Association of Healthcare Providers (India)

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

For

Best Multi-Specialty Hospital having above 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 **20th 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 5,000 plus GST as applicable
- Fees can be remitted through link provided

Awards Criteria for Selection

Best Multi Specialty Hospital having 100 Beds and above

SNo.	Assessment criteria	Evidences Required in ppt
1	**Legal compliances**	
	All applicable legal compliances are in place and any pending compliances if any to be highlighted	Licenses copies like for Registration CEA; Fire NOC; PCB-Air, water; PCB-BMW; AERB-Imaging; USG-PCPNDT; Pharmacy etc
2	**Scope of services**	
	Scope of services are defined, displayed (bilingually). Staff made aware of same	Display photo of Sign Board
3	**Registration and admission**	
	Well defined registration and admission process is in place	UHID generation; OPD Nos.; IP Nos for 6 months
4	**Transfer/Referral**	
	Well defined transfer and referral policy (internal and external) is in place and implemented	Referral policy copy
5	**Clinical Effectiveness**	
a)	Clinical protocols are defined to provide effective, efficient and consistent care	Clinical protocols-Reference documents
b)	Do you have defined Clinical care pathways developed, consistently followed across all settings of care, and reviewed periodically	If Yes, details of the same along with Reviews of the same
c)	The quality assurance program of lab addresses the clinico-pathological meeting(s).	Records of such meetings-last 3 months
d)	The quality assurance program of radiology addresses the clinic-radiological meeting(s).	Records of such meetings-last 3 months
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)	The organization implements an antibiotic stewardship program	Copy of antibiotic stewardship program
i)	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
j)	There is a Clinical Audit Program, outlining audit requirements for all clinical areas.	Copy of Clinical Audit Program
k)	Credentialing and privileging of all clinical staff is done by the organization	Records of Credentialing & Privileging of 5 clinicians
l)	Key indicators of clinical performance are evaluated and responded to.	Trends of infection rates, medication errors, Bed occupancy rates, Average Length of stay
6	**Safety, Risk Assessment & Management**	
a)	Ramp with access to every floor	Yes / No
b)	Needle Prick Injuries reported in last six months.	Nos. reported
c)	Training for all Staff on BLS/ALS	Yes / No
d)	Training for all Staff on Fire Safety?	Yes / No
e)	Food Safety Certification for your Canteen	Yes / No
f)	Hospital conducts electrical safety audit once in a year	Electrical safety audit-2024-25 Filled audit report
7	**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)

8	**Environment-Friendly**	
a)	Hospital has criteria for evaluation & acceptance of environment friendly material usage in the facility.	Filled Evaluation sheet for environment friendly material usage
b)	Hospital has natural open space with tree-cover for the patients, staff and families of patients	Evidence of open space with tree cover
c)	Hospital ensures enough natural light in all parts of the facility i.e. ICUs, Wards etc	Evidence of natural light in ICUs, Wards;
9	**Optimum usage and conservation of water resources**	
a)	Hospital has a provision of safe drinking water all the time and there is a plan for water usage for the whole facility which incl measurement, reduction, verification.	No. of safe drinking kiosks; Write-up on water conservation efforts in 250 words
b)	Rain water Harvesting is enabled in the hospital	Photos of Rain water harvesting done in the hospital
c)	Presence of waste water treatment plant	Photos of waste water treatment plant
10	**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 of energy
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 in the facility
11	**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
12	**Adequacy and availability of manpower**	
	The organization has a plan in place to ensure adequate trained manpower available commensurate with service	Copy of manpower planning sheet covering all departments

	scopes.	
13	**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 %
14	**Employee health**	
a)	% 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
15	**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
16	**Housekeeping Practices**	
	Hospital has defined criteria, process and protocols for selection of cleaning products, mops and wipers including;	Copy of such criteria & process covering the 4 given items;
	i) Use of Non-hazardous cleaning agents	
	ii) Reduce environmental pollutants	
	iii) Reduce VOC emissions inside and outside buildings.	
	iv) Protect the cleaning worker.	
17	**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

18	**Information Management & Communication**	
a)	Processes in place for management of patient data and information including confidentiality, integrity, security of data	Documented policy & procedure
b)	Whether information needs of patients are identified, documented and met	Record for identified information needs of patients
c)	Complete and accurate medical record of patients in place which reflects continuity of care	Documented policy & procedure
19	**Quality Accreditation**	
	Do you have Quality Accreditation? Entry Level / Full NABH	Copy of the Accreditation Certificate & Validity