

FICCI 9th Annual Healthcare Excellence Awards - 2017
Application form

Section 1 – Participant Information

Name of participating entity *				
Name of Corporate or Group, Parent company or Trust <i>If part of a Corporate or Group or Parent company or Trust to which the participating entity belongs</i>				
Number of centres / branches / offices				
Number of city(s) with presence *				
Contact person *	Name: Email: Contact:			
Address of registered office in India *				
Year of incorporation (in DD/MM/YYYY) *				
Revenue (Rs. in crores) *	<input type="checkbox"/> Less than 25	<input type="checkbox"/> 26 - 100	<input type="checkbox"/> 101 -250	<input type="checkbox"/> More than 250
Please select one applicable				
1) <input type="checkbox"/> Private Hospital <input type="checkbox"/> Public Hospital				
a. Single Speciality (Hospital in which a single speciality accounts for more than 70% of the total patients (or in-patients where in-patient facilities are available))				
b. Multi-speciality (Hospital which provides 5 basic specialities and having more than 50 beds)				
c. Small healthcare (Hospital with less than 50 beds)				
2) <input type="checkbox"/> Insurance Company (providing health insurance)				
3) <input type="checkbox"/> Organization (providing healthcare related products/services etc.)				
4) <input type="checkbox"/> Healthcare Start Up (organization with registered presence at least 2 years and not more than 5 years)				
5) <input type="checkbox"/> NGO / Not for Profit				
6) <input type="checkbox"/> Others Please specify _____				

Please select category

Choose an item.

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Section 2 – Operational Matrix

Category : Patient Safety

Parameters	Quantity of Beds/ Rooms			
Total (Census beds)				
ICUs (Intensive Care Units)				
HDUs (High Dependency Units)				
Operation Theatres				
Operational Parameters	2014 – 15	2015- 16	2016- 17	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				
-By Revenue earned				
Number of outpatients				
Number of inpatients (patients who were admitted at least for one night)				
Number of day care patients (if applicable)				
Average Length of Stay (ALOS) (in days)				
Hospital acquired Infection rate (%)				
Turnaround time(TAT) for Patient discharge (in minutes)				
Idle waiting time in OPD services (in minutes)				
Turnaround time(TAT) for Laboratory reports (in minutes)				
Turnaround time(TAT) for Operation Theatre services and utilisation (in minutes)				
Turnaround time(TAT) for Ambulatory services (in minutes)				

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For Diagnostic Labs

Detail	2014 – 15	2015- 16	2016- 17	Comments
Total number of diagnostics lab 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		
For Medical Devices category and Healthcare innovator category		
ISO/IS		
CE		
USFDA		
PMDA		

Section 4– Case Study

A) Project / Initiative / Innovation *

1. Summarise the project / initiative/innovation 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

a) Explain in brief the problem identified or inspiration for the project, initiative or innovation (max 100 words)

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b) Describe the project/ initiative/innovation undertaken to solve the problem identified (max 200 words) i) Name of Project / Initiative/Innovation ii) If your innovation is patented, please provide the number (<i>Applicable especially for category Innovation in Medical Technology and Healthcare Innovator of the Year</i>) iii) Details of the project/initiative/innovations
c) Project/initiative/innovation start date (DDMMYY): Project/initiative/innovation implementation date (DDMMYY):
d) What were the cost involved to run the project/initiative/innovation (max 75 words)
e) Use of manpower deployed implemented by the organisation to address the above problem (max 100 words)
f) Describe the future potential of your project/initiative/innovation in terms of its Replicability across other organisations and locations. Describe briefly (max 75 word)

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g) Other highlights to showcase how innovatively the initiative / project / product were implemented in your organization (Max 150 words)
h) Who are your top 2 peer benchmarks in the industry and why (Max 50 words)

2. Describe the 3 unique aspect of your initiative implemented (max 225 words)
1.
2.
3.

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B) Impact *

1. Describe the benefits of implementing the above innovation or initiative to various parameters depending on the category selected. Please explain the parameters on the **Business, Operations, Patents, Employees, Patients, others** etc applicable to the category selected

Impact should be measurable and generic statements should be avoided. parameters (max 200 word)

Change in percentage / absolute numbers YoY / MoM must be mentioned

Parameter	Measurable impact

2. Describe the impact of the project/ initiative/innovation on the following parameters (max 75 words per parameter)

Parameter	Pre-launch (up to 1 year prior to launch of the initiative)	Post-launch (up to 1 year after launch of the initiative)
Patient base number		
Revenue growth		
Others (Please specify)		
Others (Please specify)		
Others (Please specify)		

C) Sustainability *

1. Please describe the key developments from your end to ensure the sustainability of the initiative in the long run (max 200 words)

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

Details of any other awards or certification(s) obtained by the organization (Please provide supporting documents)

Section 9 – Participant Declaration

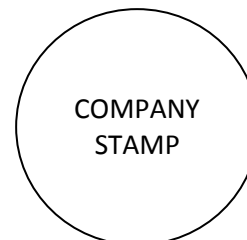
I declare that the information provided in this entry form is correct and accurate to the best of my knowledge. I agree to abide by the rules and regulations of participation. I /We agree, on behalf of my/ our Organization authorise the award management to use the content submitted as part of my/our 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: _____



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