AHPI Awards for Excellence in Healthcare 2027

Assessment Criteria | 12 Award Categories

Each category contains 10 assessment criteria with two objective elements (a and b).

Assessment note: Applicants should provide documentary evidence, relevant indicators and trend analysis where applicable. Mark criteria not applicable to the organisation as “Not Applicable” with justification.

1. Patient Centric Hospital

Objective: To recognise hospitals that consistently place patients and families at the centre of healthcare delivery. The award acknowledges respect for patient rights, compassionate communication, shared decision-making and safe, coordinated care. It also encourages measurable improvements in patient experience, satisfaction and outcomes.

1. Patient and Family Rights

a) Patient rights and responsibilities are displayed in languages understood by patients, and staff explain them during admission.

b) Records demonstrate informed consent, confidentiality, access to records and participation in treatment decisions.

2. Effective Communication

a) A documented communication protocol covers diagnosis, care plans, costs, prognosis, discharge and special communication needs.

b) Staff training records and audited handovers/counselling notes demonstrate consistent communication with patients and families.

3. Patient Satisfaction

a) Patient satisfaction is measured through a standardised survey covering major service touchpoints.

b) At least two years of results, complaint themes and documented improvement actions are reviewed by management.

4. Patient-Reported Outcome Measures (PROMs)

a) Validated or structured patient-reported outcome questionnaires are used for selected conditions or procedures.

b) Collected outcomes are analysed by service/period and used to improve care; clinical complications are tracked separately.

5. Patient-Reported Experience Measures (PREMs)

a) A structured patient experience tool assesses communication, dignity, responsiveness, discharge and continuity.

b) Experience results are trended and linked to documented service improvements and reassessment.

6. Patient Safety and Safety Goals

a) A documented patient safety programme addresses identification, medication, falls, surgery and other applicable safety goals.

b) Compliance audits, incident trends and staff competency checks demonstrate implementation and corrective action.

7. Clinical and Non-Clinical Risk Management

a) A risk register identifies, rates and assigns owners to patient-related clinical and non-clinical risks.

b) Mitigation actions, incident investigations and periodic effectiveness reviews are documented.

8. Shared Decision-Making and Informed Consent

a) Consent records document material risks, alternatives and patient preferences for applicable interventions.

b) Sample audits demonstrate that patients/families participate in care planning and receive information on second opinions and refusal.

9. Patient Grievance Redressal

a) A documented, accessible complaint and grievance process defines acknowledgement, escalation and resolution timelines.

b) Complaint closure rates, turnaround times and recurring themes are analysed with documented corrective action.

10. Continuity of Care and Discharge Experience

a) Discharge instructions include medicines, warning signs, follow-up, referrals and contact information in understandable language.

b) Discharge counselling and post-discharge feedback or follow-up audits identify gaps and demonstrate improvements.

2. Employee Centric Hospital

Objective: To recognise hospitals that create a safe, supportive and inclusive workplace for their employees. The award promotes fair human resource practices, professional development, staff wellbeing, engagement and recognition. It honours organisations that empower their workforce and continuously improve employee satisfaction and performance.

1. Manpower Adequacy and Availability

a) Approved staffing plans reflect service scope, workload and skill mix across shifts.

b) Vacancy and staffing adequacy indicators are reviewed and corrective staffing measures documented.

2. Documented Human Resource Policies

a) Current policies cover recruitment, induction, appraisal, conduct, grievances, workplace harassment and employee welfare.

b) Records demonstrate policy communication, implementation and periodic review.

3. Employee Awareness and Rights

a) Employees receive documented orientation on employment conditions, rights, safety and reporting channels.

b) Periodic awareness assessments or staff surveys identify and address knowledge gaps.

4. Training and Professional Development

a) Training needs are identified by role and an annual plan covers induction, job skills, fire safety and infection control.

b) Attendance, competency assessment and training effectiveness are monitored and acted upon.

5. Performance Review

a) Documented performance appraisals occur at defined intervals against communicated criteria.

b) Appraisal outcomes inform individual development plans, recognition and improvement actions.

6. Employee Engagement and Empowerment

a) Structured forums enable employee participation, feedback, delegation and leadership development.

b) Engagement survey findings and actions taken are tracked with evidence of closure.

7. Employee Health and Occupational Safety

a) A documented occupational health programme covers risk assessment, immunisation where indicated and exposure management.

b) Health screening, occupational incidents and preventive interventions are monitored while maintaining confidentiality.

8. Recognition and Welfare

a) Transparent schemes recognise achievements and provide appropriate employee welfare support.

b) Participation, utilisation and employee feedback on recognition/welfare initiatives are reviewed.

9. Grievance Handling and Workplace Dignity

a) Documented grievance, disciplinary and workplace sexual harassment prevention mechanisms are accessible and confidential.

b) Anonymised case logs demonstrate timely handling, escalation and corrective/preventive action.

10. Credentialing and HR Performance Indicators

a) Professional credentials, scope of practice and personnel records are verified and periodically updated.

b) Attrition, satisfaction, training completion and relevant staffing ratios are monitored and analysed.

3. Excellence in Hospital Operations (Clinical)

Objective: To recognise hospitals demonstrating excellence in the governance and delivery of clinical services. The award emphasises evidence-based care, effective clinical pathways, emergency preparedness, patient safety and robust clinical audits. It encourages sustained improvement in clinical performance, accountability and patient outcomes.

1. Clinical Governance

a) A clinical governance structure defines accountable leaders, committee roles and reporting arrangements.

b) Meeting minutes show review of clinical performance, risks and action closure.

2. Clinical Legal and Regulatory Compliance

a) A register identifies applicable clinical licences, statutory obligations and renewal dates.

b) Current approvals and documented follow-up of gaps or pending renewals are available.

3. Clinical Effectiveness and Care Pathways

a) Evidence-based clinical pathways and protocols are approved and implemented for high-volume/high-risk services.

b) Compliance audits and clinical outcome data demonstrate review and improvement of care pathways.

4. Emergency Care Preparedness

a) Emergency protocols cover triage, resuscitation, time-critical conditions, equipment, drugs and ambulance arrangements.

b) Staff competency records, mock drills and response-time reviews verify readiness.

5. Critical Care Services

a) ICU/HDU admission criteria, staffing, equipment and multidisciplinary management match the declared service scope.

b) Clinical rounds, care records and monitored critical-care indicators demonstrate safe practice.

6. Patient Safety and Clinical Risk

a) A documented programme addresses medication safety, surgical safety, infection, equipment and procedural risks.

b) Incident reporting, risk assessments and corrective-action closure are regularly reviewed.

7. Resuscitation Services

a) Resuscitation equipment and emergency medicines are available and checked across applicable clinical areas.

b) CPR/BLS/ACLS training, mock codes and resuscitation audit findings are documented.

8. Clinical Documentation and Continuity

a) Sample records demonstrate assessment, reassessment, care plans, consent, medication orders and complete discharge summaries.

b) Medical record audits identify deficiencies and track corrective action.

9. Clinical Audits and Mortality Review

a) An annual clinical audit programme specifies topics, sampling methods, standards and responsible clinicians.

b) Audit results, morbidity/mortality reviews and re-audits demonstrate improvements.

10. Clinical Indicators and Outcomes

a) Defined indicators cover relevant OPD, day-care, inpatient and surgical outcomes.

b) Trends, benchmarks, root-cause analysis and corrective actions are reviewed by clinical leadership.

4. Excellence in Hospital Operations (Non-Clinical)

Objective: To recognise hospitals that manage non-clinical operations efficiently, safely and responsibly. The award covers administrative systems, patient flow, facility maintenance, support services, statutory compliance and resource management. It promotes reliable services that enhance patient experience and support uninterrupted clinical care.

1. Non-Clinical Governance

a) Accountability for administration, facilities and support services is defined through an approved organisational structure.

b) Performance reports and meeting records show review of service delivery and corrective action.

2. Legal and Statutory Compliance

a) A register covers applicable facility, labour, fire, waste and other non-clinical statutory obligations.

b) Valid approvals, inspections and closure of compliance gaps are documented.

3. Scope of Services and Patient Information

a) Support and administrative services are defined and communicated to relevant staff and users.

b) Audits verify that signage, service information and referral directions are current and accessible.

4. Registration, Admission and Patient Flow

a) Documented procedures govern registration, admission, queues and patient navigation across OPD/IPD/emergency.

b) Waiting times, errors and patient-flow complaints are measured and improved.

5. Transfer and Referral Coordination

a) Documented internal/external transfer protocols address communication, transport and documentation.

b) Transfer records and incident reviews demonstrate timely, safe coordination.

6. Safety and Risk Management

a) Facility risk assessments cover fire, electrical, security, hazardous materials and operational continuity.

b) Safety inspections, annual electrical audits, drills and action-closure records are available.

7. Facility, Utilities and Equipment Management

a) Preventive maintenance plans cover buildings, utilities, medical gases, equipment and IT infrastructure.

b) Downtime, maintenance compliance, breakdowns and calibration records are analysed.

8. Dietary and Housekeeping Services

a) Documented standards cover nutrition services, food safety, environmental cleaning and staff protection.

b) Kitchen inspections, cleaning audits, incident logs and corrective actions demonstrate compliance.

9. Resource Conservation and Waste Management

a) Documented programmes address water, energy, biomedical/general waste and responsible procurement.

b) Consumption, segregation and disposal indicators are monitored with evidence of compliance and improvement.

10. Information Management and Communication

a) Policies govern record integrity, confidentiality, availability and communication with patients and families.

b) Records audits, access reviews and service feedback lead to documented improvement actions.

5. Excellence in Nursing Practices

Objective: To recognise hospitals that demonstrate exemplary standards in professional nursing care and leadership. The award highlights nursing competency, safe medication practices, infection prevention, patient education and effective documentation. It encourages continuous professional development and measurable improvements in nursing-sensitive patient outcomes.

1. Nursing Resource Management

a) Nurse staffing plans define ratios, skill mix, qualifications and coverage by patient acuity and unit.

b) Roster reviews, staffing indicators and nursing satisfaction findings inform resource decisions.

2. Nursing Documentation

a) Nursing assessment, reassessment, care plans and interventions are recorded accurately and on time.

b) Handover and documentation audits demonstrate continuity and corrective action.

3. Nursing Care and Patient Safety

a) Approved nursing protocols address vulnerable patients, falls, pressure injuries, wound care, infusion safety and perioperative checks.

b) Compliance audits, adverse-event reports and nursing-sensitive outcome trends are reviewed.

4. Medication Management

a) Nursing medication procedures cover patient identification, administration checks, high-alert medicines and monitoring.

b) Medication error/near-miss trends and administration audits drive preventive measures.

5. Education, Communication and Competency

a) A nursing education plan covers induction, BLS, patient safety, communication and specialised procedures.

b) Training attendance, competency assessments and privileging records are maintained and reviewed.

6. Infection Prevention and Control

a) Nursing units follow hand hygiene, aseptic practice, isolation and exposure prevention procedures.

b) Infection-control audit results, occupational exposure records and corrective actions are documented.

7. Technology-Enabled Nursing

a) Nurses receive training and access to digital records, medication systems and relevant bedside technologies.

b) Adoption, documentation quality and technology-related incidents are monitored.

8. Nursing Quality Indicators

a) Nursing-sensitive indicators such as falls, pressure injuries, medication errors and patient feedback are defined.

b) Trend analysis and quality-improvement projects demonstrate measurable change.

9. Nursing Leadership and Professional Development

a) Defined nursing leadership roles support supervision, mentorship, delegation and professional progression.

b) Evidence includes leadership development, succession planning and participation in professional activities.

10. Patient and Family Education

a) Nurses provide documented education on medication, self-care, infection prevention and discharge needs.

b) Teach-back, patient feedback or education audits verify understanding and identify improvements.

6. Excellence in Quality (beyond Accreditation)

Objective: To recognise accredited hospitals that demonstrate sustained quality excellence beyond minimum accreditation requirements. The award acknowledges a strong quality culture, innovation, patient safety, outcome measurement and evidence-based improvement. It promotes transparent governance, benchmarking and lasting gains in healthcare quality.

1. Leadership and Governance

a) Leadership sets measurable quality goals, ethical standards, legal compliance responsibilities and resource priorities.

b) Management reviews track performance, strategic risks and progress against quality objectives.

2. Clinical Effectiveness

a) Clinical protocols, stewardship, credentialing and multidisciplinary review promote evidence-based care.

b) Clinical audit, morbidity/mortality findings and outcome indicators show effectiveness and improvement.

3. Institutionalising Quality Culture

a) Staff and clinicians participate in incident reporting, proactive risk assessment and quality improvement.

b) At least two years of indicator trends and completed improvement cycles demonstrate sustained results.

4. Innovation and Technology Deployment

a) Innovations and digital systems are selected against documented patient-care or operational needs.

b) Implementation evaluations demonstrate adoption, safety, effectiveness and measurable benefit.

5. Patient and Community Engagement

a) Patient feedback, shared decision-making and community health priorities inform quality planning.

b) Community initiatives and patient-experience improvements have documented outputs and outcomes.

6. Patient Safety and High-Reliability Practices

a) A proactive safety programme includes near misses, sentinel events, high-risk processes and escalation.

b) Safety culture measures, incident trends and action effectiveness are periodically evaluated.

7. Data Analytics and Benchmarking

a) Clinical and managerial dashboards use defined indicators, denominators and benchmarks.

b) Comparative trends and data-driven projects demonstrate sustained improvement beyond baseline accreditation compliance.

8. Workforce Quality and Capability

a) Competency-based staffing, training and leadership development support the quality strategy.

b) Training effectiveness, staff feedback and workforce quality indicators are reviewed.

9. Integrated Risk and Continuous Improvement

a) Enterprise and clinical risks are prioritised using structured assessment and improvement methods.

b) Closed-loop CAPA, re-audits and independent validation demonstrate sustained control.

10. Transparency, Learning and Sustainability

a) Quality results, lessons learned and responsible resource-use initiatives are communicated to relevant stakeholders.

b) Documented governance reviews show learning, ethical accountability and sustained service improvements.

7. Excellence in Digital Health

Objective: To recognise hospitals that effectively integrate digital health across patient care and hospital operations. The award highlights electronic records, digital workflows, connected services, secure information management and interoperability. It encourages demonstrable improvements in access, efficiency, continuity of care and patient experience.

1. Digital Registration, Referral and Admission

a) Digital registration, unique patient identification and admission/bed allocation are implemented.

b) Audit trails show accurate patient identification and continuity across transfers and referrals.

2. Digital Patient Education and Information

a) Hospital digital channels provide accessible service information and patient education.

b) Usage records and feedback demonstrate that information is current and useful.

3. Digital Appointments and Scheduling

a) Digital appointment systems manage clinician schedules, bookings and changes.

b) Booking utilisation, waiting time and missed appointment indicators are reviewed.

4. Digital Laboratory and Radiology

a) Laboratory and radiology orders, samples, reports and identifiers are managed digitally.

b) Order-to-result tracking and turnaround-time reports demonstrate reliable integration.

5. Electronic Clinical Records and Consultation

a) EMR/EHR systems capture consultations, prescriptions, histories and clinical notes across applicable settings.

b) Adoption and completeness audits demonstrate clinician use and continuity of care.

6. Digital Medication Management

a) Digital systems support medication inventory, prescribing/dispensing and traceability as applicable.

b) Inventory accuracy, medication alerts and digital medication audit findings are monitored.

7. Digital Discharge, Billing and Claims

a) Digital workflows support discharge summaries, billing and insurance claims.

b) Processing times, documentation completeness and claim error trends are measured.

8. Digital Patient Feedback and Experience

a) Patients can provide feedback or service requests through accessible digital channels.

b) Feedback closure, response time and digital patient-experience trends are reviewed.

9. Digital Infrastructure and Business Continuity

a) Network, power backup, IT support and disaster recovery arrangements support clinical operations.

b) System uptime, backup restoration tests and downtime incidents are monitored.

10. Data Security, Governance and Interoperability

a) Approved policies address access control, privacy, cybersecurity, system maintenance and data exchange.

b) Security audits, incident handling and interoperability tests demonstrate effective controls.

8. Excellence in Infection Control Practices

Objective: To recognise hospitals that demonstrate excellence in preventing and controlling healthcare-associated infections. The award emphasises infection surveillance, safe clinical practices, hand hygiene, antimicrobial stewardship and workforce competency. It encourages measurable reductions in infection risks through systematic monitoring and continuous improvement.

1. Infection Prevention and Control Governance

a) An approved IPC programme defines the committee, infection-control team, responsibilities and high-risk areas.

b) Meeting minutes, annual plans and programme reviews demonstrate oversight.

2. IPC Resources and Infrastructure

a) Hand hygiene facilities, PPE, isolation arrangements and an appropriate IPC budget are available.

b) Resource audits, stock-out records and corrective actions demonstrate adequate support.

3. Infection Control in Support Services

a) Documented cleaning, laundry, water, ventilation, waste and sterilisation controls are implemented.

b) Environmental audits, sterilisation validation and waste compliance records demonstrate effectiveness.

4. IPC Practices in Clinical Areas

a) Clinical units follow standard/transmission-based precautions, injection safety and device-associated infection bundles.

b) Direct observation audits and corrective actions demonstrate adherence.

5. Education and Competency

a) Induction and refresher IPC training cover clinicians, nurses, support staff and housekeeping.

b) Competency assessments and attendance records identify and address training gaps.

6. HAI Surveillance

a) Surveillance captures applicable device-associated infections, surgical-site infections and resistant organisms.

b) Risk-adjusted or denominator-based rates, trends and corrective actions are reviewed.

7. Hand Hygiene and PPE Compliance

a) Hand hygiene and PPE protocols are available at points of care and monitored using standard methods.

b) Compliance trends by unit and documented improvement interventions are available.

8. Antimicrobial Stewardship

a) An antimicrobial stewardship programme defines prescribing guidance, accountability and review mechanisms.

b) Antibiotic utilisation, resistance trends and prescribing audits inform actions.

9. Outbreak Preparedness and Response

a) A documented process addresses detection, isolation, notification, investigation and control of outbreaks.

b) Drills, actual event reviews and response-time records demonstrate readiness.

10. Occupational Exposure Prevention

a) Sharps safety, staff immunisation where indicated and post-exposure management procedures are in place.

b) Needlestick/exposure trends, response records and preventive action are reviewed.

9. Excellence in Critical Care

Objective: To recognise hospitals delivering safe, timely and high-quality critical care services. The award acknowledges appropriate infrastructure, skilled multidisciplinary teams, evidence-based treatment protocols and effective communication with families. It promotes patient safety, reliable monitoring and measurable improvements in critical care outcomes.

1. Critical Care Governance and Policies

a) ICU/HDU scope, admission/discharge rules, patient rights and clinical protocols are documented.

b) Compliance reviews and committee records demonstrate implementation.

2. Critical Care Infrastructure

a) ICU/HDU layout, bed capacity, isolation facilities and utilities suit declared services.

b) Facility inspections and risk assessments document adequacy and corrective action.

3. Equipment, Drugs and Consumables

a) Life-support equipment, emergency medicines and consumables are available and maintained.

b) Equipment checks, calibration, maintenance and stock-out records are reviewed.

4. Critical Care Staffing and Competency

a) Staffing and skill mix reflect patient acuity and cover all shifts.

b) Roster audits, life-support certification and competency records demonstrate readiness.

5. Evidence-Based Critical Care Processes

a) Protocols address sepsis, ventilation, sedation, pain, monitoring and multidisciplinary rounds as applicable.

b) Care bundle compliance and clinical audit results demonstrate implementation.

6. Patient Safety and Infection Prevention

a) Protocols cover medication safety, invasive devices, pressure injury prevention and isolation.

b) Safety incidents, device-associated infection rates and CAPA are monitored.

7. Clinical Documentation and Handover

a) Daily goals, reassessment, consent, handover and transfer documentation are standardised.

b) Record audits demonstrate completeness and timely communication.

8. Patient and Family Communication

a) Structured counselling, shared decisions and end-of-life discussions respect patient preferences.

b) Counselling records and family experience feedback are periodically reviewed.

9. Critical Care Outcomes and Indicators

a) Mortality, length of stay, readmissions and applicable infection and bundle indicators are defined.

b) Trends are interpreted against case mix/benchmarks and prompt documented improvement.

10. Quality Improvement and Emergency Preparedness

a) Critical care teams conduct audits, emergency drills and periodic improvement projects.

b) Re-audit results, drill findings and action closure demonstrate sustained improvement.

10. Excellence in Emergency Services

Objective: To recognise hospitals that provide responsive, coordinated and safe emergency care. The award focuses on effective triage, rapid assessment, time-critical treatment, trained personnel and emergency preparedness. It encourages efficient patient flow, timely interventions and continuous improvement in emergency care outcomes.

1. Emergency Governance and Statutory Compliance

a) Emergency scope, clinical protocols, medico-legal processes and patient rights are documented.

b) Approvals, policy reviews and compliance audits demonstrate implementation.

2. Accessibility and Emergency Infrastructure

a) The emergency department provides accessible entry, designated triage and appropriate resuscitation/procedure spaces.

b) Facility inspections and patient-flow reviews identify and resolve deficiencies.

3. Emergency Equipment and Medicines

a) Resuscitation equipment, ambulance resources and emergency medicines are available as per service scope.

b) Daily checks, maintenance records and stock-out audits demonstrate readiness.

4. Emergency Staffing and Competency

a) Qualified staff provide 24-hour emergency coverage with defined escalation arrangements.

b) Duty rosters, competency records and resuscitation training demonstrate adequate cover.

5. Triage and Timely Initial Assessment

a) A standard triage system prioritises patients and specifies reassessment and escalation intervals.

b) Triage accuracy, time-to-assessment and escalation compliance are audited.

6. Time-Critical Clinical Pathways

a) Protocols address trauma, acute coronary syndromes, stroke, sepsis and other relevant emergencies.

b) Door-to-treatment intervals and pathway compliance are monitored with corrective action.

7. Patient Flow, Referral and Discharge

a) Processes coordinate registration, diagnostics, admission, transfer, referral and safe discharge.

b) Length of stay, boarding time and transfer delays are reviewed.

8. Disaster and Mass Casualty Preparedness

a) A disaster plan covers surge capacity, communications, supplies and mass casualty triage.

b) Mock drills and after-action reports document readiness and improvements.

9. Patient Safety, Communication and Records

a) Medication safety, infection control, consent, handovers and clinical records are addressed by standard procedures.

b) Safety incident trends, documentation audits and patient feedback guide action.

10. Emergency Outcomes and Quality Improvement

a) Key indicators include response times, unplanned returns, patient experience and selected clinical outcomes.

b) Trend analysis, case reviews and closed-loop CAPA demonstrate improvement.

11. Excellence in Environment-Friendly Hospital

Objective: To recognise hospitals committed to environmentally responsible and sustainable healthcare operations. The award highlights efficient use of energy and water, responsible waste management, green procurement and reduction of emissions. It encourages climate-resilient infrastructure, environmental awareness and measurable sustainability improvements.

1. Environmental Governance, Policy and ESG Commitment

a) The hospital has an established and documented environmental sustainability policy, with defined responsibilities, measurable objectives and management commitment towards implementation of ESG principles.

b) A designated committee or responsible officer monitors environmental performance, statutory compliance, sustainability targets and corrective actions, with periodic reporting to hospital management.

2. Energy Efficiency and Renewable Energy Utilisation

a) The hospital has a documented energy conservation programme, including periodic energy audits, monitoring of electricity consumption, implementation of energy-efficient systems and utilisation of renewable energy sources wherever feasible.

b) Energy performance indicators, such as electricity consumption per occupied bed-day or per square metre and percentage of energy derived from renewable sources, are monitored, with evidence of measurable improvement over the preceding two years.

3. Water Conservation and Sustainable Water Management

a) The hospital has a documented water conservation and management plan, including monitoring of water consumption, identification of high-consumption areas and implementation of water-saving measures, rainwater harvesting and wastewater treatment and reuse wherever feasible.

b) Water consumption indicators, such as litres per occupied bed-day and quantities of treated or reused water, are periodically monitored, with evidence of improved water-use efficiency and reduction in freshwater consumption.

4. Biomedical Waste Management and Circular Economy Practices

a) The hospital complies with applicable Biomedical Waste Management Rules and other statutory requirements, with documented procedures for segregation, collection, storage, transportation, treatment and safe disposal of biomedical, hazardous and general waste.

b) The hospital implements waste minimisation, recycling and reuse initiatives for eligible non-hazardous waste, including plastic, paper, food waste and e-waste, without compromising infection prevention and patient safety, supported by monitoring of waste generation and recycling indicators.

5. Sustainable Procurement and Environment-Friendly Materials

a) The hospital has a documented sustainable procurement policy incorporating environmental considerations such as energy efficiency, product life cycle, recyclable or reusable materials, packaging, safe disposal and supplier sustainability practices.

b) The hospital has implemented initiatives to reduce single-use plastics, mercury-containing equipment and environmentally harmful materials, wherever clinically appropriate, with documented evidence of environmentally responsible substitutions and procurement practices.

6. Green Infrastructure, Indoor Air Quality and Environmental Management

a) The hospital incorporates environment-friendly infrastructure and building practices, including natural lighting, energy-efficient ventilation, thermal comfort, green spaces and sustainable building materials, wherever feasible.

b) Indoor air quality, ventilation, temperature, humidity and other relevant environmental parameters are periodically monitored in accordance with applicable standards, particularly in critical patient care areas, alongside initiatives for pollution reduction and improvement of the surrounding environment.

7. Carbon Footprint Reduction and Climate Change Mitigation

a) The hospital has identified and initiated measurement of major greenhouse gas emission sources, including purchased electricity, fuel consumption, medical gases, refrigerants and other relevant operational activities.

b) The hospital has implemented documented measures to reduce greenhouse gas emissions through energy efficiency, renewable energy, sustainable transportation and responsible resource utilisation, with defined emission reduction targets and periodic monitoring of carbon footprint indicators.

8. Climate Resilience, Disaster Preparedness and Sustainable Healthcare Operations

a) The hospital has assessed environmental and climate-related risks, including extreme heat, flooding, water scarcity, air pollution and interruptions to essential utilities, and incorporated appropriate mitigation measures into its risk management and disaster preparedness plans.

b) The hospital has documented business continuity arrangements to ensure uninterrupted critical healthcare services during environmental emergencies, supported by periodic preparedness drills, infrastructure resilience reviews and corrective actions.

9. Environmental Awareness, Employee Engagement and Community Responsibility

a) The hospital conducts periodic training and awareness programmes for employees on environmental sustainability, waste segregation, energy and water conservation, pollution prevention and responsible resource utilisation, encouraging active employee participation.

b) The hospital engages patients, attendants, visitors and the surrounding community through environmental awareness initiatives and community programmes, with documented evidence of participation, feedback and outcomes.

10. Environmental Performance Monitoring, Reporting and Continuous Improvement

a) The hospital has established and periodically monitors key environmental performance indicators covering energy consumption, water utilisation, waste generation, recycling, carbon emissions and other relevant sustainability parameters, supported by internal audits and management reviews.

b) The hospital demonstrates measurable improvements in environmental performance over the preceding two years through documented trend analysis, sustainability projects, corrective and preventive actions and evidence of continuous improvement.

12. Excellence in Digital Health Solutions and Medical Technology Innovation

Objective: To recognise organisations that develop or implement impactful digital health solutions and innovative medical technologies. The award values clinical relevance, patient safety, technological reliability, interoperability, accessibility and responsible data governance. It encourages demonstrable healthcare benefits, cost-effectiveness, scalability and continuous innovation.

1. Innovation and Uniqueness of the Solution

a) The organisation has developed or implemented an innovative digital health solution or medical technology addressing an identified clinical, operational or healthcare delivery challenge.

b) The solution demonstrates measurable improvements or distinctive features compared with existing conventional practices or available technologies.

2. Clinical Relevance and Healthcare Impact

a) The solution addresses clearly identified healthcare needs, such as improving diagnosis, treatment, patient monitoring, clinical decision-making or continuity of care.

b) Clinical effectiveness or healthcare impact is demonstrated through documented outcomes, validation studies, pilot projects or comparative performance indicators.

3. Patient Safety and Risk Management

a) The organisation has established processes for identifying, assessing and mitigating clinical, technical and operational risks associated with the solution.

b) Patient safety indicators, technology-related incidents, system errors and corrective actions are systematically monitored and documented.

4. Technology Design, Reliability and Performance monitoring

a) The solution has undergone documented technical testing, performance validation and quality assurance appropriate to its intended application.

b) System reliability, accuracy, availability, response time and performance indicators are periodically monitored, with evidence of corrective and preventive measures.

5. Integration and Interoperability

a) The solution supports integration with relevant healthcare information systems, medical devices or digital platforms using appropriate interoperability standards.

b) Successful integration and exchange of information across applicable healthcare systems are demonstrated through implementation records, testing reports or operational evidence.

6. Data Privacy, Cybersecurity and Regulatory Compliance

a) The organisation has documented policies and implemented safeguards for data privacy, information security, access control and protection of sensitive patient information.

b) Compliance with DPDP Act 2023, medical device regulations and relevant technical standards is documented, supported by periodic security or compliance assessments.

7. User Experience, Accessibility and Adoption

a) The solution is designed to support ease of use, accessibility and effective utilisation by its intended users

b) User adoption, satisfaction and feedback are periodically measured, with documented improvements in usability and functionality.

8. Operational Efficiency and Cost-Effectiveness

a) The solution demonstrates measurable improvements in healthcare delivery or operational efficiency, such as reduced turnaround time, improved resource utilisation or reduced manual processes.

b) Cost-effectiveness or economic benefits are assessed through documented savings, productivity improvements, return on investment or other relevant financial indicators.

9. Scalability, Sustainability and Implementation Support

a) The solution demonstrates the ability to be deployed or expanded across different healthcare settings, facilities or user groups without compromising performance or safety.

b) The organisation has established mechanisms for implementation support, user training, maintenance, technical upgrades and long-term operational sustainability.

10. Measurable Outcomes and Continuous Innovation

a) The organisation monitors defined key performance indicators demonstrating the solution's impact on clinical outcomes, patient experience, operational performance or healthcare accessibility, with trend analysis.

b) The organisation undertakes periodic performance reviews and implements documented improvements accordingly