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With India's silver population set to grow to about 15 per cent of the total population by 2050, quality geriatric care is now an imperative. But what constitutes quality geriatric care and how are hospitals contributing to it? **Dhanya Nair Sankar** brings you hospitals from across the country that score on various parameters

FACTOR



The need to visit a hospital, the chances of being hospitalised, and the duration of hospital stay all tend to increase with age.

There are hundreds of hospitals to choose from but there are very few that provide the specialised care you need as silver citizens. Planning for and designing a hospital is a challenging, dynamic process in itself. To fine-tune it further for geriatric care, one needs to pay special attention to infrastructure and environment.

Creating a silver-friendly hospital requires a multidimensional, synergised approach that takes into account the physical, psychological, intellectual, social, cultural, emotional and sexual dimensions of silvers. *Harmony* visited hospitals from Delhi, Mumbai, Bengaluru, Kolkata and Kochi to look for examples that can make the hospital experience as pleasant as it can be. The elder-friendly hospitals featured here are tested on parameters like hospital design, social interaction and features/services offered by them. While India still needs hospitals exclusively

dedicated to the elderly, good geriatric services in terms of design, features and behaviour exist in many cities.

Building a silver-friendly hospital requires the interlinking of four dimensions: physical design, socio-behavioural climate, policies and procedures and care systems for holistic care. A silver-friendly hospital should address the development needs of the elderly. It should help them maintain, promote, and, if possible, enhance functional abilities. With an unfamiliar environment, communication problems and disruption of daily routine and social network causing stress, older adults are often unhappy with their hospital experiences. "Hospitals are traditionally designed to provide acute care; they are dependent on technology and focus on biologically based illnesses," says Indira Jai Prakash, a Bengaluru-based professor of psychology and consultant gerontologist. "Older people typically have chronic, multiple problems that are complicated by cognitive decline. What they require is a comprehensive, holistic approach to care."

SILVERS **1**ST

The mayor of Indore has announced that in case of serious ailments, silvers in the city would be entitled to the following benefits: expenditure of 30 days before hospitalisation + expenditure during hospitalisation + 45 days after hospitalisation or ₹ 20,000, whichever is less

100 MILLION

The expected elderly population (above 60) by the end of this year

90%

of India's elderly have no social or health security

PHYSICAL ENVIRONMENT

The **physical environment** in a silver-friendly hospital should be equipped to support elderly patients and their families. Physical design includes aspects such as:

- Equipment
- Furnishings and interiors that promote independent function
- Infrastructure that promotes privacy and ease of communication
- Beds in close proximity to toilet/bath
- Wall and door colours that emphasise or demarcate areas
- Signage with appropriate colour and lettering
- Spacious and clutter-free hallways to avoid problems in mobility (with or without assistive devices)
- Rest and activity areas with grab bars
- Layout that minimises trips and falls
- Proper lighting
- Furniture designed for safe seating
- Pocket amplifiers for better hearing
- Mobility aids
- Bed alarms
- Patient lifts
- Ambient temperature control
- Broad stairways
- Handrails
- Designated area for eating
- Space for social interaction
- Noise reduction for privacy and social interaction

"What we need in India is a multidisciplinary treatment regime that also has a rehabilitative component," iterates Prof Jai Prakash. "A silver-sensitive hospital should compensate for the older person's declining capacities."

SOCIO-BEHAVIOURAL CLIMATE

The **socio-behavioural climate** comprises communication between staff, older patients, doctors and family members. Silver-friendly hospitals should be sensitive to all such interactions while coming to, being in and leaving the hospital. The aim, experts say, is to help an older patient cope with hospitalisation with less anxiety, and access rehabilitative facilities and social support. This means the staff (inclusive of nurses, attendees and paramedics) should be trained in gerontology (and not just in geriatrics). Volunteers who can help elderly patients fight loneliness are also needed. "Counselors can play a crucial role in helping them adjust," suggests Prof Jai Prakash.

POLICIES AND PROCEDURES

The **bureaucratic conditions** in a hospital can affect the policies and procedures of a hospital. Policies in a silver-friendly hospital should reflect a culture that fosters gerontological excellence among all hospital employees. "There's scope for a great deal of improvement in the Indian scenario," says Prof Jai Prakash, adding, "With regard to Indian conditions, some of the new hospitals may have such facilities, but many general hospitals do not have geriatricians, or even separate counters for the elderly. Many may not have a centralised facility for completing all screening without making silvers go from one test to another. An 'elder-friendly' hospital is still an unheard of concept in India."

CARE AT YOUR DOORSTEP

In search for the best silver-friendly hospital cities in major cities, *Harmony* first visited **Max Healthcare**, with branches in the National Capital Region (NCR). Actively involved in quality geriatric services in the region, it also offers home-care programmes for silvers. Already running

Ashvattha Geriatric Mobile Medicare Van in Chennai visits 11 areas every week:

Monday:
Mylapore, Subbarayan Salai and Kabali Thottam

Tuesday:
Velachery

Wednesday:
R A Puram, Manadaveli and Adyar

Thursday:
Kandanchavadi, Kallukuttai and Thiruvanmiyur

Friday:
T Nagar

Saturday:
West Mambalam

successfully at the hospital in Panchsheel, Saket and Gurgaon, the programme permits elderly patients to continue living at home while receiving medical services without being institutionalised. Medical tests, delivery of reports and doctor visits are arranged at the patient's home. Medical gadgets, as required by the patient, are also installed at home to ensure complete healthcare service and timely recovery.

In charge of physiotherapy and rehabilitation Dr Alakananda Banerjee heads a team of healthcare providers and conducts community awareness programmes for the elderly under the Active Ageing Programme (AAP) at Max. The main objective of AAP is to disseminate information regarding elderly health and social issues through workshops, individual health screening at home, group activities and books. "There are 35 local supervisors who take care of groups of 10-12 members of elderly in their neighbourhood," says Dr Banerjee. "These local supervisors are in touch with healthcare providers from different specialities of Max Healthcare."

The hospital scores well in terms of services offered and conduct of the hospital staff. "We don't make our elderly patients wait in queues," says Dr Sandeep Budhiraja, director, Institute of Internal Medicine (South), Max Healthcare. "Elderly, like small children and pregnant women, are recognised as vulnerable patients by Max. These patients are given special attention by our doctors and supporting staff. They are provided with skilled general duty attendants who take them around the hospital when they are going for multiple diagnostics and help them with other formalities and requirements."

Besides offering special discounts to silver patients, Max runs a 'surrogate relative programme' to provide psychological support, banking assistance and help in decision-making to those who need it. Extending its services, the hospital will soon launch a geriatric clinic called Golden Years in southern Delhi's Panchsheel area. This comprehensive clinic will specifically cater to the elderly population. Its objective would be to identify all medical problems of elderly patients and then plan

their recovery and future healthcare.

"Our clinic's module is exemplary," says Dr Budhiraja. "In a single visit, a person can consult a group of specialists depending on his/her various health problems. The required tests can be done alongside as well. So, within a couple of hours, we can have a detailed medical report of the patient and plan a year-long health chart, with follow-ups, and dos and don'ts. If there's any need for rehabilitation, or if some specific gadgets are required to be installed at home, we can get the person affiliated to our home care department."

STATE OF THE ART

In India, newer hospitals realise that physical design and infrastructure can make or break the hospital experience of their patients. Many have taken conscious steps in this regard. A case in point is **Kokilaben Dhirubhai Ambani Hospital (KDAH)** in Mumbai. A sprawling facility, the hospital's main lobby has a detailed navigation board in Hindi and English. However, the ultra-smooth flooring in the lobby and along all the corridors, which otherwise lends sophistication, puts silvers at a disadvantage.

Illumination at the hospital, though, adheres to international DIN standards (a series of lighting standards set up by the Institute of Standardisation in Germany for efficient and effective workplace lighting). Corridors are 10-ft wide—enough to negotiate two stretchers or wheelchairs comfortably—and surprisingly free of traffic. Coloured strips running along the length of every floor indicate and guide you—in Hindi and English—to each department and facility. "Even if seniors are not literate or comfortable in English or Hindi, we just ask them to follow a particular strip to get to the facility they want," says Dr Ram Narain, COO. The hospital has been designed in sync with guidelines set down by the American Association of Hospital Architects, Joint Commission International and National Health Service, UK. "It's unfair to judge older hospitals on the basis of international elder-friendly design guidelines," says Dr Narain. "These standards have been put in place now, as world over more