Study on "Process Reengineering" of Geriatric Care Program at Aster Medcity, Kochi, Kerala

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2014-2016

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Internship Training

At

ASTER MEDCITY, KOCHI, KERALA

A Study on Process Reengineering of Geriatric Care Program at Aster Medcity, Kochi, Kerala

By

Diwanshu Sharma

Under the guidance of

Dr. JP Singh

MBA Hospital and Health Management

2014-2016

The IIHMR University, Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Diwanshu Sharma, student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at Aster Medcity, Kochi, Kerala from Feb 15, 2016 to May 15, 2016.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
I wish him all success in all his future endeavors.

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AsterMedcity
We'll Treat You Well

The certificate is awarded to

Diwanshu Sharma

In recognition of having successfully completed his internship in the department of

Operations

and has successfully completed his Project on

A Study on "Process Reengineering" of Geriatric Care Program at Aster Medcity, Kochi, Kerala

From 15th February, 2016 to 15th May, 2016

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him all the best for future endeavours

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertationA Study on "Process Reengineering" of Geriatric Care Program at Aster Medcity, Kochi, Kerala submitted by**Diwanshu Sharma** Enrollment No. IIHMR-U/01/2014-16/0143, under the supervision of **Dr. JP Singh** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb 15, 2016**to **May 15, 2015**embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Acknowledgements:

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly incompletion of my Internship at Aster Medcity, Kochi, Kerala.

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Sr. No	Abbreviation	Meaning
1.	CDC	Centre for Disease Control and Prevention
2.	CKD	Chronic Kidney Disease
3.	CPRS	Computerized Patient Record System
4.	CSSD	Central Sterile Supply Department
5.	HIA	Hospital Acquired Infections
6.	HIS	Hospital Information System
7.	ICU	Intensive Care Unit
8.	IP	In Patient
9.	IPS	International Patient Services
10.	JCI	Joint Commission International
11.	NABH	National Accreditation Board for Hospitals and Healthcare Providers
12.	OPD	Out Patient Department
13.	PD	Peritoneal Dialysis
14.	PPE	Personal Protective Equipment

DISSERTATION REPORT

A Study on Process Reengineering of Geriatric Care Program at Aster Medcity, Kochi, Kerala

1.1Introduction:

Geriatrics is the branch of general medicine concerned with clinical, preventive, medical and social aspects of illness in the elderly.The old age is defined as the age of retirement. In our country it is fixed at 60 years and above.

According to census 2001,older people were 7.7% of the total population, which increased to 8.14% in census 2011. Population ageing is one of the most discussed global phenomena in the present century. Countries with a large population like India have a large number of people now aged 60 years or more. The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in the near future.[1]

The projections for population over 60 years in next four censuses are: 133.32 million (2021), 178.59 (2031), 236.01 million (2041) and 300.96 million (2051). The increases in the elderly population are the result of changing fertility and mortality regimes over the last 40-50 years[2].

By 2021, the elderly in the country will number more than 143 million. Presently, the elderly in divided into three categories: the young old (60-70) the middle-aged old (70-80) and the oldest old (80 plus).The increase in life expectancy over the years has resulted in an increase in the population of the elderly. While the overall population of India will grow by 40% between 2006 and 2050, the population of those aged 60 and above will increase by 270%[3].

Disease Patterns in old age patients-

- Cataract &Visual impairment- 88%
- Arthritis &locomotion disorder-40%
- CVD &HT – 18%
- Neurological problems- 18%
- Respiratory problems including Chronic bronchitis- 16%
- GIT problems- 9%

- Psychiatric problems- 9%
- Loss of Hearing – 8%

Risks & Differentiating Factors –

- Prone for infections
- Prone for injuries
- Need special assistance
- Prone for psychological problems
- Prone for degenerative disorders
- Increased risk for disease
- Increased risk of disability
- Increased risk of death

Gerontology in India is very much in a nascent stage. Gerontology includes a set of conditions specifically associated with old age. The incidence of such conditions, such as falls, cognitive impairment, vision impairment, hearing impairment, delirium, dizziness and frailty, is increasing. The average Indian doctor does not get exposed to the required education to manage such conditions. Barring a handful of institutes, gerontology and geriatric medicine fellowships are scarcely offered. Geriatric medicine is not encouraged as a practice. As a result of this, except for a few private hospitals, geriatric patients are attended to in the internal medicine department of most government owned public hospitals. Internists, without being specially qualified to assess and treat geriatric conditions attend to such patients. Therefore, the average geriatric medical condition goes under/untreated and the total burden in the population of such conditions is always underestimated. With increasing life spans, elders in India are commonly facing conditions which were considered rare two generations back. Only sporadic data has been collected on various health conditions on the elderly in India. The most common geriatric condition associated with old age in India is hearing impairment followed by vision impairment[5]. However, the depth and range of data regarding prevalence of such disorders in the varied Indian population are far from satisfactory. Additionally, data on other common conditions such as Dementia and Alzheimer's disease are scarce. There is an imminent need to set up a

database of such conditions so as to initiate intervention strategies and to fix priorities for planning health care services regarding the elderly[6].

Apart from geriatric conditions seen specifically in these populations, the average elder in India suffers from dual set of conditions: communicable/ infectious and non-communicable conditions. Physiological changes with age as well as a decrease in immunity lead to an increase in communicable diseases. A large number of infectious cases seen in the public hospitals in India are in the geriatric age group. Risk for cardiovascular disease is also known to increase with age[7]. Diabetes, hypertension and heart disease are fairly common conditions seen inIndia. With increasing life spans, more and more elders find themselves to be suffering from these chronic debilitating disorders. An aging Indian population ailing from chronic illness puts an incredible amount of burden on the already stretched health care system. In 2005, India lost an estimated 9 billion dollars to heart disease, stroke and diabetes. It is also expected to lose between 23 billion dollars to 53 billion dollars annually, in foregone national income over 10 years between 2005 and 2015 due to deaths from these conditions[7].

The Way Forward for Elder Care

With no system of social security, an incompetent system of pensions, and rapidly changing social norms, the average elder in India is left to the mercy of his own aging self. India accounts for 21% of the global burden of disease. The current public expenditure on health care is just 1.1% of the GDP. As per WHO reports in 2009, India's per capita health spending was a mere $45. India remains among the five countries with the lowest public health spending in the world[6].

With communicable and lifestyle conditions taking up an overwhelming majority of India's public health spending, geriatric care is far from being a priority. It needs to be taken far more seriously as a public health issue. For a country so highly populated, secondary and tertiary care are priorities. In such a scenario, an important step the Indian government needs to take is to pump in money and resources into public health care delivery.

Ancient Indian scriptures extol service to elders. "One who always serves and respects elderly is blessed with four things: Long Life, Wisdom, Fame and Power". However, with nuclear families springing up and the focus more on the individual than the family, elder care is taking a beating. The culture of a family staying together to take care of the elder should be encouraged. There is also a need to promote NGOs and agencies such as HelpAge India[8] which work towards healthy aging at the grassroots level. For working

families, innovative organizations like Epoch Elder Care[8], can send a trained caregiver to provide in home care and companionship.

Simultaneously, specialized geriatric care centers should be opened in the rural areas of the country, where the majority of the elder population of India resides. The Indian Gerontological Association, which was formed in 1968, can be used as a tool to promote knowledge among healthcare professionals about geriatric medicine. Seminars can be held showcasing skilled geriatric nursing care. Further investment in geriatric research needs to be promoted.

One practical approach could be to integrate geriatric care at the primary care level. India has a vast primary care system already in place across a majority of the country. All it needs is skilled manpower in geriatric care[9].The issues and needs of the geriatric population of India are indigenous, often varying at the state level. A network of social security and pensions needs to be worked out at the national level so that no elder in India is left out. On World Health Day in 2012, The WHO India country office dedicated theme to the health care of the elderly[9]. Freedom from disease and promotion of health go hand in hand. India faces a tall order in protecting its elders, and it is one duty that India should do without fail.

Aim of Geriatric Care Programs –

- Maintenance of health in old age by high levels of engagement and avoidance of disease
- Early detection and appropriate treatment of disease
- Maintenance of maximum independence consistent with irreversible disease and disability
- Sympathetic care and support during terminal illness

1.3 Review of literature

Dr.CChandramouli, in Census of India report (2011), noted that the oldest old segment, which is the most vulnerable on account of suffering from disabilities, diseases, terminal illness and dementia, is also the largest growing segment of the elderly population, at a rate of 500%. The increasing population of the elderly is **"a development concern that warrants priority attention for economic and social policies to become senior citizen-friendly".**[4]

Jordan Broderick, Theresa Devine in their paper (2014) stated that geriatric populations are becoming technology oriented and mobile user friendly. Also there is a great relation between technologies especially mobile with the growing trends of technology. So there

could be a strong association of process reengineering with developing mobile based geriatric plan. The elderly population required post-operative long term care which could be monitored by technology.

Table no. 1.1 -Gender wise Life Expectancy in Kerala

Life Expectancy (in years)		
Year	Males	Females
1961	46.2	50
1971	60.5	61.1
1981	60.6	62.1
1991	66.9	72.8
2001	68	74
2001-2006	75.20	81.20
2006-2011	75.78	81.78
2011-2016	76.29	82.29
2016-2021	77.15	83.15
2021-2026	77.89	83.89
2026-2031	78.55	84.55
2031-2036	78.85	84.85

Source: SRS, Office of Registrar General, India For 2006-2051 data projected for Kerala Development Report

1.4 Rationale of the Study

The elderly population is likely to increase in the future, and there is a definite shift in the disease pattern, i.e. from communicable to non-communicable, it is high time that the health care system gears itself to growing health needs of the elderly in an optimal and comprehensive manner. There is a definite need to emphasize the fact that disease and

disability are not part of old age and help must be sought to address the health problems. The concept of Active and healthy ageing needs to be promoted among the elderly, which includes preventive, promotive, curative and rehabilitative aspects of health. Thus there is strong need to rethink on presently available geriatric care programs.[6]

With a good track record of social development indicators, especially in health and education sectors, Kerala is all set to witness a demographic transition with a rise in the proportion of aged in the total population along with declining growth are of the population. The proportion of aged in the total population is rising and based on the projected data, it is expected to increase further, a survey on ageing scenario in Kerala conducted by the 'Centre for Development Studies' has pointed out.[7]

Kerala occupies 1.2 percent of the total area of Indian union and accounts for 3.4 percent of the India's population. Like its development experience, the spectacular performance in demographic indicators has received the global attention to the state. Kerala's demographic structure is characterized by Total Fertility Rate (1.8 children per women) below the replacement level, an Infant Mortality Rate of 13 per 1000 live births, population growth rate less than one percent etc. thus portraying the features of the final stage of demographic transition. The model is against the expectation of positive association between fertility and economic development (Notestein, 1945).

The dramatic decline in fertility indicates that even at low levels of economic development, fertility transition can take place with the progress made in the social sector. With rising life expectancy and below replacement fertility, Kerala is likely to achieve zero population growth years ahead.

As the number and proportion of older persons are growing faster than any other age group, there are concerns with the provision of geriatric care. Availability and accessibility are the major one amongst those. The deep involvement of Information technology at every possible step in the process flow can solve problems to a great extent.

- This study will bring out the challenges in currently available geriatric care program.
- The major need for the study is to incorporate the highest level of automation in geriatric care which will lead to greater work efficiency and patient delightment.

1.5 Research Question

- What are the issues in currently available geriatric care program of Aster med city?
- What could be the probable futuristic solution in terms of mobile app based process reengineering for the ongoing geriatric care program?

1.6 Objectives

- To identify the issues in currently available geriatric healthcare program.
- To develop a reengineered mobile application based geriatric care program.

1.7 Methodology

- Sample size- 130
- Sample Method – Purposive Sampling
- Number of respondents covered- 130
- Study design- Descriptive study
- Study period-February to April, 2016.
- Data type- Primary data
- Data frame- All the patients of age more than 60 years, responses also taken from staff including Physician, Nurses, Technicians, Administrative staff of Aster Medcity, Kochi
- Data collection tool – Structured questionnaire
- Data collection technique (mailed, telephonic, personal interview and coverage will be depending on availability and time resources).
- Data Source- Hospital and medical records, Case sheet of the in patient who will be admitted in hospital.
- Data Analysis- The data analysis done in MS Excel
- Ethical Consideration-
    - Data confidentiality will be maintained throughout the study.
    - The data will be shared for the dissertation purpose only.

Scope of the Study-Facilities available at Aster Medcity's COEs for the old age patients. Facilities available Aster Pharmacy and Aster Medcity's inpatient services.

Use of the study- After the study, new and reengineered program for geriatric care will be created with the help of results of survey. Our focus will be on the following aspects like,

Supportive supervision at OPD, Emergency, billing & admission desk areas for elderly patients. Capacity building of frontline as well as the backend workers, strengthening, monitoring and motivating them to perform better and in more empathic manner.

1.8 Discussion & Results –

PATIENT EXPECTATION AND SATISFACTION:-

The satisfaction of patients coming to hospitals depends on the structure and function of the medical care system. The functioning of medical care system is based on the various social, technical and physical aspects. The structure of the medical care system is guided by the policies of the government and the type of government set-up prevailing in the country, whereas the functioning mainly depends on those who manage the system. In a corporate setup people are paying for the services, so they want full assurance that their money is not wasted, every single penny is being utilized. So, their expectations are high with private sector. We always need to look after those expectations.

That's why the researchers first carried out the expectation cum satisfaction survey, with the help of which the current satisfaction level as well as patient's expectations can be measured.

The questionnaire has two parts –

1. To analyze, how much the senior citizens are satisfied with the currently ongoing geriatric care program.
2. To identify the expectations of senior citizens from the full-fledged geriatric care program.

Researcher asked the patients to rate the facilities on a four point scale. A rating pattern was created for the scoring of the same.

1. Excellent= 10 Points
2. Good= 7 Points
3. Fair= 5 Points
4. Poor= 3 Points

Observations:-

1. Analysis of satisfaction level amongst senior citizens for different facilities.

1) OPD Counter Services –

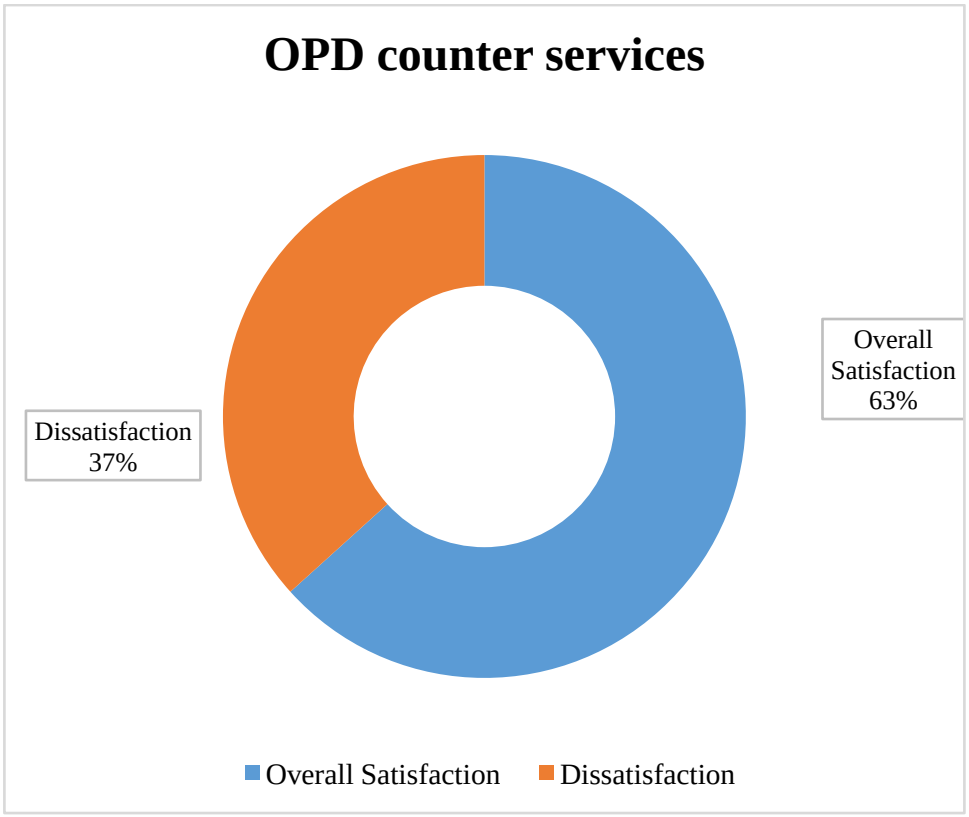


Figure 1.1 -More than 37 % senior citizens were dissatisfied with current OPD counter services.

2) Documentation and Registration Processing

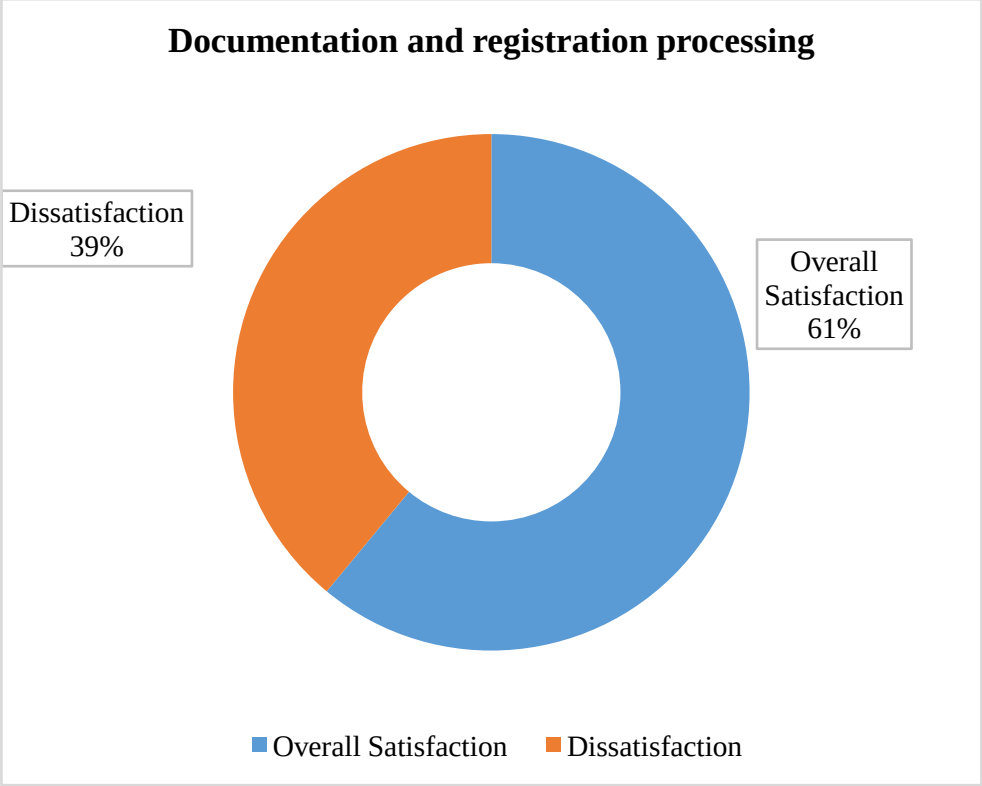


Figure 1.2 - Almost 40 % people were dissatisfied with the Documentation and Registration Processing

3) Doctor's Consultation & Explanation About the disease.

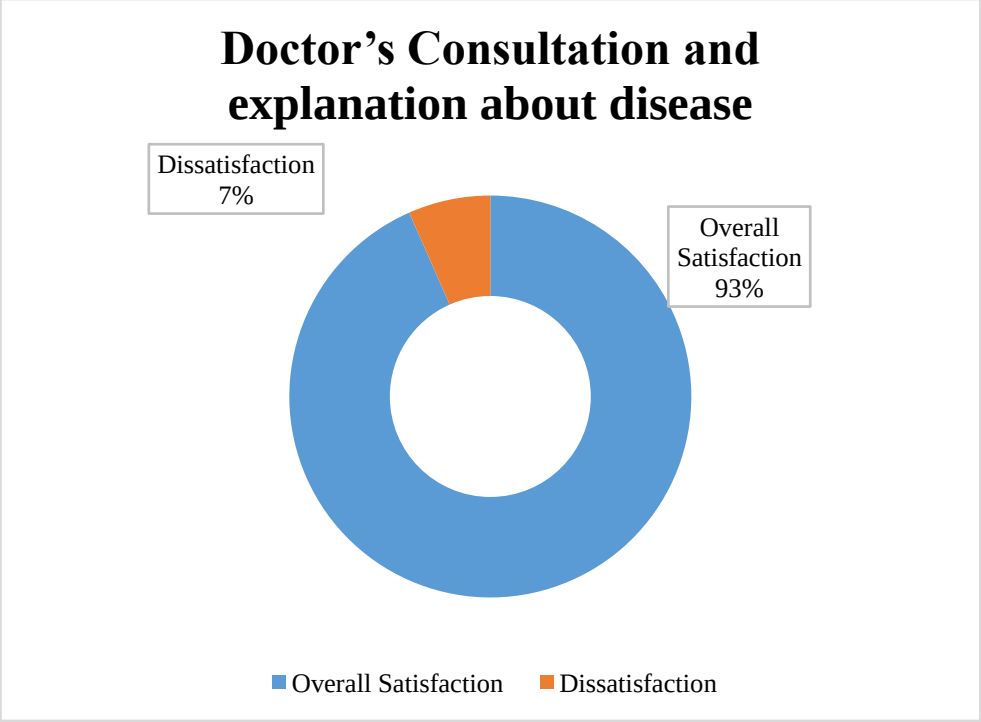


Figure 1.3 - More than 93% senior citizens are satisfied with the doctor's consultation. This clearly states that elderly people are happy with the car and support provided by the doctors.

4) Pharmacy Experience –

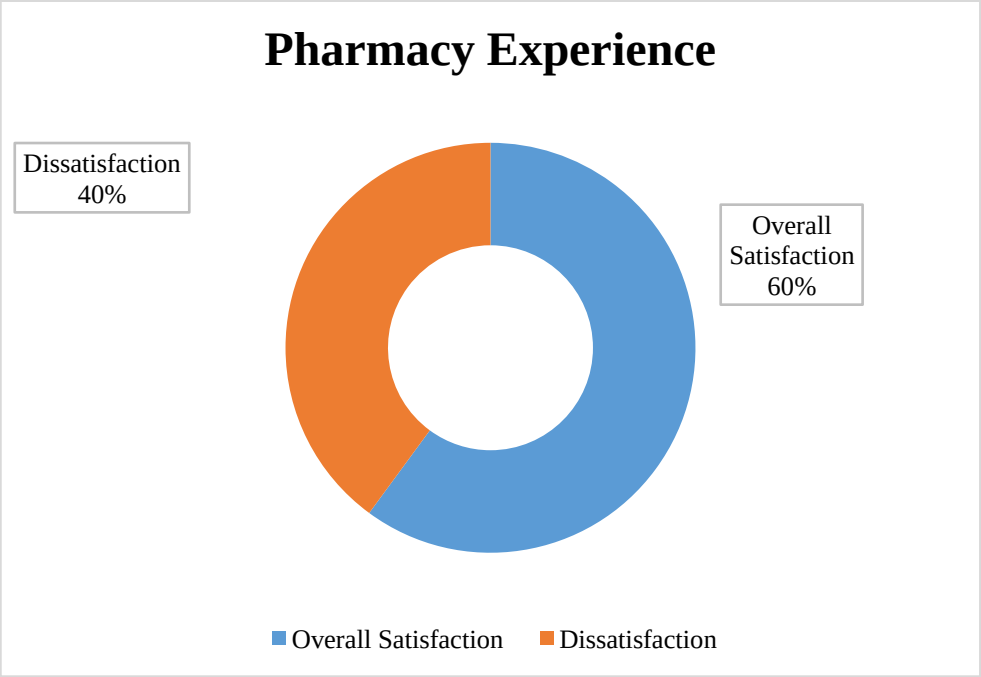


Figure 1.4 - About 40 % respondents feel that pharmacy experience can be improved.

5) Diagnostic Services –

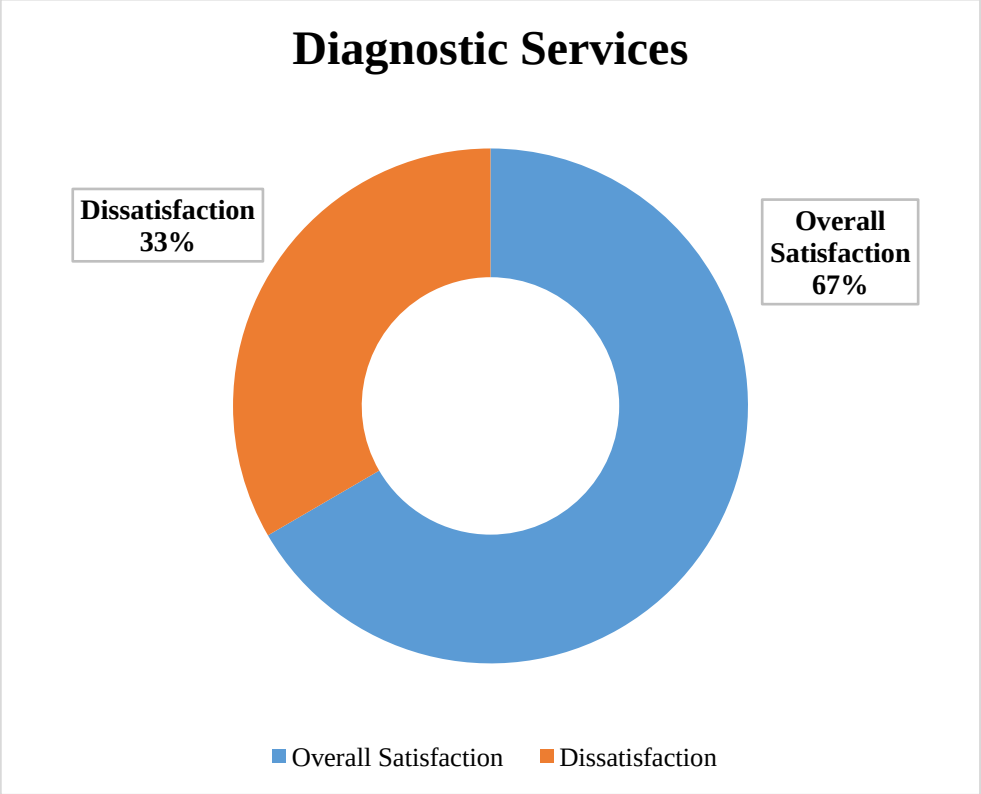


Figure 1.5 - Around 70 % respondents are satisfied with the diagnostic services.

6) Aster Café –

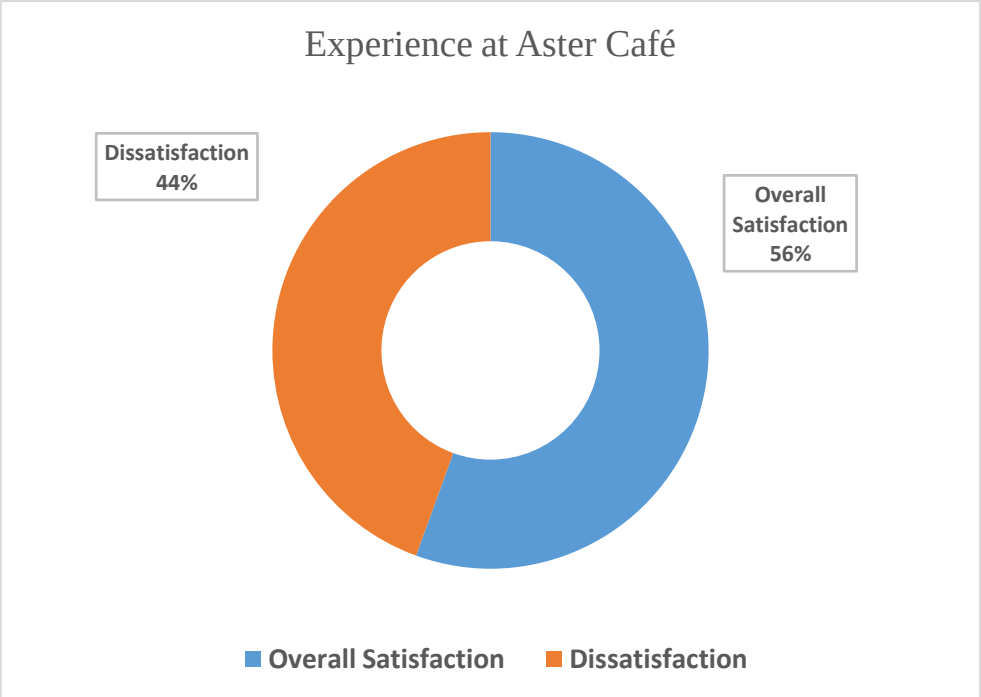


Figure 1.6 - Only 56 % Patients were satisfied with the services provided by Aster Café.

7) Behaviour of Complete Staff –

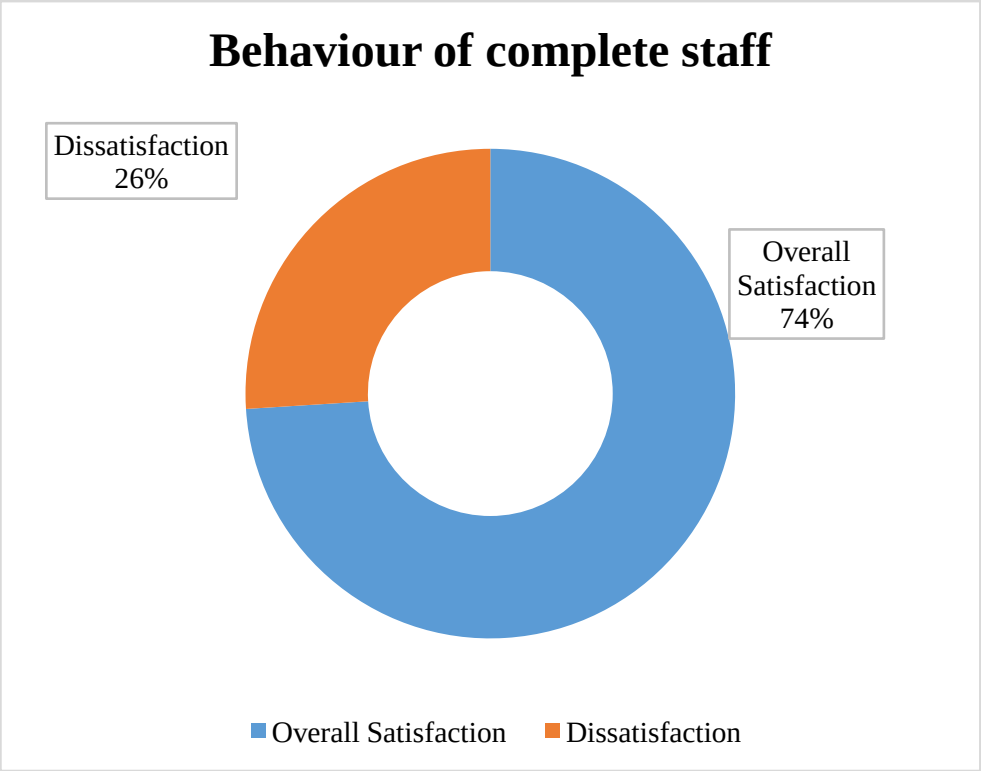


Figure 1.7 - Almost 75 percent senior citizens were satisfied with behaviour of staff.

The analysis of patients' responses for satisfaction study about current geriatric care program states that there are some areas which need the changes most, to abide by data researcher decided to take facilities which have satisfaction level below 75 % & these are -

1) OPD counter services
2) Documentation & Registration processing
3) Pharmacy
4) Diagnostics
5) Aster Café
6) Behaviour of Staff.

The results of study have shown some eye-opener results also.

Pharmacy & Aster café are the areas which received very less number of excellent reviews. The data is supported by following figures.

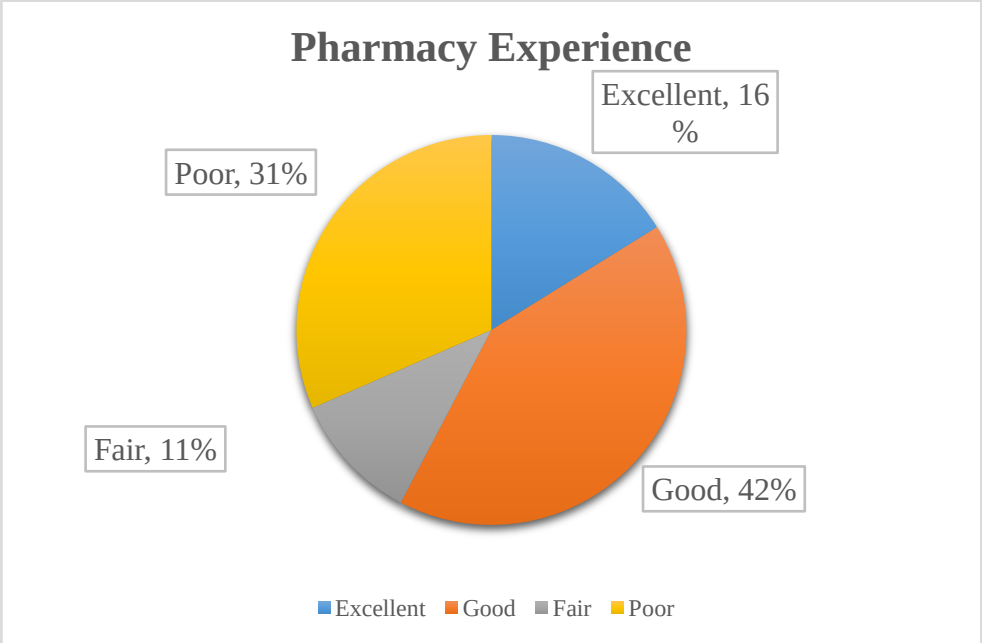


Figure 1.8 – Pharmacy Experience Results

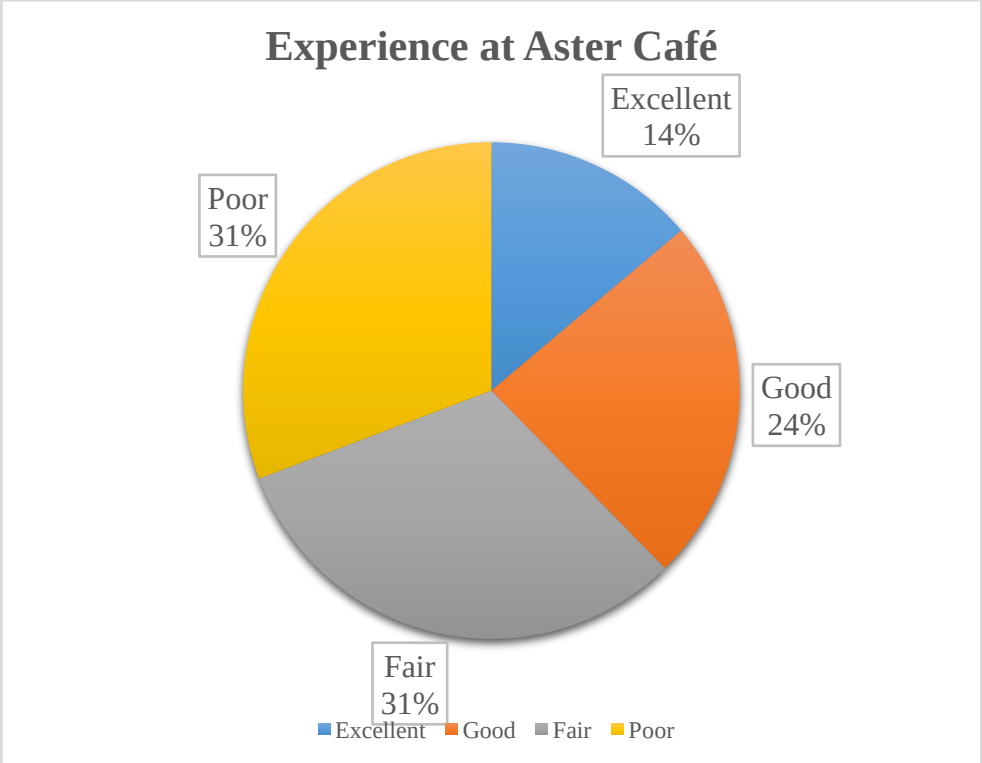


Figure 1.9 – Aster Café Experience Results

Where the data states the doctors have scored highest in getting excellent reviews. Doctors got almost 83 % reviews as excellent only.

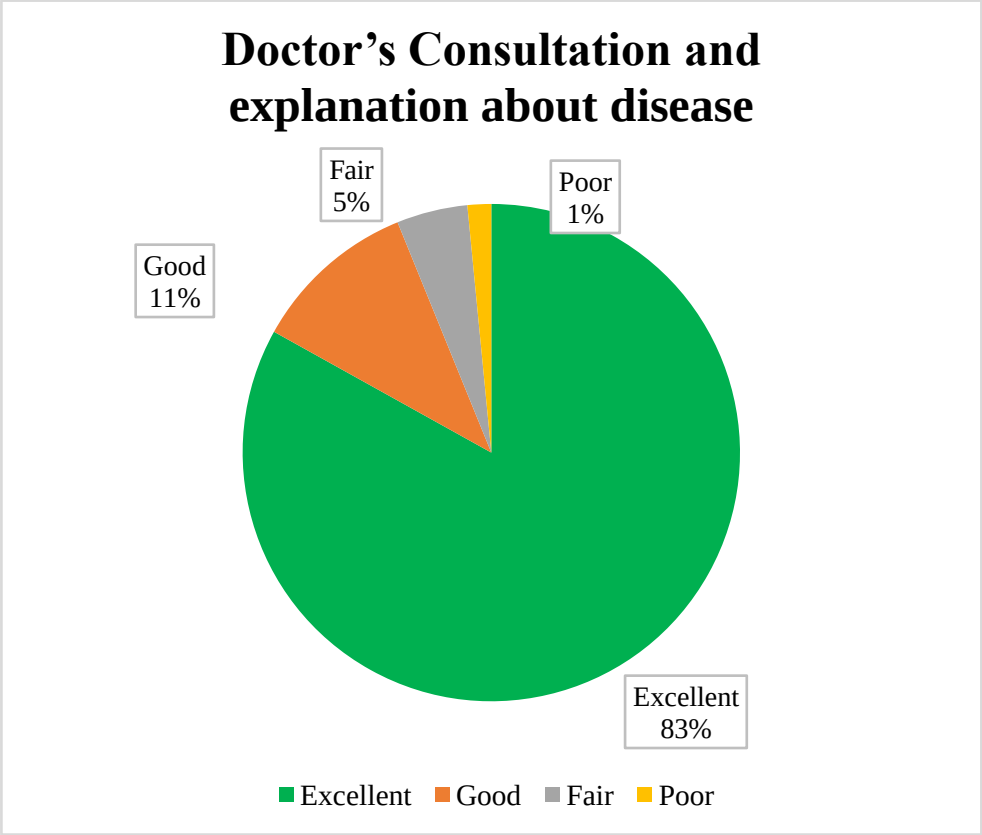


Figure 1.10 – Results Doctor's Consultation

After studying all the aspects and analysis of data and results, the organization came at consensus to roll out completely new program for geriatric care. The program will be unique in nature, and will be concentrating only on Elderly care.

The Aster Medcity's new program on geriatric care will be named as Elder Buddy Program.

The program will start with an initiative named as Green Channel –

Service Excellence Goal:

Aster Medcity is committed to actively creating an environment of compassion by ensuring that every single patient and patient-relative is provided the attention and care that they expect. It is our endeavor that we will provide the highest quality of service with every interaction across the continuum of care. We will never hesitate to go beyond the call of duty and align all our policies and resources to treating our patients well.

Policy Statement:

It's a special feeling you get when you know there is someone to care for you. Especially when you are advanced in age, you deserve not just respect and veneration, but above all, devoted care.

We, at Aster Medcity, understand this and believe it is our duty and privilege to assist our elderly in every possible way. To make sure that we will always be a helping hand, ready to support whenever in need, we are launching the Elder Buddy program. Through this initiative, we aim to bring about a change not only in the services offered but also in the overall attitude towards geriatric healthcare.

We will provide a completely new hospital experience. An experience that promises to be hassle-free, that gives our elderly priority over others, and takes all concerns into account - an experience custom-made for the golden age.

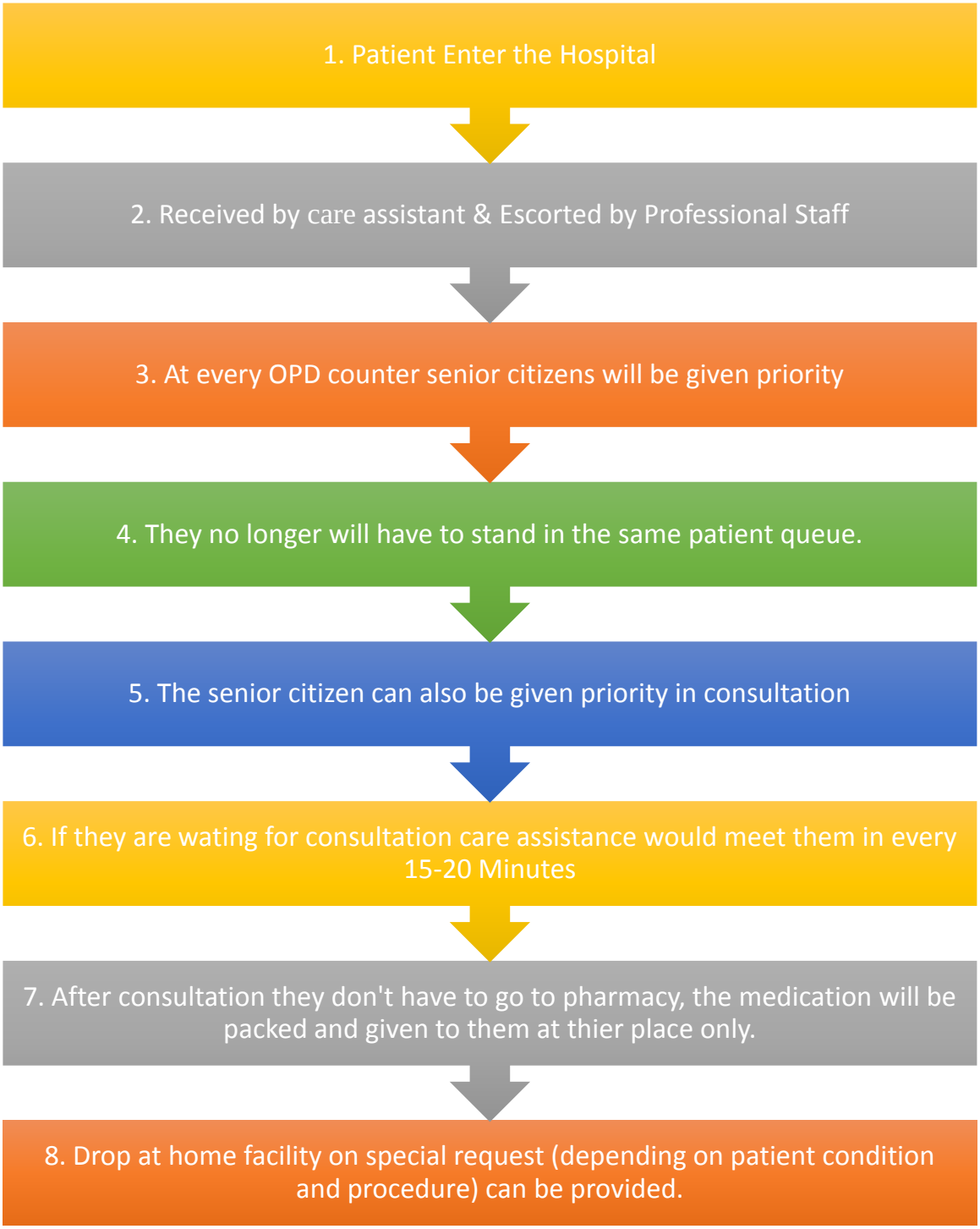
Procedure:

The green channel concept is for the patients aged more than 70 years of age. A green color UHID card will be provided to them. The card will facilitate the senior citizens some benefits like –

1) At the entrance only the senior citizens will be assisted and escorted by professional staff.
2) If required wheelchair assistance will immediately be provided.
3) Their time and efforts can be saved with our simple process flow change i.e. giving them priority in everything.
4) From first time registration to getting admission everywhere a priority can be given to senior citizens.
5) At pharmacy the elderly people need not to stand in queues the pharmacist can make packet and give it to them.
6) Pick and drop service can be provided to patient with special conditions on charge and can be provided free of cost to some patients, for example patients require surgery, dialysis patients and day care procedure patients.
7) Separate facilities for the patient who require palliative care, like amalgamation of homecare services with hospital treatment. More value added services like equipments on rent etc.

8) Mainstreaming Ayush – revitalizing local health traditions and convergence with programs of Ayurvaid.
9) IEC using mass media, folk media and other communication channels to reach out to the target community

Process Flow:



Resource Allocation Required:

1. **Manpower**: Only some extra professional staff will be required to escort senior citizens. OP Pharmacy will also require one extra person to pack and give medications to senior citizens.
2. **Infrastructure**:
   (1) Green colored or green labeled UHID cards will be required.
   (2) Signage's showcasing the message "Senior Citizens will be given priority".
3. **Budgets**:
   (1) One time cost – Signage's -
   (2) Recurring – Green color UHID Cards

2nd Phase –

The second phase of the program will have following points and mobile application based program.

Elder Buddy Program

Get Your Elder Buddy Advantage Card

Please register for your Aster Medcity's Advantage Card at a nominal fee of Rs. 500, and we'll make these services be ready for you at the Aster Medcity.

How to register –

1. Register at COE reception counters.
2. Register online on our website www.astermedcity.com
3. Registration options at various camps organized by Aster Medcity.

Charges – 500 Rs For every type of Registration whether it's new patient or older patient.

Program Design –

GOLDEN CARE FORTHE GOLDEN AGE.

The patients will be offered a basket of benefits and services on registering for Elder Buddy Advantage Card.

1. **Reserved slots in OPD** – From now onwards they no longer have to stand in ques and wait for their turn in OPD.

2. **Priority in registration and billing** – (In future Separate Counter) –Their time and efforts can be saved with our simple process flow change i.e. giving them priority in everything.

3. **Fast track admission and billing process for IP Patients** – The Elder Buddy card holder will spend minimal time in shuttling between desks & can get admitted within minutes same goes for Discharge things also.

4. **Hourly visit by nursing supervisors** -They must be assured of vigilant care with hourly visits from the nursing supervisor or care coordinator.

5. **Healthy Diet & Special Food –** Healthy wholesome food suited to their needs will provided. Specials meals can also be provided on request.

6. **Diet Counselling over phone-** In cases, when someone is unable to come to the hospital for a dieticians consultation post their medical examination or treatment as an inpatient, consult our dietician over the phone in the comfort of home and the diet chart can be emailed or couriered according to your preference

7. **Special Helpline number –** They can be in touch with our expert care with a dedicated helpline number.

8. **Home lab collection -** Our staff will personally go and collect samples for lab tests so to make them spared from effort. This service can be provided on special request and extra charge may also be applicable.

9. **Specially packaged medicines –** We can give medicines specially packed for senior citizens at the time of discharge. Home Delivery feasibility can also be studied.

10. **Pickup & Drop Off Services –** This service can be provided to patient with special conditions on charge and can be provided free of cost to some patients, for example patients who has undergone some surgery.

11. **Online Access to reports –** Lab and diagnostic reports can be made available online, so that they can see these from home.

12. **Talks and counselling by Doctor's –** They can listen to our expert doctors as they address senior citizens in meetings, in the hospital, neighbourhood clubs, etc.

13. **Mobile application –** A mobile application can also be created for the patients having the green card. The application will capture all the details related to patients, which can be stored in the main server of hospital.

    The mobile application will have features like –

    i) Booking the appointment
    ii) Order Medications
    iii) Call ambulance

Benefits –

1) 10% discount on OPD consultation.
2) 10% discount on Annual Health Check-ups and all add-on investigations.
3) 10% discount on Inpatient room rent from twin sharing onwards.
4) 5% discount on Outpatient Lab, Radiology, Echo, TMT and PFT tests.
5) 5-6% discount on Medications.
6) Free Dental Check-up

Future scope –

- Elder Friendly Architectured Clinics
- Geriatric Daycare and Dementia Care Facility
- Geriatric Physiotherapy and Rehabilitation
- Geriatric Yoga and Naturopathy
- Geriatric Ayurveda Therapies and wellness programs
- Managed Prescribed Pharmacy services and home delivery
- Geriatric Nutrition and dietary canteen with home delivery
- Geriatric Psychology services like Relaxation, Cognitive behaviour therapies
- Elder Friendly Wash Rooms, Recreation Rooms

- Well connected Communication room to keep in touch with dear ones
- Geriatric Health Education, Empowerment and Entertainment programs
- Elder assistive support systems and Emergency devices
- Elder's Wheel chair carriage
- 24X7 Member care call center support
- Elder's Accessories Store

1.9 Findings-

The researcher also studied last one year data of hospital in patients as well as outpatient.

The findings were –

The Aster Medcity treated 13844 patients with its Inpatient Services. Amongst these age group wise distribution is as follows -

Patient Group	Number of Patients	Percentage
Patients Aged less than 60	9609	69.40
Patients Aged more than 60	4235	30.59
Patients Aged more than 65	**2765**	**19.97**
Patients aged more than 70	1572	11.36

Table 1.2 – Last Six Months Inpatient Data Aster Medcity

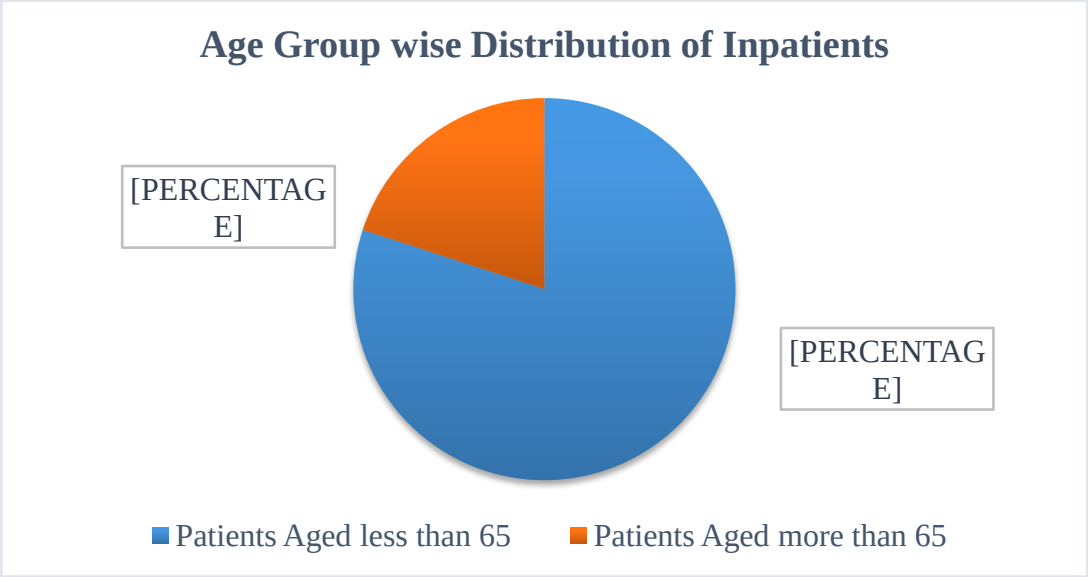


Figure 1.11 –Age group wise distribution of inpatients

So, the hospital data also backs the decision of having a separate program for the elders, The number of patients aged more than 60 is almost 30 % of total patients served in the hospital, which is a huge number.

If the concentration is given to more than 65 year old patients then this number is also huge and amounts more than 20 % of total number of in patients,

The outpatient services data also speaks the same language, more than 31 % out patients are of age more than 60 years. Almost 11 % patients catered by outpatient services of Aster Medcity were of age morethan 70 years.

This data firmly supports the idea of rolling out the separate program. The data also states the feasibility compatibility of the program's 2nd phase.

The questionnaire also shown some results related to use of mobile application.

Approximately 64 % patients said that they want to have a mobile application of program.

Approximately 78 % respondents showed interest in becoming member of Aster's Elder Buddy Program.

1.11 Conclusion

The study was aimed to reengineer thegeriatric care program ofAster Medcity. There were some gaps in each and every delivery point. Hence, there is a need to improve the availability of resources as well as need to equip the delivery points in form of a structured program especially designed for elderly people, which will ultimately advance the quality of care & the outcomes.

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1.13. Annexure:

Questionnaire -

Dear Sir/Ma'am, Please spend few minutes to give your valuable feedback and suggestions. It will help us to improve the quality of services and serve you better.

Name: _____

Age: _____

Address and Contact No.:

_____

Date of encounter: _____

Specialization: _____

"Please rest assured that your name and identity will be kept confidential".

SATISFACTION ASSESSMENT QUESTIONNAIRE FOR CURRENT GERIATRIC CARE PROGRAMME

Facilities and Staff	Excellent (10/10)	Good (7/10)	Fair (5/10)	Poor (3/10)
1. OPD counter services				

2. Documentation and registration processing				
3. Doctor's Consultation and explanation about disease				
4. Pharmacy Experience				
5. Diagnostic Services				
6. Experience at Aster Café				
7. Behaviour of complete staff				

Q. 1) According to you which areas need to be made more geriatric friendly:-

1. _____

2. _____

3. _____

Q. 2) Additional services you want to see in Aster Medcity for Elderly people:

_____

_____

_____

_____

Q. 3) Would you like to use Aster Medicty's Elder Buddy mobile application? Yes/ No

Q. 4) Would you like to be member of Aster Medcity's Elder Buddy Geriatric Care Program? Yes/ No

Thanking you for taking time to fill out this survey. You can be assured we will take corrective measures on your comments in the required areas to improve the services up to your expectation.

Wish you good health and good fortune.

Thank you very much for your cooperation.