



# **STUDY ON “PROCESS REENGINEERING” OF GERIATRIC CARE PROGRAM AT ASTER MEDCITY, KOCHI, KERALA**

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## **INTRODUCTION**

Geriatrics is a specialized field within general medicine that addresses the clinical, preventive, medical, and social aspects of illnesses in the elderly. In our country, old age is officially defined as beginning at the age of 60 and above, aligning with retirement age. According to the 2001 census, the elderly constituted 7.7% of the total population, and this proportion increased to 8.14% in the 2011 census. Population aging has become a prominent global phenomenon, particularly in countries with large populations like India, where a substantial number of individuals are now aged 60 years or older. The population of individuals over the age of 60 has tripled in the last 50 years in India, and this trend is expected to persist soon [1].

Estimations for the population aged over 60 in the upcoming four censuses are outlined as follows: 133.32 million (2021), 178.59 million (2031), 236.01 million (2041), and 300.96 million (2051). The increase in the elderly population is linked to alterations in fertility and mortality patterns observed over the past 40-50 years [2].

By the year 2021, it is projected that the elderly population in the country will surpass 143 million. Presently, the elderly are classified into three groups: the young old (60-70), the middle-aged old (70-80), and the oldest old (80 plus). The rise in life expectancy over the years has been a contributing factor to the expansion of the elderly population. While the overall population of India is expected to grow by 40% from 2006 to 2050, the population aged 60 and above is forecasted to undergo a significant surge of 27% [3].

## **RESEARCH QUESTIONS**

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

## **RESEARCH OBJECTIVES**

1. To pinpoint the shortcomings in the existing geriatric healthcare program.
2. To create a redesigned geriatric care program utilizing a mobile application platform.

## **RESEARCH METHODOLOGY**

The research involved a sample size of 130 individuals selected through a Purposive Sampling method, and the number of respondents matched this count. The study, conducted from February to April 2016, followed a Descriptive Study design. Primary data was collected, focusing on individuals aged over 60 years, and feedback was gathered from various staff members, including Physicians, Nurses, Technicians, and administrative personnel at Aster Medcity, Kochi. A Structured questionnaire served as the data collection tool, with a combination of mailed, telephonic, and personal interviews utilized, based on availability and time constraints. Data sources comprised hospital and medical records, along with case sheets of inpatients.

## **RESULTS & DISCUSSION**

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 inpatients, The outpatient services data also speaks the same language, more than 31 % outpatients are of age more than 60 years. Almost 11 % of patients catered for by outpatient services of Aster Medcity were of age more than 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 shows some results related to the use of mobile applications. Approximately 64 % of patients said that they want to have a mobile application or program. Approximately 78 % of respondents showed interest in becoming a member of Aster's Elder Buddy Program.

## **CONCLUSION**

The study aimed to overhaul the geriatric care program at Aster Medcity by identifying gaps at various service points, highlighting the need for improved resource availability. Furthermore, it emphasized the necessity to implement a specialized and structured program specifically designed for the elderly at these service points. The goal of this initiative was to enhance the quality of care and enhance overall outcomes.

## **REFERENCES**

1. Rajan, S. I., Mishra, U. S., & Sarma, P. S. (2013). *Demography of Indian aging, 2001–2051*. In *An aging India* (pp. 11-30). Routledge.
2. Bhattacharjya, A. S., & Sapra, P. K. (2008). *Health insurance in China and India: segmented roles for public and private financing*. *Health Affairs*, 27(4), 1005-1015.
3. Mari Bhat, P. N. (1992). *Changing demography of elderly in India*. *Current science (Bangalore)*, 63(8), 440-448.