Eligibility Criteria:
- Any organization participating in the Awards should be an Indian entity with a registered presence in India.
- The project/initiative/innovation/service should be completely executed in the Indian operations of the participant organization
- Organization must have at least 2 years of registered presence and operations in India as on March 31, 2018
- The project/initiative/innovation/service should have been fully launched on or after April 1, 2015 till March 31,2018
- The Awards shall be given to the initiatives which are fully implemented and showcase impact in the healthcare sector for the period April 1, 2017 to March 31, 2018
- Participating organizations must be engaged primarily in providing health care and allied services.
- Participation is restricted to organizations subscribing to the allopathic system of medicine only
- Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards
- Participation in the awards is subject to defined rules and regulations available on website www.ficcihealthaward.com

Instructions for completing this Online Application form
- Forms should be filled in English only.
- All mandatory questions (symbolised by *) must be answered. Incomplete forms or forms with incomplete sections may not be considered.
- A participating organisation can send entries in more than one award category provided it is for a **separate project/initiative/innovation/service**. Each project/initiative/innovation/service would need a separate online application form to be filled. One form cannot be used for multiple project/initiative/innovation/service. However, if multiple forms are filled for the same project/initiative/innovation/service are filled then only the one form will be considered for the evaluation of the Awards and this will be at the discretion of the Jury and/or Awards Management.
- The Applicant should not be a winner of the Award in any of the previous editions for the same project/initiative/innovation/service
- Details submitted should be for individual entity and not the parent company or group
- The details submitted in the application should be specific for the project/initiative/innovation/service applied for the award category
- Please maintain one copy of the completed form with you for your records
- Please provide up to 5 supporting documents wherever possible, to support your entry details. Supporting documents have to be in the following formats only – pdf, doc, jpeg etc. Size of each document cannot exceed 2 MB.
- Agreed Declaration by the Authorised person of the organisation is mandatory
- If you have any questions, or require any clarifications, please contact Mr Kapil Chadha on 011-23487445 or write to us on; healthawards@ficci.com

List of Documents

Mandatory Document *(These documents are mandatory to provide. Unavailability of these documents may result in disqualification of the participant)*
- Supporting's of the certificates, awards, accolades etc mentioned in the application form for the project/initiative/innovation/service
- Certificate of incorporation of organisation
- Project/initiative/innovation/service launch date on company letter head

- **Additional Documents** (*These documents are **not mandatory**; however, participants can provide them to support their application and claims*)

Please note: Additional documents submitted should be relating to the project/initiative/innovation/service submitted for review. Any other document will be disqualified and will not be submitted to the Jury for review.
- Project report with budgets and approvals
- Reports to evidence measurable impact
- Current year Annual report
- Brochures, write ups, presentations, booklets, references
- Any other information you would like to highlight

Section 2 – Operational Metrics

Parameters	Quantity of Beds/ Rooms
Total (Census beds)	
ICUs (Intensive Care Units)	
HDUs (High Dependency Units)	
Operation Theatres	
Top 4-5 medical and surgical specialties(For surgical specialities please provide 2-3 key procedures performed) for multi-speciality hospital	

Operational Parameters	2015 – 16	2016- 17	2017- 18	Comments (Please highlight significant achievements and reasons that drove it)
Total number of beds				
Overall Occupancy (%)				
Occupancy %(Critical care)				
Occupancy %(Non-Critical care)				
Medical to surgical mix of patients				
- By number of patients				
Number of outpatients				
Number of inpatients (patients who were admitted at least for one night)				
Average Length of Stay (ALOS) (in days)				

For Diagnostic Labs

Detail	2015 – 16	2016- 17	2017- 18	Comments
Total number of diagnostics centre in India				
Number of patients				
% growth of patient				
Idle waiting time for diagnostics services (in minutes)				
Turnaround time(TAT) for Laboratory reports (in minutes)				

Services provided	
Please explain in brief the types of service currently provided at your centers (Max 100 words)	

Section 3 – Accreditations*

Accreditation	Year of Accreditation	Number of non-compliances review by the accreditation committees in the last one year
JCI		
NABH		
ISO		
Others		

Section 4 – Case Study

A) Project/initiative/innovation/service offered and Implementation *

1. Summarise the project/initiative/innovation/service which you are entering for the Awards
This should clearly explain the jury members what the case study is about and should summarise remaining part of the application form

Innovation is defined as a new solution or an older solution implemented in a new way to achieve the goal
- The project/initiative/innovation/service should have been fully launched on or after April 1, 2015 till March 31,2018
- The Awards shall be given to the initiatives which are fully implemented and showcase impact in the healthcare sector for the period April 1, 2017 to March 31, 2018
- Details submitted should be for individual entity and not the parent company or group
- The details submitted in the application should be specific for the project/initiative/innovation/service applied for the award category

1. Name of project/initiative/innovation/service (max 50 words)	
2. Project/initiative/innovation/service launch date (DDMMYY):	
3. Summary of project/initiative/innovation/service undertaken (max 200 words)	
4. Explain in brief the problem identified or inspiration for the project/initiative/innovation/service (max 100 words)	
5.a . Describe the problems and challenges faced by the organization during the implementation of the project/initiative/innovation/service (Max 150 words)	
5.b. Showcase how innovatively the project/initiative/innovation/service were implemented to overcome the challenges faced (Max 150 words)	
6. What were the cost involved to run the project/initiative/innovation/service (max 75 words)	
7. Who are your peer bench marks in the industry for the project/initiative/innovation/service? Please name up to 2 names (Max 50 words)	
8. Describe the 3 unique aspect of your project/initiative/innovation/service implemented (max 250 words)	

B) Impact *

1. Describe the benefits of implementing the above project/initiative/innovation/service to various parameters depending on the category selected. Please explain the impact on for the given parameters applicable to the category

Impact should be measurable and generic statements should be avoided. parameters (max 200 word)
Change in percentage / absolute numbers YoY / MoM must be mentioned
E.g. - Turnover – 5% increase in turnover
   Absolute numbers YoY/MoM – Reduced by 10%
- The project/initiative/innovation/service should have been fully launched on or after April 1, 2015 till March 31,2018
- The Awards shall be given to the initiatives which are fully implemented and showcase impact in the healthcare sector for the period April 1, 2017 to March 31, 2018Details submitted should be for individual entity and not the parent company or group
- The details submitted in the application should be specific for the project/initiative/innovation/service applied for the award category

Parameter	Measurable impact
Stakeholders *Please demonstrate tangible impact of the project/initiative/innovation/service w.r.t patient, doctors, nursing staff etc.*	
Operations *Please demonstrate the impact of project/initiative/innovation/service on operational parameters (mentioned above)*	
Any Other	

C) Sustainability and scalability *

1. 1. Please describe the key developments from your end to ensure the sustainability and scalability of the project/initiative/innovation/service in the long run (max 200 words)
- The project/initiative/innovation/service should have been fully launched on or after April 1, 2015 till March 31,2018
- The Awards shall be given to the initiatives which are fully implemented and showcase impact in the healthcare sector for the period April 1, 2017 to March 31, 2018
- Details submitted should be for individual entity and not the parent company or group
- The details submitted in the application should be specific for the project/initiative/innovation/service applied for the award category

2. Why should your project/initiative/innovation/service win this award (max 75 word) *

D) Details of any other awards or certification(s) obtained by the organization w.r.t project/initiative/innovation/service (Please provide supporting documents) *

Has the project/initiative/innovation/service (*project name*) been submitted in any of the earlier editions of FICCI Healthcare Excellence Awards? If so please mention the year of submission*

Application form - Patient Safety

| Section 5 – Participant Declaration |
|---|

I declare that the information provided in this entry form is correct and accurate to the best of my knowledge. I agree to abide by the rules and regulations of participation. I /We agree, on behalf of my/ our Organization authorise the award management to use the content submitted as part of my/our entry, 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 the award management during the awards ceremony or at a later point in time, for a period of five years.

Participant's name: _____

Signature: _____

Designation: _____

Date: _____

COMPANY
STAMP
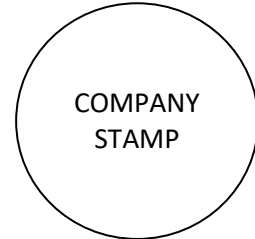
* The Application Form needs to be signed by the authorized signatory from the participant organization (Senior Management)