Category	Category Definition	Eligible Participants
Excellence in Patient Service delivery	To recognize healthcare organizations which have implemented unique and innovative solutions for upgrading or improving facilities in line with the latest developments whilst maintaining or reducing the costs involved to improve overall service delivery.	Open to: 1. Private Hospitals 2. Public Hospitals 3. Other healthcare service providers*
	These could include initiatives to improve healthcare facilities, preventive health care solutions, better medical facilities, telemedicine, remote care, doorstep care, capacity building, lowering costs, patient transport and more structured processes to enhance service delivery benchmarks	4. Start-ups

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

### **Guidelines for the participant**

- 1. Any organization/institute participating in the Awards should be an Indian entity with a registered presence in India 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, 2022, to March 31, 2024, with impact demonstrated and results showcased by initiative/ project in the period April 01, 2023 to March 31, 2024
- 5. The initiative must be undertaken by going beyond the mandatory accreditations/regulatory requirements as applicable
- 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, 2024
- 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

<sup>\*\*</sup>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)

- 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*	2//3
Type*	Drop down with the below options:  1. Public Hospitals 2. Private Hospitals 3. Other Healthcare Service 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 2022 – March 2023	April 2023 – March 2024	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 (%)			
Occupancy % (Critical care)			

### **Accreditations:**

Name of the Accreditation	Year of Accreditation (YYYY)

	Services	provide	-d		
Please explain in brief the types of se		Provide			
provided at your Centre (Max 50 wor	-				
,					.0
Detail	April 2022 – N 2023	1arch	April 2 March		Comments (Please highlight significant achievements and reasons tha 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 (Max 50 words)					
Accreditations:  Name of the Accreditation	Year of A	ccredita	tion		
Name of the Accreditation	0/-	ccredita	tion		
	rs.				
Name of the Accreditation  For Other Healthcare Service Provide	r <u>s</u> Services				
Name of the Accreditation	r <u>s</u> Services				
Name of the Accreditation  For Other Healthcare Service Provide  Please explain in brief the types of se	r <u>s</u> Services				
Name of the Accreditation  For Other Healthcare Service Provide  Please explain in brief the types of se	r <u>s</u> Services	provide April 2		(Please hi	Comments ghlight significant achievements and reasons that drove it)
Name of the Accreditation  For Other Healthcare Service Provide  Please explain in brief the types of se provided (Max 50 words)	Services rvice currently  April 2022 –	provide April 2	ed 2023 –	(Please hi	ghlight significant achievements and
Name of the Accreditation  For Other Healthcare Service Provide  Please explain in brief the types of se provided (Max 50 words)  Detail	Services rvice currently  April 2022 –	provide April 2	ed 2023 –	(Please hi	ghlight significant achievements and
Name of the Accreditation  For Other Healthcare Service Provide  Please explain in brief the types of se provided (Max 50 words)  Detail  Number of Patients Served	Services rvice currently  April 2022 –	provide April 2	ed 2023 –	(Please hi	ghlight significant achievements and

## Section 3 – Case Study\*

## A) Summary of the initiative and its implementation

1. 9	Summarise the initiative/ project taken by your organization in service excellence.
	nitiative 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.
• 1	The initiative/project should have been fully launched in the period April 01, 2022, to March 31, 2024 The Awards shall be given to the initiatives which showcased impact in the period April 01, 2023, to March 31, 2024 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) Naı	me of initiative/ project* (max 50 words)
•	tiative/Project start date* (DD/MM/YYYY) itiative/Project end date* (DD/MM/YYYY)
	ımmary of initiative undertaken including below* (max 250 words):
	oblem identified
	tails of the initiative
	ethodology adopted
	allenges faced during implementation
	eps taken to overcome the challenge
	st involved to run the initiative
• IIr	ne frame to set-up the initiative
Belov	w answer must cover all the above pointers, wherever applicable
	CON BILL

B) Impact

- 1. Describe the impact of above initiative/ project on various parameters such as stakeholders, operations, business etc. highlighting the following parameters\* (max 250 words):
  - A. Degree of improvement in the services provided
  - B. Scale of implementation
  - C. Period of impact (whether the project has shown instant change or change over a period)

The impact mentioned below for the initiative/project must be provided for the period of April 01, 2023, to March 31, 2024

c) Quality Beyond Accreditation	
Please highlight the initiatives that you have taken to de	eliver quality beyond accreditations using technology, devices
raining, new and easy adaptable solutions and process	es in the last 2 years to improve Service Delivery (Max 100
vords)	

### Section 4 - Declaration \*

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2024, 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:

- Initiative mentioned in the application is completely executed and fully implemented in the period April 01, 2022 to March 31, 2024
- The impact demonstrated and results showcased by initiative is in the period April 01, 2023 to March 31, 2024

I/we, on behalf of my/our organization, <a href="enaltrace"><a hre

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)	