Association of Healthcare Providers (India)

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

For

Best Medical College Hospital

Note: Applying Medical College Hospitals should go through 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 MEDICAL COLLEGE 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 5,000 plus GST as applicable
- Fees can be remitted through link provided

Awards Criteria for Selection

Best Medical College Hospital

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 like for 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)	Display photo of Sign Board
3	**Transfer/Referral**	
	Well defined transfer and referral policy (internal and external) is in place and implemented	Referral policy copy
4	**Clinical Effectiveness**	
a)	Clinical protocols are defined to provide effective, efficient and consistent care	Clinical protocols-Sample reference documents
b)	There is a Quality Assurance Program for the Lab & Radiology Depts.	Copies of both QAPs
c)	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
d)	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
e)	There is an updated formulary in the organization that all Clinicians adhere to	Copy of approved formulary
f)	There is a designated safety officer/(s) who coordinates implementation of the clinical aspects of the patient -safety program	Letter of appointment of patient safety officer
g)	There is a Clinical Audit Program in place.	Copy of Clinical Audit Program

h)	The Clinical Audit Program identifies risks, ensures compliance and engagement with team members, plus non-conformance reporting, corrective action, and preventative action	Filled Clinical Risk assessment and NC closure with CAPA
i)	The organization has a Clinical Review Committee do discuss morbidity and mortality cases	Clinical Review minutes of meeting with action points on morbidity and mortality cases
j)	Credentialing and privileging of all clinical staff is done by the organization	Records of Credentialing & Privileging of any 5 clinicians
k)	The organization conducts regular CMEs for updating of knowledge and skills of the clinicians	No. of CMEs conducted for clinicians in past one year
l)	Key indicators of clinical performance are evaluated and responded to.	Trends of infection rates, medication errors, Bed occupancy rates and Average Length of stay
5	**Safety, Risk Assessment & Management**	
1	Ramp with access to every floor	Yes / No
2	Needle Prick Injuries reported in last six months.	Nos. reported
3	Training for all Staff on BLS/ALS	Yes / No
4	Training for all Staff on Fire Safety?	Yes / No
5	Food Safety Certification for your Canteen	Yes / No
6	Hospital conducts electrical safety audit once in a year	Electrical safety audit-2024-25 Filled audit report
6	**Facility Management**	
a)	The organisation has policy and procedure in place to provide a safe and secure environment.	Documented policy & procedure
b)	The organisation has a maintenance programme for medical equipment and same is implemented	Records of Maintenance for Medical equipment
c)	The organisation has a maintenance programme for medical gases, vacuum and compressed air and same is implemented	Records of Maintenance for Medical gases, Compressor, etc.
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)

7	**Environment-Friendly**	
a)	Hospital has natural open space with tree-cover for patients and families of patients	Evidence of open space with tree cover
b)	Hospital ensures enough natural light in all parts of the facility i.e. ICUs, Wards etc	Evidence of natural light in ICUs, Wards;
8	**Optimum usage and conservation of energy resources**	
a)	Hospital has a strategy for optimization of energy saving and usage.	Plans for energy saving & optimum usage
b)	Hospital has developed a plan for usage of renewable energy self-supply to reduce impact on environment.	Plans for usage of renewable energy
c)	Hospital has a policy of using energy efficient equipment.	Policy copy; Photos of energy efficient equipment usage including LED, Solar etc
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 year (2024-25)-Trend Analysis; CAPA towards improvement
10	**Employee Welfare**	
a)	% of Total Budget allocated to Staff welfare	Staff welfare budget as % of Total Budgeted expenses
b)	% of Budget allocated for Staff Training	Staff Training budget as % of Total Budgeted expenses
c)	Is Staff Satisfaction being taken regularly	Yes / No; If Yes, PSS score %
11	**Employee health**	
a)	% of Staff covered in Annual Health Check:	in %
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**	
a)	Hospital has an in-house dietician	Yes / NO
b)	Nutritional therapy is provided to the patients consistently and in a safe manner	Yes / NO; If Yes, copy of nutritional therapy

13	**Management of Waste**	
a)	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
b)	Hospital complies with all bio-medical waste management rules and ensures biological waste is disposed as recommended by national regulations.	Use of hospital website for display of BMW generated, category-wise
14	**Information Management & Communication**	
a)	Processes in place for management of patient data and information including confidentiality, integrity, security of data	Documented policy & procedure
b)	Complete medical record of patients in place, reflecting continuity of care	Documented policy & procedure
c)	Periodic review of medical records is in place and appropriate corrective and preventive measures taken for deficiencies pointed out	Medical record audit with CAPA on observations
15	**Medical Education Program**	
a)	The pass % of UG program over the last 2 years: 2023-24 & 2024-25	>80:5; >70-80: 4; >60-70:3; 50-60:2; <50: 1
b)	Have you conducted Inter-university competitions over the recent year: 2024-25? If Yes, No. of such competitions conducted	Yes / No; If Yes, No. of competitions and details of such competitions over the recent year 2024-25
c)	Any tie-ups you have with External Universities / Overseas Universities?	Yes / No – Provide details
d)	Towards Research facilitation, do you have Animal Lab (Micro-surgical Lab)?	Yes / No – Provide details
e)	Any ICMR grant availed over the recent academic year towards Research?	Yes / No – Provide details