Header

Institution name	
District	
Current AFHI Level	
Report quarter	Q1 / Q2 / Q3 / Q4
Year	
Period covered	
Submitted by	
Designation	
Date of submission	
District coordinator / reviewer	

Section 2 — Status of Previous Quarter's Priority Actions

List the 5 priority actions from last quarter and update their status.

#	Priority action from last quarter	Domain	Status	Evidence / Notes
1			Completed / Partial / Not started	
2			Completed / Partial / Not started	
3			Completed / Partial / Not started	
4			Completed / Partial / Not started	
5			Completed / Partial / Not started	

Section 3 — Domain-Wise Progress Update

Domain	Previous score	Current score	Key change this quarter
D1 — Leadership and Governance			
D2 — Physical Accessibility			
D3 — Patient Experience			
D4 — Clinical Care			
D5 — Staff Training			
D6 — Multidisciplinary Coordination			
D7 — Patient and Caregiver Engagement			
D8 — Continuity of Care			
D9 — Documentation and QI			
D10 — Innovation and Network Participation			
TOTAL			

Section 4 — Training and Capacity Building

Number of staff trained this quarter	
Cadres covered	Doctors / Nurses / Admin / Front office / Support staff / Other
Training topics covered	
IMA-AFHI events attended this quarter	CMEs / CNEs / Network meetings / Workshops
Training challenges or needs	

Section 5 — Patient and Caregiver Feedback Summary

Number of feedback forms collected this quarter	
Key positive themes from feedback	
Key concerns or complaints received	
Actions taken in response to feedback	
Complaints resolved	Yes / Partial / No / None received

Section 6 — Senior Patient Data

Approximate total OPD this quarter	
Approximate senior (60+) OPD this quarter	
Falls reported this quarter	
Falls with injury	
Any delirium-related escalation this quarter	Yes / No / Not tracked
Medication safety review conducted	Yes / No / Not applicable

Section 7 — Challenges and Support Needed

Main challenges faced this quarter	
Resource constraints	
Staff-related challenges	
Documentation / reporting challenges	

Support requested from IMA-AFHI	Training / Evaluator visit / Resource material / Other
--	--

Section 8 — Good Practices and Innovations

Good practice / innovation title	
Problem it addresses	
What was done	
Outcome observed	
Can it be shared with other hospitals?	Yes / No / Needs refinement

Section 9 — Priority Actions for Next Quarter

#	Action	Domain	Responsible person	Target date
1				
2				
3				
4				
5				

Section 10 — Sign-Off

Submitted by — Name	
Designation	
Signature	
Date	
Reviewed by — District Coordinator	
Date of review	
Review remarks	
Recommended next step	

Disclaimer: This report does not independently confer level progression, certification or renewal. Final decisions rest with the authorised IMA-AFHI body.