

AHPI Awards 2018
Patient Friendly hospital

S. No	<u>Assessment criteria for Patient Friendly Hospital Awards</u>
1	Hospital Website
	a. Updated with details of Services, Timings, Doctors, Emergency contacts, Corporate & Insurance affiliations
	b. Provision for sending enquiries, giving feedback, fixing appointments
2	Access to Hospital
	a. Ease of entry for Patients, their vehicles & Emergency vehicles
	b. Availability of ramp with wheel chairs and stretchers near entrance
	c. Earmarked Parking, with attendants for directions & assistance
3	Reception Area
	a. 'May I Help You' Counter located prominently with trained staff
	b. Help desk dedicatedly for Insurance Patients
	c. Waiting area spacious, clean, well lit & ventilated, with all amenities
4	Patient Safety
	a. Established & documented Patient Safety Programme in place.
	b. Air quality maintained in critical areas like ICUs & OTs
5	Patient Feedback
	a. Procedure in place for Patients to lodge complaints, make suggestions
	b. Internal surveys done regularly covering 10% of Patients
	c. Third Party Surveys done regularly by recognised Agencies
	d. Procedure in place for protection of patient's rights and responsibilities.
6	Social Responsibilities
	a. Fire Safety & Environment Protection Regulations complied
	b. Defined and implemented Corporate Social Responsibility Program
	c. Green initiatives to preserve natural resources undertaken
7	Other Aspects
	a. Attendants provided with amenities for rest, bath, toilets and refreshments
	b. Staff regularly trained in soft skills, handling patients
	c. Adequate space, ambience and amenities provided for waiting patients in different specialty wards in general and Mother & Child in particular.

AHPI AWARDS 2018
Green Hospital

S.No	Assessment Criteria for Eco-Friendly Hospital
1	Criteria for E-Friendly
	a. Hospital has criteria of the evaluation & acceptance for the environment friendly material usage in the facility.
	b. Hospital ensures natural open space for the patients, families and staff of patients.
	c. Hospital ensures enough natural light in all parts of the facility i.e. ICUs, Wards etc.
2	Optimum usage and conservation of water resources
	a. Hospital have a plan for water usage for the whole facility which includes measurement, reduction and verification.
	b. Hospital have a plan for usage of alternate source of water like capturing rain water, recycling water etc.
	c. Hospital have an ongoing educational program for efficient usage and conservation of water for all stake holders (staff, patient, hospital users)
3	Optimum usage and conservation of energy resources
	a. Hospital have a strategy for optimization of energy saving and usage.
	b. Hospital have developed a plan for usage of renewable energy self-supply to reduce impact on environment.
	c. Hospital have a policy of using energy efficient equipment.
4	Process for housekeeping and cleaning agents
	a. Hospital have defined criteria, process and protocols for selection of cleaning products, mops and wipers including; -Use of Non-hazardous cleaning agents -Reduce environmental pollutants -Reduce VOC emissions inside and outside buildings. -Protect the cleaning worker.
5	Management of Waste
	a. Hospital have a protocol for receiving, handling, storing and safe disposal of all kinds of waste including recyclables, hazardous, bio medical and e-waste.
	b. Hospital comply all bio-medical waste management rule and ensures biological waste is disposed as recommended by national regulations.
6	Purchase and Procurement
	a. hospital ensures that purchase plan include purchase of environment friendly materials which can be reused or recycled as per manufacturers recommendations.
	b. Hospital have a purchasing policy that reduce purchase of mercury containing equipment.
	c. Hospital have a sustainable food purchasing policies and plan that support human and ecological health.
7	Indoor and Outdoor Environment Management
	a. Hospital demonstrates initiative by maintaining good indoor and outdoor environment and have walkways, greenery, landscaping , waste management, environmental friendly transports etc.
	b. Hospital have a plan for maintaining good indoor air quality and lighting and ventilation.
8	Community and Neighborhood Benefit Program
	a. Hospital have developed a communication and educational program integrating safe environment practices and impact of same on human health and surrounding community etc. for awareness and education of patients, visitors and the surrounding community.
9	Outcome Requirement
	a. Hospital have indicators to optimize usage of energy and water through energy audit.
	b. Hospital have indicators to measure the waste generation as per the category (hazardous, recyclable, bio-medical, e-waste etc) through waste audit

AHPI Awards 2018
Quality beyond Accreditation

S.No.	Assessment criteria for quality beyond accreditation
1.	Organization has identified list of key indicators to monitor the clinical processes and outcomes and which are used as tools for continual improvement. Periodic report is generated with these indicators and reviewed by the Top Management. There is objective evidence that corrective actions are taken and implemented.
2.	Organization has identified key indicators to monitor the managerial processes and outcomes, which are used as tools for continual improvement. Periodic report is generated with these indicators and reviewed by Top Management. There is objective evidence that corrective actions are taken and implemented.
3.	Clinical audits are conducted by all specialties on periodic basis to monitor and improve quality of nursing and complete patient care as per the registry provided by the accreditation agency.
4.	Organization encourages physicians engagement in quality improvement activities.
5.	Use of ICT for leveraging in improvement and sustaining delivery of quality care (Such as quality dashboards, alerts and alarms)?
6.	Use of data analytics/statistical and management tools,such as 7-QC tools,5-S, FMEA,LEAN Health, Six Sigma etc. to improve and sustain delivery of quality care.
7.	Organization follows patient centric approach. Patient satisfaction is measured using objective means and fed back in to system with demonstrable improvement.
8.	Initiatives to foster quality culture such as, team building, effective communication and other good HRM practices. Employee satisfaction is measured and acted upon.
9.	Organization has empowered teams of trained internal auditors, who conduct audits on regular basis. The audit outcomes are part of management review and acted upon.
10.	Quote some examples where your Organization has achieved excellence and can serve as a benchmark to other Organizations in that area of service.

AHPI Awards 2018
BEST TEACHING HOSPITALS

S.No	Assessment Criteria for Best Teaching Hospital
1	Examination results achieved in the DNB PG program of the preceding year.
	a. Overall pass percentage: 0-40%: 1 mark 41-80%: 2 marks 81-100%: 3 marks
	b. Gold Medal received No Gold Medal: No marks 1 Gold Medal: 1 mark More than 1 Gold Medal: 3 marks
	c. No of conferences attended by all departments in a year: 1-10: 1 mark 10-15: 2 marks More than 15: 3 marks
	d. No of oral papers presented in all conferences in a year: 1-10: 1 mark 10-20: 2 marks More than 20: 3 marks
	e. No of posters presented in all conferences in a year: 1-20: 1 mark 20-40: 2 marks More than 40: 3 marks
2	Faculty Performance
	a. No. of Faculty as examiners in one year: 1-5: 1 mark 6-10: 2 marks More than 10: 3 marks
	b. No. of Faculty as inspectors: 1 faculty: 1 mark More than 1 : 3 marks
	c. No. of Faculty Awards: 1: 1 mark More than 1 : 3 marks
3	Enlist special initiatives started for the practical skill enhancement of students at PG level of education.
	a. Simulators 0: No Marks 1: 2 marks More than 1: 3 marks
	b. Wet Labs 0: No marks 1: 3 marks
	c. Cadaveric labs 0: No marks 1: 3 marks
	d. Virtual Classrooms 0: No marks 1: 2 marks More than 1: 3 marks
	e. Biomechanical Lab 0: 0 mark 1: 3 marks
4	Continuing Medical Education (CME)
	a. No. of CMEs conducted in past 12 months (July 13- June 14):

	1-10: 1 mark 10-20: 2 marks More than 20: 3 marks
	b. Percentage of candidates attending CME (Average of all year) 0-25%: No marks 26-50%: 1 mark 51-75%: 2 marks 76-100%: 3 marks
5	Describe the nature and extent of networking efforts with other institutions, aimed at improving the effectiveness in teaching. No of hospitals/institutions who are attached to the parent hospital: 1-5: 1 mark More than 5 : 3 marks
6	Participation in the National Initiatives with regard to PG training (like PG course or PG workshops) 1-3: 1 mark 4-6: 2 marks More than 6: 3 marks
7	Number of approvals obtained from ethics committee/ institutional review board. 1-5: 1 mark 6-10: 2 marks More than 10: 3 marks
8	Regular conduction of RRC/IEC Meetings No meeting : No marks Yearly meeting : 1 mark 6 monthly meeting: 2 marks More than 2 meetings in a year: 3 marks
10	No. of Articles published in Indexed/International journals by the faculty/PG 1-5: 1 mark 6-10: 2 marks More than 10: 3 marks
11	No. of Articles published in Non indexed journals by the faculty/PG 1-5: No marks 6-10: 1 mark More than 10: 2 marks
12	No. of Patents applied for. 0: No marks 1: 2 marks More than 1: 3 marks
12	Number of student exchange programmes undertaken by the institution in the past year No exchange program No marks 2 or Less than 2 exchange program 2 marks More than 2 exchange program 3 marks
13	Number of books & Journals procured during last year. Indexed National (less than 10) 1 mark Indexed National (more than 10) 2 marks Indexed International (less than 5) 2 marks Indexed International (more than 5) 3 marks
14	Availability of accommodation. No accommodation: No marks Shared accommodation: 2 marks Separate accommodation: 3 marks
15	No of research grants received by all departments in one year 1-3: 1 mark 4-6: 2 marks More than 6: 3 marks
16	Frequency of DNB Teaching classes and case discussions Monthly classes: 1 mark Weekly classes: 2 marks Regular classes: 3 marks

AHPI Awards 2018

Nursing Excellence Award

S.No.	Assessment criteria for Nursing Excellence
I	Nursing Resource Management
1	Nursing manpower planning is available as per services provided with HR and Nursing Head & predetermined nurse patient ratio has been maintained in various nursing units
2	Minimum experience & qualification compliance exists for various posts, & appropriate mix of staff in various nursing units are available in each shift
3	Nursing units/stations have been provided with adequate supplies and facilities for effective functioning. The HCO assess nursing staff satisfaction periodically & carries out measures to improve the same
II	Nursing Care & Patient Safety
4	Policy on service standards including professional grooming & conduct present in HCO
5	A system of tracking, reporting & controlling adverse events exists in the HCO
6	Basic hygiene care is maintained for all patients(sponge, hairwash, mouthcare, catheter & wound care)
7	Assessment & management of vulnerable patients are carried out & supervised.
8	Skin Safety including regular assessment of skin for all patients, point prevalence audits for checking unreported Hospital Acquired Pressure Ulcer; implementation of preventions strategies evident
9	Wound management including regular assessment & individualised wound care interventions are evident
10	There is a distinct infusion safety guidelines for inserting cannula, fixation techniques, assessment of site, regularising the concentration of fluids & medications infused and staff are privileged
11	Pain management including assessment & management for various levels of pain are evident
12	Surgical Safety following WHO safe surgery checklist & time out is followed
III	Management of Medication
13	Medication management policy including safe storage, good inventory control & management of high risk, narcotic, chemotherapeutic & radioactive drugs has been implemented
14	Policy on medication administration is present & privileging and crosschecking of staff for the same is evident
IV	Education Communication & Guidance
15	Induction program & continuous nursing education programs are carried out as per the services provided including BLS, patient and staff safety. Mock drills are conducted wherever relevant.
16	Competency assessment & privileging is done for procedures which require special skills(eg. moderate sedation, administration of chemotherapy, scrubbing for various surgeries etc)
17	Staff are encouraged to participate and present papers in professional conferences
18	Relevant education is given to all patients before discharge.
V	Infection Control Practices
19	There is a system of hospital wide implementation of infection prevention and control practices, infection control manual is accessible to staff, there is a designated infection control nurse, surveillance for prevention and control of infection is done as per policy
20	Hospital has adequate number of nurses trained on infection prevention & control for each nursing station.

21	Management of occupational injuries including NSI, sharp injuries, exposure to blood & body fluids, outbreak of infections are done regularly
VI	Empowerment & Governance
22	Appropriate Support has been provided by hospital management to Nursing team for effective functioning. Nurses are satisfied with the support provided by Nursing administration in carrying out their role
VII	Nursing Quality Indicators
23	Updated nursing manual available in all units
24	Nursing quality indicators are defined & assessed. Corrective and Preventive Action done as required
25	Nursing quality improvement initiatives in the form of projects or research works are carried out

AHPI Awards 2018
Best Hospital to Work for

S. No	<u>Assessment criteria for Best Hospital to work for</u>
1	Vision, Mission & Objectives are defined and conveyed to all employees.
2	Documented policies exists and are known to all categories of staff of the organization
3	There is a documented procedure for recruitment
4	Every staff member entering the organization is provided induction training in 2 parts - Organization and Functional
5	Hospital has well defined job description for all staff with KPIs for key personnel
6	Hospital has well defined policy and procedure for grant of compensation linked with performance and experience.
7	A documented performance appraisal system exists in the organization and employees are made aware of the same at the time of induction
8	Management and leadership actions that empower employees to be pro-active
9	A pre-employment medical examination is conducted on all the employees
10	Regular health check-ups of staff dealing with direct patient care are done at least once a year and health problems of the employees are taken care of in accordance with the organization's policy
11	Occupational health hazards are adequately addressed and employees are made aware about.
12	Personal files are maintained in respect of all staff containing information regarding the staff's qualification, experience, disciplinary matters and health status.
13	Employee achievements are celebrated
14	Innovations are encouraged, anytime, anywhere
15	Team work is evident at department level and at organization level, as appropriate
16	Staff are empowered & encouraged to developed as future leaders.
17	There is a documented grievance redressal mechanism with a provision for appeals in all disciplinary cases.
18	Hospital has a documented process to monitor, analyze the reasons for employee attrition and addresses the same
19	Employees are encouraged to pursue special talent, hobby
20	There is emphasis on development of grass root level of employees
21	Staff are encouraged to participate & contribute in conferences, seminars and group discussions etc.
22	Staff are encouraged to learn to add value working under supervision of seniors.
23	Hospital has a well defined policy and an Internal complaints committee for prevention of sexual harassment at workplace.

AHPI Awards 2018
Excellence in Community Engagement (CSR)

S. No	Assessment criteria for excellence in community engagement (CSR)
1.	Provide brief write up on hospital's policy for Community Engagement/CSR activities.
2.	Explain if Hospital have separate budget earmarked for community engagement
3.	Give details on projects undertaken for Preventive health services for Community in past three years. Use single sheet to describe each project. It must include measurable outcomes. Examples- HIV/AIDS, CANCER, TB awareness/ prevention camps etc.
4.	Give details of projects undertaken for curative health services as CSR in past 3-years. Use single sheet to describe each project. It must include the measurable outcomes. Examples- Mobile Clinic, General/ Multi Speciality Medical Camps, MCH services including providing nutritional supplements etc.
5.	Give details of community engagement for promoting good health by way of clean environment, safe drinking water, sanitation etc.
6.	Could you list one program each from preventive and curative, that you consider as innovative by giving justification for their being innovative.

AHPI Award – 2018
State with best Maternal and Child Health Services

S.no.	Assessment criteria for Maternal & Child Health Services
1	%age of pregnant mothers attending minimum three ANC clinic
2	%age of pregnant mothers receiving Iron & FA tablets
3	%age of pregnant mothers availing JSSY
4	%age of institutionalised deliveries
5	Accessibility to contraception services to eligible couples
6	Preparedness for managing complicated pregnancies, such as system to identify and refer 'at risk' pregnancies, no. of blood banks ,ambulance services & obstetricians available
7	Ratio of ASHAs and ANMs per 10, 000 population
8	Availability and quality of post partum care such as advice on breast feeding,mother-craft and contraception
9	Availability of eugenics services to expectant mother
10	Overall MMR
	Child Health Services
1	%age of low birth weight deliveries(<2500 gm)
2	System to identify and refer 'at risk' new born babies
3	%age of complicated deliveries attended by a paediatrician
4	%age of newborns receiving medical care under 'Sishu Swasthya Yojna' or its equivalent health scheme
5	Identification of nutritional Anaemia/Protein Energy Malnutrition in children and follow-up
6	Institution of interventions to prevent LBW deliveries
7	Availability and utilization of 'under five'clinics
8	Provision of medical services for the handicapped children
9	Implementation of State Health Programmes like-Reproductive and Child Health, Integrated Child Development Scheme and Universal Immunization Programme
10	Overall IMR
	Common
1	Any PPPs to improve MCH
2	Use of IC technologies to achieve better MCH, such as tracking and monitoring during pregnancy