# Association of Healthcare Providers (India)

**Application Form & Criteria for AHPI Awards for Excellence in Healthcare-2026**

**For**

## Best Multi-Specialty Hospital below 100 Beds

**Note:** Applying Hospitals should go through in detail the criteria given below based on which the Awards selection will be done. Along with the Application Form, the Hospitals will need to prepare and submit a presentation showing how well they are complying with the criteria

*Application Forms submitted to be stamped & signed by Head of the Hospital, scanned and then uploaded along with the Presentation in PPT*, on or before **15th August 2026**

| **GENERAL INFORMATION ON APPLYING HOSPITAL** | | |
|---|---|---|
| REGISTERED NAME | | |
| YEAR OF ESTABLISHMENT | | |
| ADDRESS | | |
| Name of Organisation Head (MD/ Owner/ Medical Director) | | |
| Tel Nos. | Landline: | Mobile: |
| Email ID | | |
| Website | URL Name: www. | |

**Important Notes:**

- Awards are open only for Tamil Nadu based Hospitals, which are operational for over 3 Years
- Nomination Fee is INR 3,000 plus GST as applicable
- Fees can be remitted through link provided

# Awards Criteria for Selection

## Best Multi-Specialty Hospital having below 100 Beds

| S.No. | Assessment criteria | Evidences Required in ppt |
|---|---|---|
| 1 | **Legal compliances** | |
| | All applicable legal compliances are in place and any pending compliances to be highlighted with evidence (date of application for renewal) | Licenses copies: Registration CEA; Fire NOC; PCB-Air, water; PCB-BMW; AERB-Imaging; USG-PCPNDT; Pharmacy License; |
| 2 | **Scope of services** | |
| | Scope of services are defined, displayed (bilingually). staff aware of the same | Display photo of Signboard |
| 3 | **Registration and admission** | |
| | Well defined registration and admission process is in place | UHID generation; OPD Nos.; IP Nos. -6 month data |
| 4 | **Transfer/Referral** | |
| | Well defined transfer and referral policy (internal and external) in place | Referral policy copy |
| 5 | **Clinical Effectiveness** | |
| a) | Clinical protocols are defined to provide effective, efficient and consistent care | Clinical protocols-Reference documents |
| b) | As part of Initial assessment, care plan is defined and documented | 5 Patient case sheets with care plan documented |
| c) | The quality assurance program of lab is available | Copy of documented Quality Assurance program for Lab |
| d) | The quality assurance program of radiology is available | Copy of documented Quality Assurance program for Imaging |
| e) | The organization has a mechanism in place to monitor whether an adequate clinical intervention has taken place in response to a critical value alert for lab and radiology reports | Records of critical value alert and actions taken - lab & Radiology separately |
| f) | The organization has a process for informing various stakeholders in case of a near miss / adverse event/ sentinel event. | No. of near misses / adverse event / sentinel event reported - last 6 months |
| g) | There is an updated formulary in the organization and the clinicians adhere to the current formulary | Copy of approved formulary and screenshots of evidence of use of formulary while prescribing medicine |
| h) | In Pharmacy, Medicines are stored with | Photographs of LASA separation |

| | | |
|---|---|---|
| | LASA separation | |
| i) | There is a designated Quality coordinator to take care of all quality related activities | Letter of appointment of Quality coordinator |
| j) | Key indicators of clinical performance are collected and analysed-give minimum 5 Quality indicators data for last 6 months with graphical analysis; | Copy of Quality Indicators - Infection rates (SSI, UTI); Bed Occupancy (BOR); Av. Length of Stay (ALOS); Incidence of needle stick injuries) |
| **6** | **Safety, Risk Assessment & Management** | |
| a) | Needle Prick Injuries reported in last six months. | Nos. reported |
| b) | Training for all Staff on BLS/ALS | Yes / No |
| c) | Training for all Staff on Fire Safety? | Yes / No |
| d) | Training on Code Blue | Yes / No |
| e) | Hospital conducts electrical safety audit once in a year | Electrical safety audit-2024-25 Filled audit report |
| **7** | **Facility Management** | |
| a) | Internal and external signages shall be displayed in a language understood by patient and families | Photos of Internal signage & Photos of External signage |
| c) | The organisation has a maintenance programme for medical equipment and same is implemented | Records of Maintenance for Medical equipment |
| d) | The organisation has plans for fire and non-fire emergencies within the facilities and same is implemented | Mock drill records for Fire (Code Red) & Non-fire (Code Blue/Code Pink) |
| e) | The organization has a documented safe exit plan in case of fire and non-fire emergencies. | Evacuation plan; Emergency exit signages; |
| **8** | **Optimum usage and conservation of water resources** | |
| a) | Hospital has a provision of safe drinking water all the time | No. of safe drinking kiosks; |
| b) | Rain water Harvesting is enabled in the hospital | Photos of Rain water harvesting done in the hospital |
| **9** | **Patient satisfaction** | |

| | | |
|---|---|---|
| | Patient satisfaction is measured using objective means and feedback into the system with demonstrable improvement. Trend Analysis carried out over last 2 years reviewed to show improvement | PSS Score-last 1 years (2024-25)-Trend Analysis; CAPA towards improvement |
| **10** | **Adequacy and availability of manpower** | |
| | The organization meets the manpower requirement in Nursing and RMO | No. of RMOs and Number of Qualified Nursing staff |
| **11** | **Employee Welfare** | |
| a) | Is Staff Satisfaction being taken regularly | Yes / No; If Yes, PSS score % |
| b) | Occupational hazards are addressed by the organization, including Adult Vaccination as appropriate. | Staff vaccination done as % of Total No. of staff |
| **12** | **Dietary Services** | |
| | Nutritional assessment is done to in-patients | Yes / NO; If Yes, copy of nutritional assessment |
| **13** | **Management of Waste** | |
| a) | Proper segregation and collection of biomedical waste from all patient care areas of the hospital is implemented and monitored. | |
| | i) Clinical area BMW management done? | Photo showing use BMW bins in clinical areas |
| | ii) Non-clinical area BMW done? | Photo showing use BMW bins in non-clinical areas |
| b) | Appropriate personal protective measures are used by all categories of staff handling biomedical waste. | Photos showing use of PPE by Nursing, Waste handlers |
| c) | Hospital has a protocol for receiving, handling, storing and safe disposal of all kinds of waste including recyclables, hazardous, bio medical and e-waste. | Copy of BMW handling protocol |
| d) | Hospital complies with all bio-medical waste management rules and ensures biological waste is disposed as recommended by national regulations. | Records of Bio-medical waste segregation - last 6 months-category-wise; Photos showing appropriate disposal of bio-medical waste |
| **14** | **Information Management & Communication** | |

| | | |
|---|---|---|
| a) | Documented policies and procedures exist for maintaining confidentiality, security and integrity of information. | Copy of Documented policy & procedure |
| b) | Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization. | Copy of policy on Privileged health information use |
| c) | Complete and accurate medical record of patients in place which reflects continuity of care | Copy of 5 Medical records of patients |
| d) | Documented policies and procedures exist for retention time of records, data and information. | Copy of Documented policy & procedure |
| **15** | **Quality Accreditation** | |
| a) | Do you have Quality Accreditation? Entry Level / Full NABH | Copy of the Accreditation Certificate & Validity |