FICCI Healthcare Excellence Awards 2022 – 14th Edition
Application form – Excellence in Home Healthcare

Category	Category Definition	Eligible Participants
Excellence in Home Healthcare	To recognize the initiatives taken by institutions and organizations to provide a wide range of healthcare services to patients in their home	Open to all hospitals, tele-medicine institutions and other healthcare service providers

Guidelines for the participant

1. Any organization participating in the Awards should be an Indian entity with a registered presence in India and must provide their Certificate of Incorporation mandatorily
2. The initiative should have been completely executed in the Indian operations of the participant
3. The initiative/ project should have been launched in the Indian operations of the organization in the period May 1, 2018 to April 30, 2022 with impact demonstrated and results showcased by initiative/ project in the period May 1, 2021 to June 30, 2022
4. Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards
5. Participation in the awards is subject to defined rules and regulations available on website
6. To apply for the Awards, participant should register on the website and fill the application form
   https://ficcihealthawards.com/new-register.php
7. No hard copies of the application form will be accepted
8. All mandatory fields (*) of the application form needs to be completed before submitting the application form
9. Entries will be accepted in English language only
10. Participant can send multiple application forms for same category or separate categories provided it is for a separate initiative. A separate form should be used for each initiative/ project. One form or same information cannot be used for multiple projects / initiatives. If multiple entry forms are received for same project / initiative, then only one form will be considered, and others will be disqualified
11. 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
    - Project report, brochures and evidence for measurable impact
    - Date of incorporation and start date of initiative on organization letter head
    - Any other document supporting the initiative (Video supporting should be submitted in the form of a YouTube link only)
    - Award, accolade & achievement
12. In case if participant fails to submit the proof of incorporation certificate of the participating entity and start date of initiative on organization's letter head, they may be disqualified from participation
13. In case of any queries relating to the application form or participation in the awards, please contact:
    healthawards@ficci.com

Section 1 – Participant Information*

Entity level	☐ Group ☐ Unit
Name of participating entity*	
Type*	Choose an item.
About the entity*	
Address*	
Presence in number of cities*	
Year of incorporation (in DD/MM/YYYY) for participating entity*	
Website*	

Revenue (INR crores) for participating entity in the period May 1, 2021 to April 30, 2022*	☐ Less than 25	☐ 26 - 100	☐ 101 -250	☐ More than 250

Section 2 – Operational matrix

Details	
Type of home healthcare services provided*(max 100 words)	
Details of training programs conducted for healthcare staff to ensure safety and hygiene while treating patients at their home (max 150 words)	

Details	May 2019 – April 2020	May 2020 – April 2021	May 2021 – April 2022
Number of patients treated			
Number of healthcare staff deployed			

Top 5 healthcare services provided and their matrix of growth			
Number of cities from where patients are reaching out for consulting (applicable for telemedicine services)			
Patient satisfaction level (%)			
Revenue generated (INR crores)			

Additional Information	
Any other information: (100 words)	

Section 3 – Case Study

A) Summary of the initiative and its implementation

1. Summarise the initiative/ project taken by your organization in providing home healthcare services to the patients.

   Initiative is defined as a new solution or an older solution implemented with a new update to achieve the goal.

   - The initiative/project should have been fully launched in the period May 1, 2018 to April 30, 2022
   - The Awards shall be given to the initiatives which showcased impact in the period May 1, 2021 to June 30, 2022
   - 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 launch date* (DD/MM/YYYY)

iii) Name the unit/ centre where the initiative/ project was initiated and implemented (For group level application) (max 50 words)

iv) Summary of initiative undertaken including below* (max 500 words):
- Problem identified
- Details of the initiative
- Methodology adopted
- Challenges faced during implementation
- Steps taken to overcome the challenge
- Cost involved to run the initiative
- Time frame to set-up the initiative

v) Who are your peer benchmarks in the industry for the initiative? Name any two. (Max 50 words)

B) Impact

1. Describe the impact of above initiative on various parameters such as stakeholders, operations, business etc. highlighting the followings* (max 500 words):
   A. Degree of improvement in the services provided
   B. Scale of implementation
   C. Impact of training on the healthcare staff
   D. Period of impact (whether the project has shown instant change or change over a period)

C) Sustainability, Scalability & Replicability

1. Describe key developments from your end to ensure the sustainability, scalability & replicability of the initiative/ project in the next 2 years* (max 200 words)

Details of any other award/certification/ accreditation obtained by the organization with respect to initiative in the last 2 years (Please provide supporting documents) *

Section 4 – Declaration *

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2022, are to the best of my knowledge and belief true, 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:

- The initiative/ project has been launched in the period May 1, 2018 to April 30, 2022
- The impact demonstrated and results showcased by initiative/ project is in the period May 1, 2021 to June 30, 2022

I/we, on behalf of my/our organization, <u>\<name of organization\>,</u> 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

Participant Name: _____

Designation: _____

Date: _____