

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 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 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