

Internship Training

at

Eye Q Hospital

**A study of effect of marketing activities on the revenue of business
of Rajajipuram Center**

by

Name: Sumit Kumar Arora

Enroll No. PG/14/071

Under the guidance of

Mrs. Kirti Udayai

Post Graduate Diploma in Hospital and Health Management

2014-16



International Institute of Health Management Research

New Delhi

Annex B (Cover page)

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**International Institute of Health Management Research
New Delhi**

Dissertation Writing

18

(Completion of Dissertation from respective organization)

The certificate is awarded to

Name : Sumit Kumar Arora

In recognition of having successfully completed his
Internship in the department of

Title Operations

and has successfully completed his Project on
A study of effect of marketing activities on the revenue of business of Rajajipuram Center

Date : 30/04/16

Organisation : Eye Q Hospital

He comes across as a committed, sincere & diligent person who has
a strong drive & zeal for learning

We wish him all the best for future endeavors

Training & Development



Zonal Head-Human Resources

Dissertation Writing

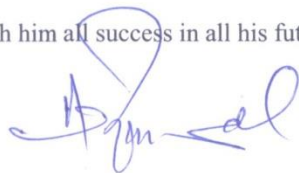
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Sumit Kumar Arora student of Post-Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Eye Q Hospital from 7th March 2016 to 30th April 2016.

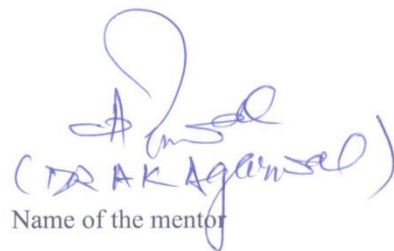
The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi


(Dr. A.K. Agarwal)

Name of the mentor

IIHMR, New Delhi

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Sumit Kumar Arora**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "A study of effect of marketing activities on the revenue of business of Rajajipuram Center" at "IIHMR, Delhi" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor Name,
Designation,

Organization

Organization Mentor Name **Shishir Paliwal**
Designation, **Asst. Manager - HR**

Organization **EYE - & Super Speciality Eye Hospitals.**

Certificate Of Approval

The following dissertation titled "A study of effect of marketing activities on the revenue of business of Rajajipuram Center" at "IIHMR, Delhi" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.


Sumit Kumar

Name

DR. BRIJENDR SINGH DHILLON
Dr A. K. KHOKHAR
DR. PANKAJ TALREJA

Signature




**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A study of effect of marketing activities on the revenue of business of Rajajipuram Center" and submitted by Sumit Kumar Arora Enrollment No. PG/14/071 under the supervision of Mrs. Kirti Udayai for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 9th April to 30th April 2016 embodies my original work and has not formed the basis for the award of any degree, diploma, associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

FEEDBACK FORM

Name of the Student: Sumit Kumar Asora

Dissertation Organisation: Eye & Hospital

Area of Dissertation: Operations

Attendance: Full

Objectives achieved: Yes, all training parameters were achieved

Deliverables: The modules of training were being learnt & showcased during presented nicely.

Strengths: Hardworking, good communication skills, have a good understanding level.

Suggestions for Improvement: To become aggressive


Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 16/5/16

Place: Buzgaon

Dissertation Writing

25

Abstract

This marketing study was conducted from 9th April to 30th April 2016 at Rajajipuram Center of the Eye Q Vision based at Lucknow. The main objective was to track the functioning of the Unit and give it a direction. The study being of short duration was only indicative and not exhaustive. Moreover I had to depend upon the data being maintained by the Center. As the Unit was started recently the intention of the organizers was mainly to provide publicity for the Center.

Acknowledgement

I express my grateful thanks to Mrs. Kirti Uydai, Asst. Dean IIHMR, New Delhi, who guided me at every step in preparing this dissertation. My special thanks are also due to Shri Ranjit Tiwari-Head of Training and development division, Shri. Subhash Bansiwala, CHRO, Mrs Surabhi and Shri. Shishir Paliwal, of Eye-Q Vision Private Limited who played a pivotal role in providing me the requisite opportunity and sending me to Lucknow to undertake this study.

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INTERNSHIP REPORT

ORGANIZATIONAL PROFILE

Eye-Q is the dynamic new code in super-specialty eye care. It covers everything, from maintaining optimum vision, preventing deterioration and correcting vision related problems. All this is through an array of preventive and corrective procedures and cutting-edge practices.

It is an ISO 9001-2000 registered organization operating under the leadership of its Founder and CMD- Dr. Ajay Sharma- one of the renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country.

Vision

To be India's foremost chain of eye hospitals in terms of both quality of eye care and the number of patients handled.

Mission

To make every patient an Ambassador for Eye-Q through a combination of

1. The highest level of quality and technology in eye care.
2. Exceptional personal care.
3. Complete integrity to the patient and his/her needs.

Values

- Be open and honest in communication and do what is to be done.
- Accept individual and team responsibility and meet commitments invariably.
- To support clinical and non-clinical teams in every way and care for one another.
- Be care giving, compassionate and respectful to patients and colleagues.
- Make conscious effort for effective contribution and creating a social impact.
- Embrace and drive a positive change.

SERVICES PROVIDED

1. Comprehensive Eye Examination
2. Cataract operations
3. Lasik treatment
4. Glaucoma – assessment and treatment
5. Retina – assessment and treatment
6. Paediatric Services
7. Squint – assessment and treatment
8. Visual Aid services
9. Optical services and medicines
10. Corneal treatment

Eye-Q is one of the fast growing healthcare chains in India and is a pioneer in its field. Eye Q is currently running **32** super-speciality eye hospitals. The Head Office of Eye Q Super-Specialty is in Gurgaon, Haryana. All centers are divided into three zones:-

North I:-

Lucknow (Gomti Nagar, Aliganj, Vijaynagar, Rajajipuram)

Kanpur

Saharanpur

Muzaffarnagar

Haldwani

Roorkee

Yamunanagar

Almora

North II:-

Gurgaon (DLF, Palam vihar & New Railway Road, Sec-46)

Rewari

Rohtak

Gohana

Hisar (Jindal Chowk & Barwala Road)

Fatehabad

Bhiwani

Sonipat

Delhi (Shalimar Bagh)

Karnal

West:-

Surat (Rander Road & Udhana Road)

Bharuch

Bardoli

Nasik

Aurangabad

Jalgaon

Learning at Eye Q Hospital

1. Working as an FLP Trainee at Eye Q Hospital
2. I got an opportunity to learn various Operational Activities in the hospital such as :-
 - Reception Handling
 - Floor Management
 - Data Management
 - Counseling of Patients
 - Surgery Case Management
 - HMIS Entry
 - Inventory Management in OPD,OT, Medicine and Optical
 - Daily collection & deposit of cash in Bank
 - Tracking of Cost of Goods Sold
 - Process flow of OT preparation
 - Ensure daily cash collection in the evening from all departments including OPD, IPD, and Medical, Optical etc.

DISSERTATION REPORT

INTRODUCTION

Lucknow at a glance

Lucknow is an important city in the state of Uttar Pradesh, India. A major metropolitan city of India, Lucknow is the administrative headquarters and the capital of the state of Uttar Pradesh. It is situated on the banks of the river Gomti.

It is popularly known as the 'the city of Nawabs'.

| | |
|-----------------------------|------------------|
| Population | 4,589,838 |
| Density/km2 | 1,816 |
| Area Sq. Km | 2,528 |
| Sex Ratio (Per 1000) | 917 |
| Average Literacy | 77.29 |

(Year 2011)

Eye Q in Lucknow

- Eye-Q vision is a corporate chain of Eye Super speciality Hospitals, having 32 running Hospitals. All are in 4 clusters that are Haryana, Uttarakhand, Uttar Pradesh and Gujarat.
- In Lucknow it has 5 hospitals at present out of 11 hospitals in Uttar Pradesh.
- Now in this research we have to track the business of the running center of Rajajipuram.
- Our focus area has been revenue generation from Cataract operations and from other initiatives that can help increase the business.
- In addition we implement activities like senior citizen camps, discount coupon distribution etc.

REVIEW OF LITERATURE

Social definition

There is a social and managerial definition of marketing by Armstrong and Kotler, who is described by the American marketing Association as” **The most influential marketer of all time**”. According to them “marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging value with others. The marketing consists of actions taken to build and maintain desirable exchange relationship with target audiences” (5).

Managerial definition

In 60’s managerial definition of marketing was “Art of Selling Products”

But after that AMA(American Marketing Association) proposed a widely accepted managerial definition:

“Marketing is a process of planning and executing the conception, pricing, promotion and distribution of ideas, goods and services to create exchanges that satisfy individual and organisational objectives.”

However this definition was again modified to: “Marketing is an organisational function and set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organisation and its stakeholders.

Marketing mainly handles the problem of exchange and not of transactions in an exchange. There may be no money involved. Exchange is a process. When an agreement is reached, a transaction takes place. (5)

Services Marketing

The world economy today is increasingly characterized as a service economy. This is primarily due to the increasing importance and share of the service sector in the economies of the most developed and developing countries. In fact, the growth of the service sector has long been considered as indicative of a country's economic progress.

Economic history tells us that all developing nations have invariably experienced a shift from agriculture to industry and then to the service sector as the main stay of the economy. This shift has also brought about a change in the definition of goods and services themselves. No longer are goods considered separate from services.

Rather, services now increasingly represent an integral part of the product and this interconnectedness of goods and services is represented on a goods-services continuum.

Service(s) mean, Products, such as a bank loan or home security that is intangible or at least substantially so. If totally intangible, they are exchanged directly from producer to user, cannot be transported or stored, and are almost instantly perishable. Service products are often difficult to identify because they come into existence at the same time they are bought and consumed. (9)

Services Marketing refers to the marketing of services as against tangible products. Services are inherently intangible, are consumed simultaneously at the time of their production, cannot be stored, saved or resold once they have been used and service offerings are unique and cannot be exactly repeated even by the same service provider. (8)

By this yardstick the hospital and healthcare industry is an integral part of the services industry, implying thereby that all marketing activities come under the ambit of service marketing.

EYE DISEASES:

“Currently, it is estimated that 45 million persons worldwide are blind, with an increase of 1–2 million each year” (2)

As people advance in age, normal functions of the eye tissues decrease and blinding disorders increase in frequency. Age-related eye diseases and visual loss are common in the older adult population. Although age-related eye diseases are prevalent in older adults, some blindness and low vision resulting from these diseases may be prevented or treated.

Since many eye diseases are age-related, current increases in life expectancy are bound to have a major influence on the epidemiological profile of reduced vision and blindness.

Age- Related Macular Degeneration (AMD), glaucoma and diabetic retinopathy, cataract and presbyopia are the most frequent causes of vision loss or blindness.

AMD is the most common cause of severe vision loss worldwide and is characterized by the loss of central vision. Blindness due to AMD occurs at advanced age; over 80% of those affected become blind after 70 years of age. AMD has two forms: ‘wet’ (i.e. neo-vascular and exudative) AMD and ‘dry’ AMD. Dry AMD tends to progress more slowly than wet AMD. The prevalence of AMD in individuals aged 65– 75 ranged between 9 and 25%. It is higher in women than in men at 65–69 years of age, and changes with age, with a greater increase in women from 1.03% at 65-69 years of age to 2.36% at 70–74 years of age.

Lifestyle modifications may reduce the risk of developing AMD. These changes include refraining from smoking, preventing high blood pressure, reducing body mass index, increasing intake of the carotenoids found in dark green leafy vegetables, and wearing sunglasses that block ultraviolet and high-energy radiation.

High-dose supplements of vitamins C and E, beta-carotene, and zinc can be effective in treating AMD. These supplements have been shown to slow the rate of progressive vision loss over a 5-year period, but only when the condition is not extremely advanced. It also has been suggested that these supplements may lower the risk of developing AMD. Two other nutritional supplements, lutein and zeaxanthin, have been shown to improve visual function in AMD patients.

In addition to dietary supplementation, laser and photodynamic therapy have both been used in the treatment of exudative AMD.

Glaucoma describes a number of disorders that result in optic nerve damage due in part to elevated intraocular pressure. Glaucoma produces gradual and progressive visual field loss that results from a progressive loss of optic nerve fibers. Glaucoma can be classified into two broad types: open-angle and angle-closure glaucoma, each of which can be categorized as primary or secondary. Glaucoma is the third most common cause of vision loss and is a significant cause of blindness in the world.

Those diagnosed with elevated intraocular pressure only, often a precursor to the development of glaucoma, are at a risk of getting glaucoma. The incidence of glaucoma increases with age but the disease is more prevalent among individuals with a family history of glaucoma and people with diabetes.

Although glaucoma cannot be prevented, early detection and treatment can reduce the progression of the disease. An early symptom of glaucoma is peripheral field loss, which occurs before central vision is affected. Patients who notice changes in their peripheral vision should be evaluated immediately. When intraocular pressure is present, several drug interventions are available to delay the onset of glaucoma.

Sixty-seven million persons globally are affected by glaucoma. It has been estimated that 12.3% of the worldwide population (6). Overall, glaucoma is responsible for 5.2 million cases of blindness (15% of global blindness) .The direct costs of treatment increased from *EUR 455 per person-year for stage 0 to EUR 969 per person-year for stage 4 disease, accounting for EUR 86 for each incremental step.* These facts stress the importance of early screening, diagnostics and treatment of glaucoma. (2)

Several epidemiological studies have shown that at least ***half of the patients with glaucoma remain undiagnosed***, whereas more than half of those who are undergoing treatment do not have the disease. More than half of patients who were newly diagnosed with glaucoma during screening have seen an ophthalmologist before, but glaucoma remained undiagnosed. Since there are no early warning symptoms, it was recommended that all adults over 50 years of age be tested for glaucoma every 2 years.

Cataract is defined as opacity in the lens, which interferes with vision. Cataract is the most common age-related eye disease and is also the most treatable cause of vision loss in older adults.

The most recent estimates from WHO reveal that 47.8% of global blindness is due to cataract and in South Asia region which includes India, 51% of blindness is due to cataract. It was observed that the number of cataract blind per million people aged 50 years and above is 53000 per million (5). Cataract is more prevalent in women than in men.

Diabetic retinopathy is one of the most sight-threatening complications of diabetes mellitus and one of the most important emerging causes of blindness. ***It accounts for about 2.4 million cases of blindness globally.*** A proportion of 4.8% of the global population has ***Diabetic Retinopathy.*** (3)

Diabetic retinopathy causes vision loss due to various diabetes-related changes in the eye. These changes can lead to proliferative diabetic retinopathy or macular edema. The development of retinopathy depends on the length of time a person has diabetes rather than his or her age. People with type 1 (insulin-dependent) are at a higher risk for developing vision-threatening diabetic retinopathy.

Diabetic retinopathy is the fourth most common cause of vision loss in older adults. Some form of retinopathy affects 40 percent of the adult population with diabetes, while vision-threatening retinopathy develops in 8 percent of the adult population with diabetes.

The early detection and treatment of diabetic retinopathy can prevent blindness. Therefore, a comprehensive eye exam is recommended shortly after diagnosis of diabetes and annual exams should be obtained thereafter. Good control of blood glucose levels is important in delaying the onset and progression of diabetic retinopathy, and can reduce its severity. Other associated medical conditions known to worsen diabetic retinopathy, such as high blood pressure and high cholesterol, should also be controlled appropriately.

Presbyopia literally means “aging eye” and usually begins to manifest itself in people aged 40 and older. Although it may lead to significant visual loss, it usually does not cause blindness. The most common symptom is the inability to read comfortably at close distances.

Presbyopia is very prevalent among the older adult population, ultimately affecting 100 percent of the population. Presbyopia is usually treated with glasses or lenses, including reading glasses, bifocal glasses, multifocal glasses, multifocal contact lenses, or intraocular lenses. Changes continue over time and stronger correction is needed with advancing age. New surgical options, such as conductive keratoplasty, are already available in many countries. (3)

BLINDNESS AND INDIA

It was estimated that the prevalence of **Economic Blindness In India** was 14 per 1000 population (Rural-15.44; Urban-11.14) and total blindness was 5.40 per thousand (Rural-5.99; Urban-4.43). A subsequent survey sponsored by WHO in 1986 also provided a similar prevalence level. For the year 2000 it may be computed that there are approximately 14 million persons with vision 6/60 or less in the country.

The survey indicated that diseases of the anterior segment of the eye are the most common causes of blindness in India. Lenticular opacities (cataracts) were identified as the cause of blindness in more than 70% of cases followed by corneal blindness and optic nerve diseases each of which accounted for one seventh of all blind eyes. The other sites (retina, uvea, macula, unknown) accounted for the remaining 15 percent. Etiologically senility and metabolic disorders like diabetes are the most common causes of blindness. Next was indefinite category in which the ophthalmologist could not decide the actual cause of blindness. Amongst the lenticular blindness senility and metabolic disorders accounted for more than 90% of the cases. Prevalence of cataract and corneal blindness was higher in rural areas probably due to the limited availability of medical facilities. (1)

Table 1: Site of blindness

| | |
|----------------|-----|
| Lens | 76% |
| Cornea | 7% |
| Optic nerve | 7% |
| Bulbar atrophy | 4% |
| Other unknown | 6% |

Table 2: Etiology of Blindness

| | |
|------------|-----|
| Prenatal | 3% |
| Infections | 6% |
| Metabolism | 25% |
| Indefinite | 17% |
| Senile deg | 46% |
| Injuries | 2% |
| Others | 1% |

The blindness study conducted by ICMR identified cataract as the major cause of blindness in the country. To further define the distribution of cataract in the country ICMR initiated an epidemiological study in the year 1982. 19 centres were selected across the country for participation in the study. In all 88 villages were covered with a coverage of 4000 population per centre having 1000 eligible persons (> 40yrs). Nearly 13,000 individuals were enrolled for the study and examined (response rate 88.5%).

A wide range of prevalence of cataract from 30.1-72.2% was found. Southern India showed much higher rates as compared to other centres. This study estimated that in the year 1981 there was a total of 7.53 million eyes having mature and hyper mature cataracts which constituted the entire backlog in our country. In addition on estimated 2.2 million people develop cataract every year. This implies that the number of cataract surgeries which are conducted every year needed to be increased considerably to be able to tackle the emergence new cases every year in addition to the existing backlog. The first phase had established that there was an ever increasing backlog of cataract cases. The resources available in the country for conducting surgeries on these patients are limited and mainly concentrated in the urban areas.

The earlier study had identified areas of low prevalence (less than 400/thousand), medium prevalence (400-600/thousand) and high prevalence (more than 600/thousand). Two villages in the high prevalence area were selected wherein a sample of 300 cases and equal number of controls were enrolled. Cases were selected from 40-60 years age group with lenticular opacities or surgical aphakia and were included in this study. (7)

According to the estimates of International Agency for Prevention of Blindness (1980), glaucoma alone is responsible for 20% of blindness in the world. In Asian countries the prevalence of glaucoma blindness varies from 0.5% to 36.3%, with lowest figure quoted from India. However, according to Blindness Survey of India carried out by National Program on Control of Blindness (1986-89), glaucoma as a cause of blindness accounts for 1.70% of the blind population.

Main causes of blindness are as follows: - Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness Low Vision is 0.80 per thousand

METHODOLOGY

Objectives of the Study

Marketing is the backbone of any kind of business activity on which depends the outcome of any commercial activity and service industry is no exception to it. The company under consideration i.e. EYE-Q Vision Pvt. Ltd, is a relatively new entrant without a strong branding, to the highly specialized and competitive medical service industry. Hence I proposed to study this important segment with following specific objectives.

- To track the business activity of the Rajajipuram center of EYE-Q Vision Pvt. Ltd., Lucknow.
- To establish correlation, if any, between marketing expenditure incurred and effect on business revenue of the center.
- To develop a marketing calendar for coming months of May and June.

Methodology of the study

1. Study Area: Rajajipuram Center of the company at Lucknow.
2. Study Design: Collection of data and its analysis that influence the marketing activity and growth of center's business.
3. Study Population: Not applicable
4. Sample size and technique: 1 center out of the 32 centers of Eye Q is the sample under consideration.
5. Sources of data: Direct Data collection by interaction and consultation with the staff and reference to the company's financial and marketing records.

ANANLYSIS

Marketing Initiatives

Following is the list of marketing activities which are implemented to have desired growth.

Some of them already exist in Lucknow region.

We carried forward usual marketing activity but also introduced some new things, to switch over to next stage of growth.

All activities are divided into two heads: ATL and BTL.

Table 3: All activities according to types mentioned by the Head Office of Eye-Q Vision.

| ATL(Above the line) | BTL(Below the line) |
|------------------------|-----------------------|
| Press media | Camp |
| Radio | In house branding |
| Hoarding | Pamphlet distribution |
| Press release activity | Health talk |
| Digital marketing | Tie –up |
| News paper | Events |
| Pole KIO's | Free coupons |
| | Banners |

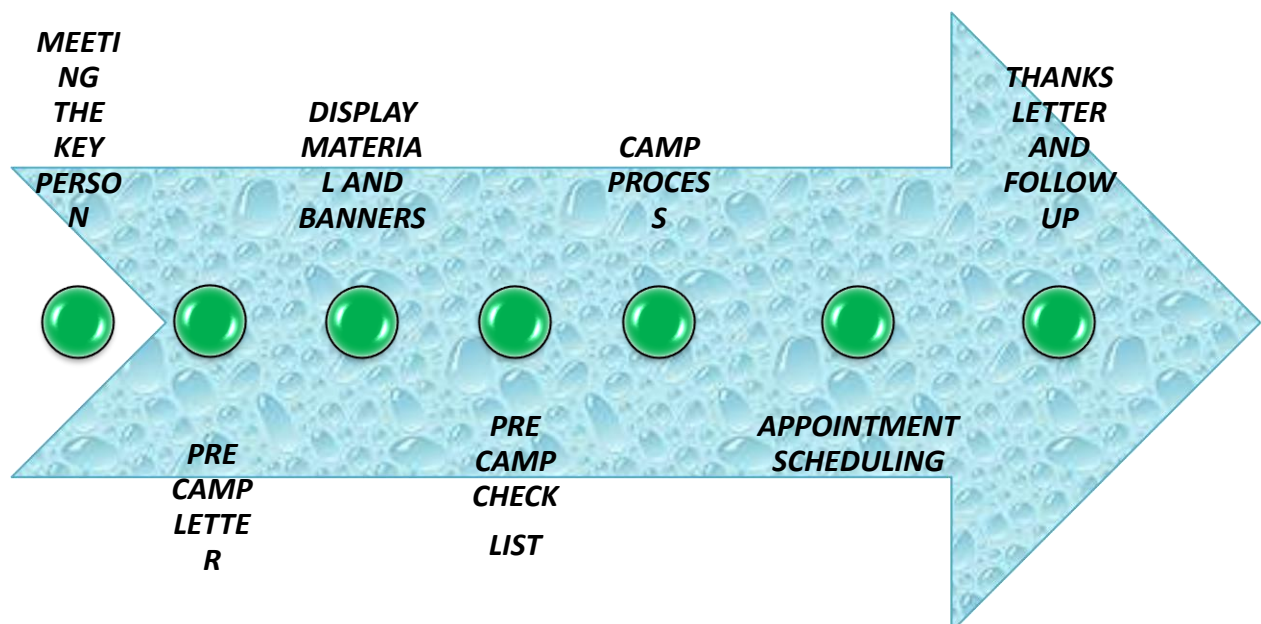
BTL ACTIVITY

A. Camp:

| | | |
|--|-----------------------|--|
| | CORPORATE CAMP | <ul style="list-style-type: none"> • INHOUSE • ONSITE |
| | SOCIETY CAMP | <ul style="list-style-type: none"> • IN HOUSE • ONSITE |
| | SENIOR CITIZEN CAMP | <ul style="list-style-type: none"> • IN HOUSE • ON SITE |
| | VILLAGE CAMP | |
| | SPECIAL IN HOUSE CAMP | <ul style="list-style-type: none"> • (SENIOR CITIZEN • GLAUCOMA) |
| | | |

Purpose of organising camp is mainly to increase the number of OPD patients i.e maximum foot falls at hospital's door step.

CAMP PROCESS



IN HOUSE CAMP AT CENTER

- Date : 24 April 2016 Time : 10AM TO 2PM Location : Eye Q Rajajipuram center, Lucknow
- 2 Banners hung at Hospital and at nearby Auto stand (5 days prior to camp day)
- Rickshaw announcement was done three days prior for two days in nearby localities.
- 30,000 leaflets from which 28,000 insertions in newspapers were done 2 days prior to camp.
- Total Cost: Rs. 12,560

Banners: (6x3) 180 x 2 = Rs.360

Rickshaw Announcement: Rs. 1,500

Leaflets print: (B/W) 30,000 x .17 = Rs. 5,100

Leaflets insertion: 28,000 x .20 = 5,600

Table 4: Camp day

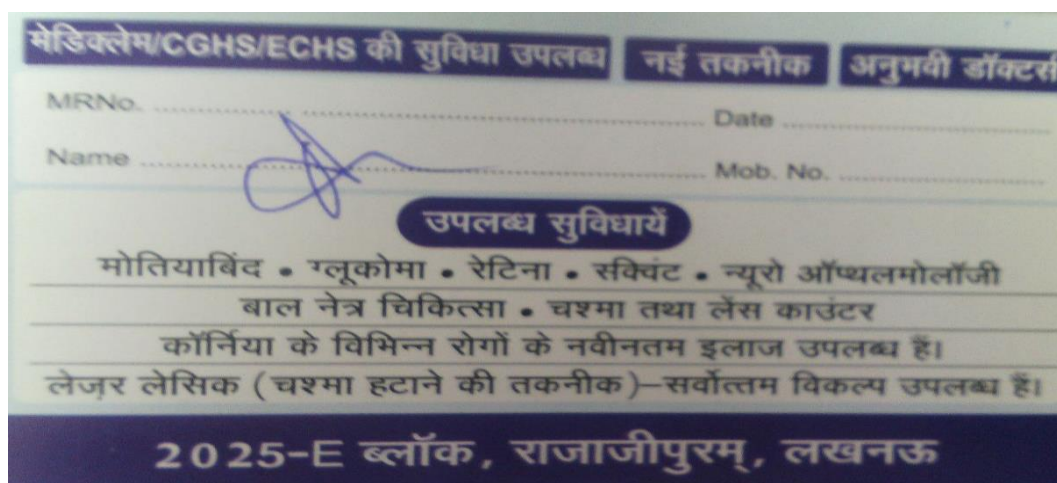
| Total OPD | Cataract Advised | LASIK Advised | Glaucoma | Yag Cap | Retina | Refraction |
|--------------|---------------------|------------------|----------|---------|--------|------------|
| 172 | 11 | 3 | 4 | 02 | 3 | 172 |

B. Marketing coupons/Surgical coupons/ Pharmacy envelopes coupons

- Marketing coupons are used for referral process from optical shops and chemists in the nearby area.
- Each marketing coupon costs Re. 0.9



- Surgical coupons are given to surgery patients on which their family members and relatives get discount on check up for first time.
- A period of one month is the validity of such coupons. 5 coupons are given to each surgical patient.
- Each surgical coupon costs Re. 1



- Pharmacy envelopes are given to patients taking medicine from pharmacy counter.

- On these coupons one family member can get checkup on discount within 1 week duration.
- Each pharmacy envelope coupon costs: Rs.1.25

EYE Q

आई-क्यू सुपर स्पेशियलिटी
आँखों के अस्पताल
सहयोगी: प्रकाश नेत्र केन्द्र

सुविधाएँ उपलब्ध

| | | | |
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| लेसिक लेजर <ul style="list-style-type: none"> • टिश्यू सेविंग • एस्फेरिक ट्रीटमेंट मोसियाबिंद क्लीनिक <ul style="list-style-type: none"> • टांकारहित फीको मोसियाबिंद सर्जरी • माइक्रो इन्टीजन मोसियाबिंद सर्जरी • अबेरेशन-मुक्त आइओएलएस • मल्टीफोकल आइओएलएस • वाईएजी कैप्सुलोटोमी बाल नेत्रचिकित्सा | ग्लूकोमा क्लीनिक <ul style="list-style-type: none"> • सभी लेसर और सर्जरियाँ • एक्सानेशन टोनोमीट्री • गैर-सम्पर्क टोनोमीट्री • मोनियोरिंग • स्वचालित पैरिमेंट्री • वाईएजी पीआई कोनिया क्लीनिक <ul style="list-style-type: none"> • फोफिक आइओएल • ट्रीमा सर्जरी • स्पेकुलर बायोमाइक्रोस्कोपी • पैकीमेट्री • ओजारबीस्कैन • अबेरोमेट्री • कैरेटोप्लास्टी | <ul style="list-style-type: none"> • फोटोरेक्ट लेम्ब बायोमाइक्रोस्कोपी (डिजिटल कैमरे के साथ) रेटिना क्लीनिक <ul style="list-style-type: none"> • मयुमेड रेटिनोपैथी क्लीनिक • बीईजीएफ विरोधी उपचार • जोसीटी (ऑप्टिकल कोहरेन्स टोमोग्राफी) • डिजिटल फ्लुडरा पलरो एंजिओग्राफी • डबल फ्रीक्वेंसी वाईएजी लेजर • 25 गेज विटरिडोमी • अप्रक्स ओप्थाल्मोस्कोपी • एन्को लेसर • एलआईओ स्विफ्ट और ओक्लुप्लास्टी क्लीनिक <ul style="list-style-type: none"> • साइनोप्टोफोर | <ul style="list-style-type: none"> • सभी सर्जरियाँ • ऐम्ब्लोपिया उपचार • ट्यूबर सर्जरी नेत्र अल्ट्रासाउंड <ul style="list-style-type: none"> • ए स्कैन और बी स्कैन न्यूरो नेत्रचिकित्सा |
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ऑप्टिकल

- कॉन्टैक्ट लेंस

मिडिलेस/सीजीएचएस/इसीएचएस के लिए किरातेस सुविधाएँ

आई-क्यू सुपर स्पेशियलिटी आँखों का अस्पताल
2025-E ब्लॉक, राजाजीपुरम्, लखनऊ
• फोन : 0522- 4002100, 8756267777

फ्री परामर्श, केवल एक बार*

फ्री नेत्र जाँच कूपन

आई-क्यू सुपर स्पेशियलिटी आँखों के अस्पताल में कृपया कूपन साथ लायें।

Surgical coupons and pharmacy envelopes were got in bulk of 2,000 and used.

1,000 marketing coupons were used.

So, total cost spends on coupons were: $2,000 \times 1 + 1,000 \times 1 + 2,000 \times 1.25 =$

Rs. 5,500

C. Senior Citizen Camp (2 phases)

- Date: 1 April-15 April and then 16 April-30 April 2016.
- 4 Banners hung at Hospital, & nearby areas till camp duration got over.
- 10,000 leaflets for both phases from which 8,000 insertions in newspapers were done during the camp.
- 2,000 leaflets were given through hand distribution by hiring 4 persons.
- Total Cost: Rs. 13,920

Banners: (6x3) 180 x 4 = Rs.720

Leaflets print: (B/W) 20,000 x .50 = Rs. 10,000

Leaflets insertion: 16,000 x .20 = Rs. 3,200

D. Water Distribution Activity

- This was the first initiative by this center for such an activity
- Free distribution of water to people at a temple on a busy cross road and marketing coupons were also distributed.
- 60 coupons were distributed in that 3 hours activity.
- Also Samvad- A newspaper by Eye Q about eye diseases and other leaflets about services were also distributed.
- A banner was placed about the center.
- Total cost for such activity : Rs. 1,000

ATL ACTIVITY

- Printing of Banners and leaflets are done regionally but designing is done at head office & costing part for banner is decided regionally.
- Quantity of Banners and Leaflets are decided at regional office.
- Printing cost of banners is Rs. 10/sq feet.
- Leaflets 90 GSM A8 size: 50 Paise/ leaflet(inclusive of distribution)
- Distribution cost (newspaper): 20 Paise /paper.
- Banner used in camps is mostly 6x3 square feet: 180 Rs./paper
- Pole KIO'S were put in interior areas like nearby villages which cost Rs 150/KIO.

POLE KIO's

- Eye-Q has 50 polls Kio's in interior areas.
- Pole Kio's in Lucknow region is also done at regional level.
- One time printing cost is Rs.150 & Monthly rental cost is nil due to posting in interior areas.
- Total cost is Rs. 7,500 inclusive of Municipal taxes and Hanging charges.

BANNERS

- The design brief is prepared by the Regional Team or head office and sent to the Designing Agency.
- Translation and changes (places, dates and alliances) is done regionally.

Table 5: Banners

| S.N | TYPE | SIZE | COST | QUANTITY |
|-----|--------------------------------|-------|--------|----------|
| 01 | Banner camp | 6'x3' | Rs 180 | 2 |
| 02 | BANNER Senior citizen activity | 6'x3' | Rs 180 | 4 |

LEAFLETS

- The design brief is prepared by the Regional Team and sent to the Designing Agency.
- Sometimes this design brief is prepared by the head office for some special event or promotion.
- Translation and changes (places, dates and alliances) is done regionally.
- Leaflets are printed at 90 GSM, Glossy paper At A8 size.
- Leaflets are distributed as Newspaper Insertion (20 paisa/paper) or using hand distribution.

Table 6: Leaflets

| S.N | TYPE | SIZE | COST | QUANTITY |
|-----|----------------------------------|------|----------|----------------------|
| 01 | Leaflets Camp | A8 | Rs. 0.17 | 30,000 |
| 02 | Leaflets Senior Citizen Activity | A8 | Rs. 0.50 | 10,000 in each phase |

Total Marketing Expenditure in month of April'16

1. Camp = Rs. 12,560

2. Coupons= Rs. 5,500
3. Senior citizen activity= Rs. 13,920
4. Water distribution activity= Rs. 1,000

Total expenditure= Rs. 32,980

A budget of Rs. 30,000 (approx.) is being allocated to a center to carry on such marketing activities for every month.

Table 7: Summary of business trend of Financial Year 2015-16 and April'16

| Key Matrix | Apr Tgt 15 | Apr Act 15 | May Tgt 15 | May Act 15 | Jun Tgt 15 | Jun Act 15 | Jul Tgt | Jul 15 Act 15 |
|-------------------------|--------------|--------------|-------------|-------------|-------------|---------------|-------------|---------------|
| OPD | | | | | | | | |
| New | 556 | 591 | 631 | 564 | 623 | 567 | 628 | 506 |
| Old | 127 | 156 | 144 | 164 | 142 | 167 | 143 | 184 |
| Review | | 305 | | 235 | | 194 | | 125 |
| Total | 683 | 1,052 | 775 | 963 | 765 | 928 | 771 | 815 |
| OPD Revenue | 0.58 | 0.80 | 0.70 | 0.84 | 0.65 | 0.86 | 0.90 | 0.82 |
| CATARACT | | | | | | | | |
| Cataract Advised | | 65 | | 50 | | 51 | | 36 |
| Cataract Done | 48 | 39 | 20 | 18 | 18 | 20 | 13 | 9 |
| Cataract : Done / Adv | | 60.00% | | 36.00% | | 39.22% | | 25.00% |
| Cataract Revenue | 6.64 | 6.11 | 2.80 | 3.12 | 2.46 | 3.69 | 2.00 | 1.46 |
| LASIK | | | | | | | | |
| Lasik Done | 0 | 1 | 0 | 1 | 2 | 2 | 1 | 0 |
| Lasik Revenue | 0.00 | 0.33 | 0.00 | 0.25 | 0.40 | 0.50 | 0.25 | 0.00 |
| GLAUCOMA | | | | | | | | |
| Glauc Surgery | | 1 | | 1 | | 0 | | 0 |
| Glauc Revenue | 0.25 | 0.17 | 0.3 | 0.32 | 0.29 | 0.13 | 0.30 | 0.18 |
| RETINA | | | | | | | | |
| Retina proced. | | 6 | | 6 | | 5 | | 4 |
| Retina Revenue | 0.56 | 0.70 | 0.6 | 0.78 | 0.63 | 2.15 | 0.60 | 0.42 |
| Others Revenue | 1.42 | 0.03 | 0.00 | 0.03 | 0.07 | 0.05 | 0.50 | 0.05 |
| Eye-Q Gross Rev. | 9.45 | 8.14 | 4.40 | 5.34 | 4.50 | 7.3790 | 4.63 | 2.9300 |
| | | | | | | | | |
| OPTICALS | | | | | | | | |
| Optic. Done | 115 | 104 | 129 | 94 | 128 | 72 | 129 | 82 |
| Optic. Revenue | 2.19 | 1.98 | 2.50 | 1.77 | 2.40 | 1.55 | 2.50 | 1.587 |
| MEDICINE | | | | | | | | |
| Med. Done | 479 | 636 | 542 | 441 | 536 | 253 | 540 | 299 |
| Med. Revenue | 0.88 | 1 | 1.00 | 1 | 1.00 | 0.904 | 1.00 | 1 |
| Pinnacle Gross | 3.07 | 2.98 | 3.50 | 2.77 | 3.40 | 2.45 | 3.50 | 2.59 |
| | | | | | | | | |
| Total centre | 12.52 | 11.12 | 7.90 | 8.11 | 7.90 | 9.83 | 8.13 | 5.52 |

| Key Matrix | AUG 15 Tgt | AUG Act 15 | Sep 15 Tgt | Sep Act 15 | Oct 15 Tgt | Oct Act 15 | NOV 15 Tgt | NOV Act 15 | DEC 15 Tgt |
|-------------------------|-------------|---------------|-------------|---------------|--------------|--------------|--------------|--------------|--------------|
| OPD | | | | | | | | | |
| New | 702 | 639 | 711 | 613 | 650 | 531 | 792 | 421 | 631 |
| Old | 160 | 161 | 162 | 139 | 170 | 154 | 170 | 158 | 160 |
| Review | | 169 | | 219 | | 184 | | 197 | |
| Total | 862 | 969 | 873 | 971 | 820 | 869 | 962 | 776 | 791 |
| OPD Revenue | 1.00 | 0.76 | 1.00 | 0.78 | 0.90 | 0.86 | 1.10 | 0.64 | 0.90 |
| CATAR ACT | | | | | | | | | |
| Cataract Advised | | 53 | | 72 | | 66 | | 70 | |
| Cataract Done | 18 | 11 | 22 | 24 | 44 | 36 | 45 | 38 | 53 |
| Cataract : Done / Adv | | 20.75% | | 33.33% | | 54.55% | | 54.29% | |
| Cataract Revenue | 2.80 | 2.13 | 3.40 | 4.28 | 7.10 | 8.00 | 7.20 | 7.23 | 8.60 |
| LASIK | | | | | | | | | |
| Lasik Done | | | | | | | | | |
| Lasik Revenue | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 2 |
| GLAUC OMA | 0.30 | 0.00 | 0.30 | 0.31 | 0.00 | 0.00 | 0.30 | 0.00 | 0.40 |
| Glauc Surgery | | 0 | | 0 | | 0 | | 0 | |
| Glauc Revenue | 0.30 | 0.12 | 0.30 | 0.19 | 0.30 | 0.10 | 0.40 | 0.11 | 0.30 |
| RETINA | | | | | | | | | |
| Retina proced. | | 5 | | 6 | | 8 | | 3 | |
| Retina Revenue | 0.70 | 0.93 | 0.70 | 1.24 | 0.70 | 0.53 | 0.80 | 1.24 | 0.60 |
| Others Revenue | 0.40 | 0.14 | 0.20 | 0.10 | 0.50 | 0.60 | 0.20 | 0.01 | 0.50 |
| Eye-Q Gross Rev. | 5.58 | 4.0800 | 5.97 | 6.9000 | 9.50 | 10.09 | 9.98 | 9.23 | 11.30 |
| OPTICA LS | | | | | | | | | |
| Optic. Done | 144 | 92 | 146 | 96 | 119 | 88 | 139 | 65 | 115 |
| Optic. Revenue | 2.80 | 1.78 | 2.80 | 1.9 | 2.30 | 1.95 | 2.70 | 1.77 | 2.20 |
| MEDICI NE | | | | | | | | | |
| Med. Done | 603 | 379 | 611 | 350 | 574 | 490 | 673 | 405 | 554 |
| Med. Revenue | 1.10 | 1.25 | 1.10 | 1.43 | 1.10 | 1.13 | 1.20 | 1 | 1.00 |
| Pinnacle Gross | 3.50 | 3.03 | 3.50 | 3.33 | 3.50 | 3.08 | 3.50 | 2.77 | 3.20 |
| Total centre | 9.08 | 7.11 | 9.47 | 10.23 | 13.00 | 13.17 | 13.48 | 12.00 | 14.50 |

Table 7 (Continued)

Table 7 (Continued)

| Key Matrix | DEC Act 15 | JAN 16 Tgt | JAN Act 16 | FEB 16 Tgt | FEB Act 16 | MAR 16 Tgt | MAR Act 16 | Apr Tgt16 | Apr Act16 |
|-------------------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| OPD | | | | | | | | | |
| New | 527 | 548 | 454 | 607 | 629 | 650 | 648 | 596 | 620 |
| Old | 158 | 155 | 132 | 170 | 207 | 180 | 223 | 198 | 241 |
| Review | 272 | | 268 | | 304 | | 338 | | 338 |
| Total | 957 | 703 | 854 | 777 | 1,140 | 830 | 1,209 | 794 | 1,199 |
| OPD Revenue | 0.71 | 0.80 | 0.65 | 0.90 | 0.90 | 1.00 | 0.86 | 0.80 | 0.81 |
| CATAR ACT | | | | | | | | | |
| Cataract Advised | 93 | | 58 | | 100 | | 100 | | 77 |
| Cataract Done | 50 | 27 | 46 | 55 | 57 | 60 | 58 | 43 | 35 |
| Cataract : Done / Adv | 53.76% | | 79.31% | | 57.00% | | 58.00% | | 45.45% |
| Cataract Revenue | 8.66 | 5.20 | 9.70 | 10.50 | 9.99 | 11.50 | 9.47 | 8.40 | 6.92 |
| LASIK | | | | | | | | | |
| Lasik Done | 0 | 6 | 3 | 2 | 0 | 2 | 0 | 2 | 2 |
| Lasik Revenue | 0.01 | 1.50 | 0.99 | 0.60 | 0.00 | 0.50 | 0.00 | 0.70 | 0.68 |
| GLAUC OMA | | | | | | | | | |
| Glauc Surgery | 0 | | 0 | | 0 | | 0 | | 0 |
| Glauc Revenue | 0.20 | 0.20 | 0.08 | 0.20 | 0.07 | 0.20 | 0.18 | 0.2 | 0.04 |
| RETINA | | | | | | | | | |
| Retina proced. | 0 | | 3 | | 4 | | 3 | | 3 |
| Retina Revenue | 0.83 | 0.80 | 1.22 | 0.90 | 1.27 | 0.90 | 0.40 | 0.98 | 1.87 |
| Others Revenue | 0.06 | 0.50 | 0.41 | 0.00 | 0.02 | 0.30 | 0.08 | 0.00 | 0.46 |
| Eye-Q Gross Rev. | 10.47 | 8.96 | 13.05 | 13.08 | 12.25 | 14.26 | 10.99 | 11.10 | 10.78 |
| OPTICA LS | | | | | | | | | |
| Optic. Done | 114 | 102 | 81 | 113 | 107 | 120 | 104 | 111 | 86 |
| Optic. Revenue | 2.25 | 2.30 | 1.4 | 2.60 | 2.26 | 2.80 | 2.39 | 2.50 | 1.8 |
| MEDICI NE | | | | | | | | | |
| Med. Done | 595 | 562 | 468 | 621 | 635 | 664 | 612 | 604 | 701 |
| Med. Revenue | 1.54 | 1.40 | 1.096 | 1.50 | 1.52 | 1.60 | 1.37 | 1.40 | 1.49 |

| | | | | | | | | | |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Pinnacle Gross | 3.79 | 3.70 | 2.50 | 4.10 | 3.78 | 4.40 | 3.76 | 3.90 | 3.29 |
| Total centre | 14.26 | 12.66 | 15.54 | 17.18 | 16.03 | 18.66 | 14.75 | 15.00 | 14.07 |

RESULTS AND DISCUSSIONS

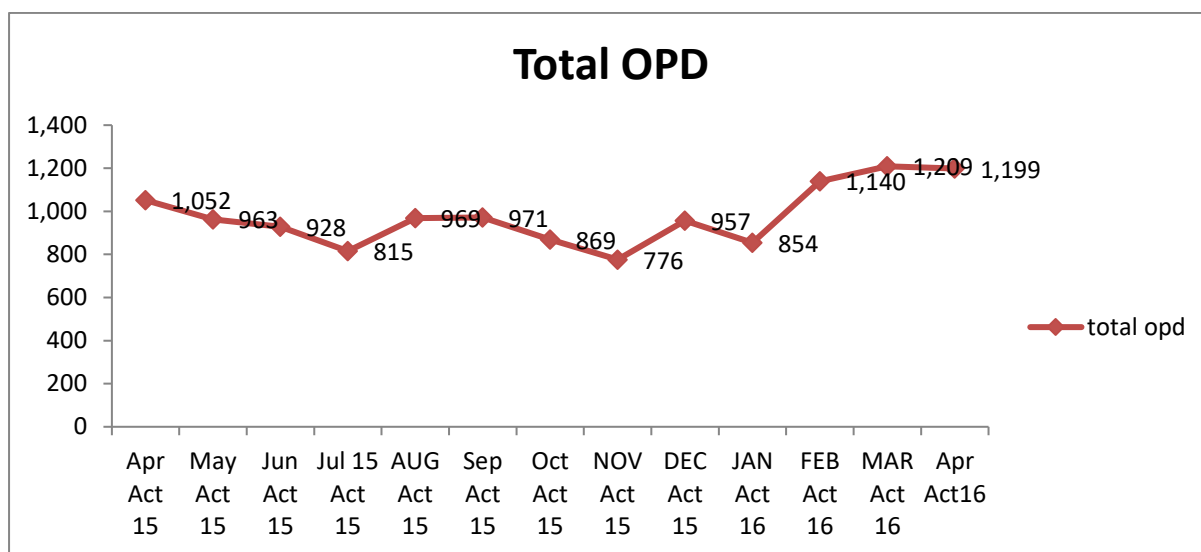


Figure 1: Total OPD

Total OPD trend shows an increase in OPD number in First Quarter of 2016-17 as per previous quarters in 2015-16 financial year.

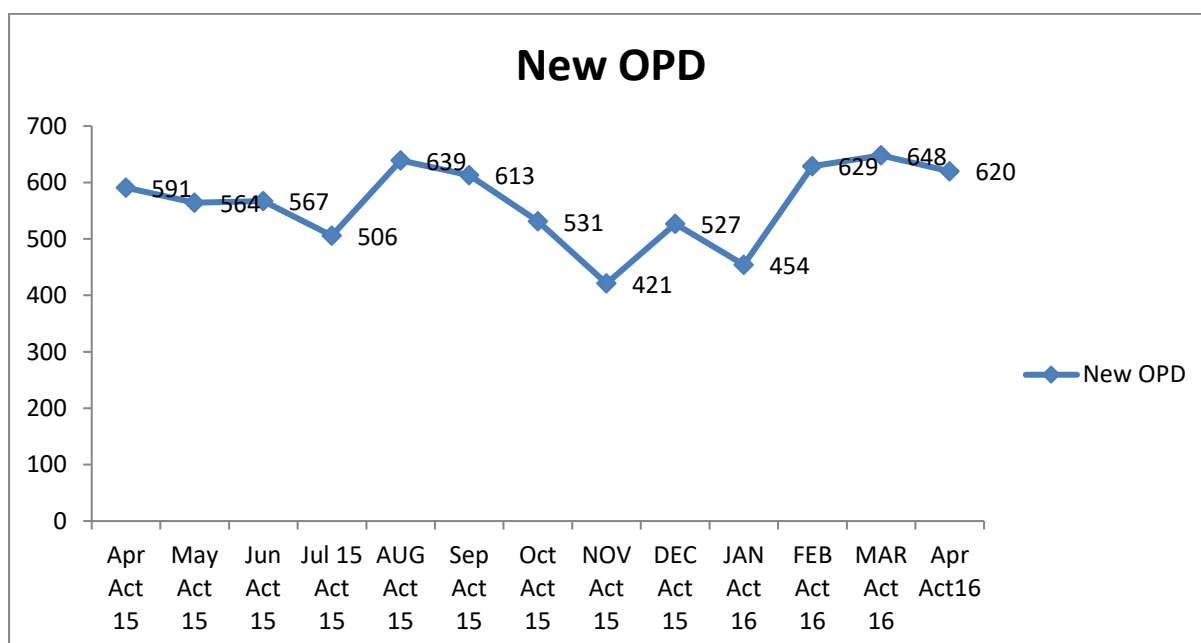


Figure 2: New OPD

New OPD is a major measurement of influence of marketing on footfall in the center. This can be seen that there is escalating increase in the new OPD's from previous six months before April 2016 except for marginal decrease from March 2016.

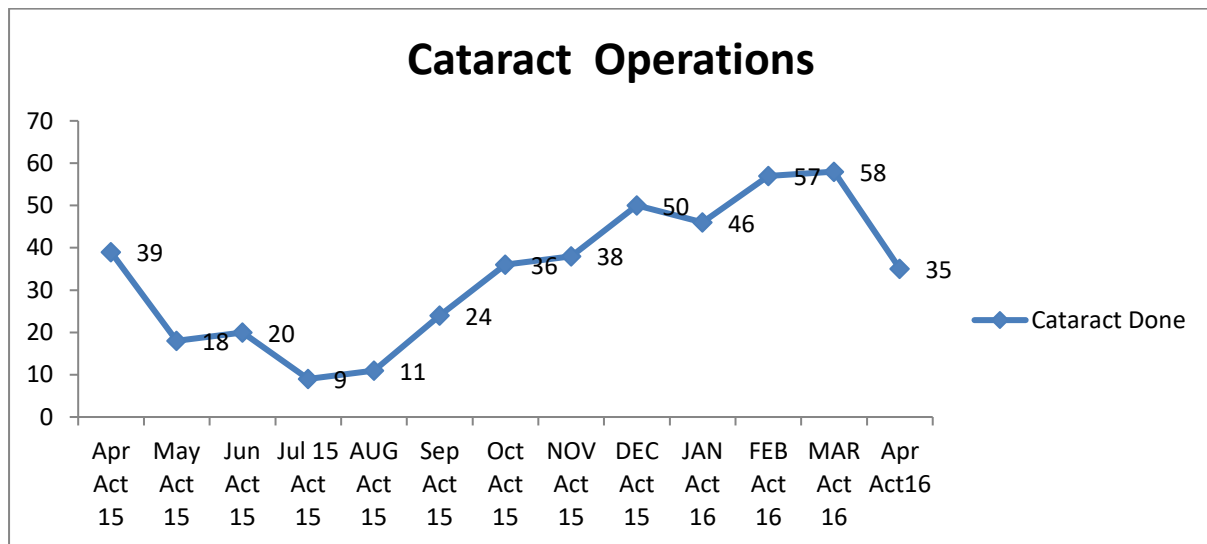


Figure 3: Cataract Operations

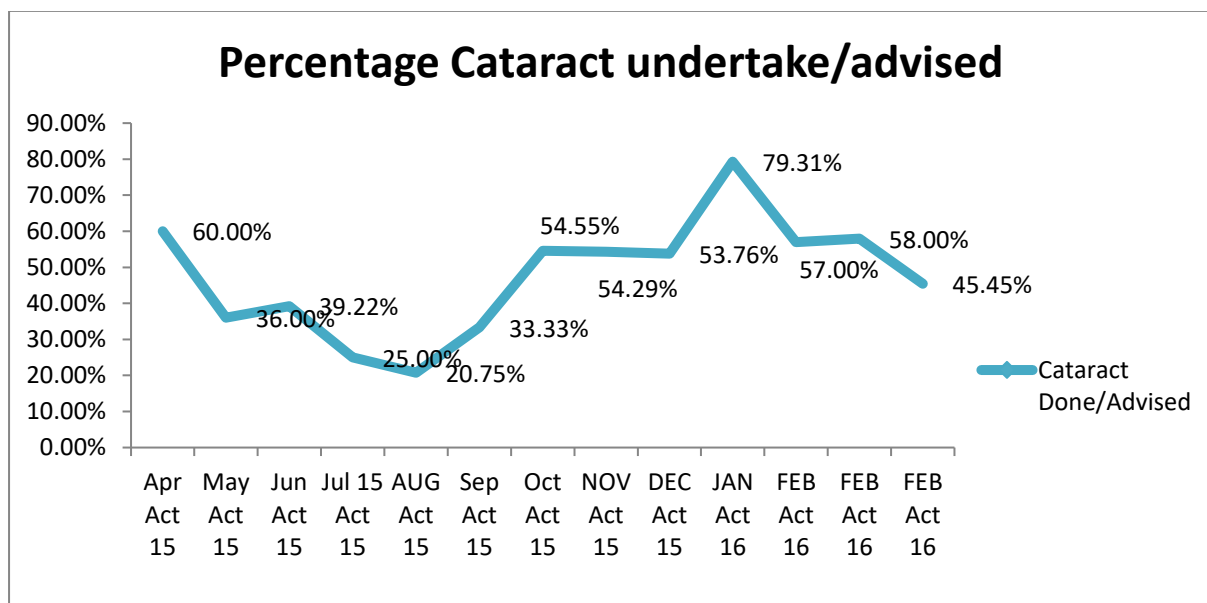


Figure 4: Cataract Undertake/Advised

The trend in Cataract Surgeries performed at the center shows a seasonal trend where winter and mild summers months have more surgeries done as compared to summers. This might be due people's thinking associated with season and surgery. The change in technology in cataract surgery is still not well penetrated the society's mind. Even though a proper

counseling is being provided still people have not changed their mind and continues with preference for winter months for surgeries.

Table 8: Marketing plan for May month for the Rajajipuram center

| Activity details | Area | Details of expenditure | Costs |
|---------------------------------|--|--|--------|
| Senior citizen activity | In two phases, inside center | Leaflets =10,000 Insertion = 3200 Banners = 700 | 14,000 |
| Surgery coupons | In center | Coupons worth 2,000 | 2,000 |
| Water distribution activity | Balaji temple two times Budheshewar temple | Per activity 1,000 | 3,000 |
| Coupon activity | Nearby optical and chemist, also through pinnacle pharmacy | Coupons worth 3,000 | 3,000 |
| Mega camp date : 15/05/2016 | In house camp | Leaflets =5,000 Insertions =5,500 Banners = 360 Rickshaw announcement = 1,000 | 11,860 |
| Wall painting | At 9 sites | Each wall painting = 150 | 1,350 |
| Free activity for all age group | At different time in center | Leaflets, Insertions, Rickshaw announcement | 10,000 |
| Total | | | 42,210 |

Table 9: **Marketing plan for June month for the Rajajipuram center**

| Activity details | Area | Details of expenditure | Costs |
|---------------------------------|--|--|--------|
| Senior citizen activity | In two phases, inside center | Leaflets =10,000 Insertion = 3200 Banners = 800 | 14,000 |
| Surgery coupons | In center | Coupons worth 2,000 | 2,000 |
| Water distribution activity | Location not decided | Per activity 1000 | 1,000 |
| Coupon activity | Nearby optical and chemist, also through pinnacle pharmacy | Coupons worth 3,000 | 3,000 |
| Mega camp date : 19/06/2016 | In house camp | Leaflets =5,000 Insertions =5,500 Banners = 360 Rickshaw announcement = 1,000 | 11,860 |
| Free activity for all age group | At different time in center in continuation to May | Leaflets, Insertions, Rickshaw announcement | 10,000 |
| Total | | | 41,860 |

CONCLUSION

Tracking of business helps in preparation of strategy by focussing on the weak and strong areas of our operations. It helps to sensitize each level of employees for their work.

Camps and coupons help in higher return on investments as expenditure is much less and help hospital build a healthy relationships with patients and create brand awareness in society.

Co-branding or empanelling optical shops and chemists provide Eye-Q, one more point of contact for its center as every optical shop/ chemist empanelled/tie-up become the ambassador for Eye-Q.

Based on the result obtained from various regions and demographic profiles of patients, we can plan the resources accordingly and prepare the Marketing Calendar.

Product specification while tracking business can help marketing department for product-wise marketing. It will help to know where we are lacking and where we need to work and focus more.

As per the marketing activities from the past to the present, there has been an incremental contribution in new OPD cases at the Center.

But still surgeries which are prime contributors to revenue of the Center are more season based. Moreover, the economic and social factors play an important role in encouraging/discouraging the people to take recourse to such surgeries.

In such cases marketing and publicity has to play an aggressive role for achieving the objectives of the Organisation.

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