

FICCI Healthcare Excellence Awards 2025 – 17th Edition
Application form – Excellence in Patient Safety

Category	Category Definition	Eligible Participants
Excellence in Patient Safety	To recognize innovative solutions and new initiatives including tools and devices, for improving overall patient safety while preventing and reducing risks of injury, infections, errors, delays and harm that occurs to patients during the provision of healthcare.	Open to: 1. Private Hospitals 2. Public Hospitals 3. Other healthcare providers* 4. Start-ups **

***Other Healthcare Providers** – Diagnostic Centre, Primary Health Centre, Ambulatory Services, Med-Tech Companies, New-age models, Home Healthcare Services, etc.

****Start-ups** – Hospitals, Med-Tech companies, Diagnostic Centre, Ambulatory Services, etc. (a new facility/product/Centre etc. started by an existing hospital chain/healthcare provider will not be considered as a start-up)

Guidelines for the participant

1. Any organization/institute participating in the Awards should be an Indian entity with a registered presence in India for minimum of two years and must provide their Certificate of Incorporation mandatorily.
2. Entities which are a part of a group of hospitals must apply as an individual unit for all initiatives undertaken for the Awards
3. The initiative should have been completely executed in India.
4. The initiative/ project should have been launched in the period April 01, 2023, to March 31, 2025, with impact demonstrated and results showcased by initiative/ project in the period April 01, 2024, to March 31, 2025
5. The initiative must be undertaken by going beyond the mandatory accreditations/regulatory requirements as applicable.
6. Any organization/institute participating in the Awards must carefully read the category definitions before filling the application form and must ensure that the initiative/project adheres to the category definition of the respective category.
7. For Start-ups, the organization must have been incorporated for up to 10 years as on March 31, 2025
8. Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards.
9. Participation in the awards is subject to defined terms and conditions available on website <website link>
10. To apply for the Awards, participant should register on the website and fill the application form <link for registration>
11. No hard copies of the application form will be accepted.
12. All mandatory fields (*) of the application form needs to be completed before submitting.
13. Please write "NA" or "0" in fields that are not applicable to your organisation in the Operational Matrix section
14. Entries will be accepted in English language only.
15. A participant can apply for separate initiatives in the same category or different categories through a separate application form for each initiative/ project. If multiple entry forms are received for same project/ initiative, then only one form will be considered, and others will be disqualified.
16. Please provide below documents to be eligible for the Awards. Supporting documents must be in the mentioned formats only – pdf, doc, jpeg etc. Size of each document cannot exceed 2 MB per attachment. Any document sent separately will not be accepted.
 - Documents to support the claims/impact mentioned in the application form.

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- Date of incorporation and start date of initiative on organization letter head.
- DPIIT Certificate (Applicable only for Start-ups)
- Any other document supporting the initiative.
- Award, accolade & achievement

17. In case the participant fails to submit the mandatory documents for the Awards, they may be disqualified subject to Jury's discretion.

18. In case of any queries relating to the application form or participation in the awards please contact:

E: healthawards@ficci.com M: +91 8929955095/ 9899972252

Section 1 – Participant Information

Entries will be accepted only from Unit Level. Group level applications will be disqualified.

Name of participating entity*	
Type*	Drop down with the below options: 1. Public Hospitals 2. Private Hospitals 3. Other Healthcare Providers 4. Start-ups
Address*	
Year of incorporation (in DD/MM/YYYY) for participating entity*	
Website*	

Section 2 – Operational matrix*

Please write "NA" or "0" in fields which are not applicable to your organisation

Details submitted should be of participating entity.

For Hospitals:

Operational Parameters	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
Total number of beds (Overall)			
Total number of beds (Critical care)			
Total number of Operation Theatres			
Overall Occupancy of beds (%)			

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Accreditations:

Name of the Accreditation	Year of Accreditation (YYYY)

For Diagnostic Centres

Details submitted should be for participating entity.

Services provided	
Please explain in brief the types of service currently provided at your centre (Max 50 words)	

Operational Parameters	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
Number of investigations done			
% Growth of investigations			
Number of Doctors/Technicians			
Average Turnaround time (TAT) for reports (in minutes)			
Mention details of any new technologies introduced to improve safety standards within the centres (Max 50 words)			

Accreditations:

Name of the Accreditation	Year of Accreditation (YYYY)

For Other Healthcare Providers

Services provided	
Please explain in brief the type of services currently provided (Max 50 words)	

Detail	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
Number of Patients Served			

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Detail	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
% growth of patients served			
Number of Ambulances (if applicable)			

Additional Information (Common for all types of entities)	
Any other information: (50 words)	

Section 3 – Case Study*

A) Summary of the initiative and its implementation

Summarise the initiative/ project taken by your organization in patient safety

Initiative is defined as a new solution, or an older solution implemented with a new update to achieve the goal. The initiative must adhere to the category definition defined for the category.

- The initiative/project should have been fully launched in the period April 01, 2023, to March 31, 2025
- The Awards shall be given to the initiatives which showcased impact in the period April 01, 2024, to March 31, 2025
- Details submitted should be for participating entity.
- The details submitted in the application should be specific for the initiative/project applying for the Awards

i) Name of initiative/ project* (max 50 words)

ii) Initiative/Project start date* (DD/MM/YYYY)
 Initiative/project end date* (DD/MM/YYYY)

iii) Summary of initiative undertaken including below* (max 250 words):

- Problem identified.
- Details of the initiative
- Methodology adopted
- New technologies, tools, or processes implemented
- Preventive measures for patient safety
- Challenges faced during implementation.
- Steps taken to overcome the challenge.
- Cost involved to run the initiative.
- Time frame to set-up the initiative

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Below answer must cover all the above pointers, wherever applicable

B) Impact

Describe the impact of above initiative/ project on various parameters such as stakeholders, operations, business etc. highlighting the following parameters* (max 250 words):

- Measurable improvements in patient safety practices
- Scale of implementation
- Period of impact (whether the project has shown instant change or change over a period)

Please note: Please mention demonstrable impact between April 01, 2024, to March 31,2025.

C) Quality beyond Accreditation

Please highlight the initiatives that you have taken to deliver quality beyond accreditations using technology, devices, training, new and easy adaptable solutions and processes in the last 2 years to improve patient safety (Max 100 words)

Section 4 – Declaration *

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2025, are to the best of my knowledge and belief true,

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correct and complete. In case any of the said information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we will be held liable for it.

I/we declare that below is true:

- Initiative mentioned in the application is completely executed and fully implemented in the period April 01, 2023, to March 31, 2025
- The impact demonstrated and results showcased by initiative is in the period April 01, 2024, to March 31, 2025

I/we, on behalf of my/our organization, <name of organization>, authorise FICCI to use the content submitted as part of my/our nomination, in whole or in part and use and display such entry, which shall include trade publications, press releases, electronic posting to the awards website, electronic hyperlinks to the website of the participant, and any display format selected by FICCI during the awards ceremony or at a later point in time, for a period of five years.

I/we further agree that the information provided has been approved by the Registrar or equivalent personnel of my/ our institution.

Please mention below the name and designation of the authorized representative as mentioned during the registration process

Participant Name: _____

Designation: _____

Date: *(auto-populated date and time stamp)*

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