



ParkwayHealth™



Gleneagles™
SINGAPORE



Mount Elizabeth™
ORCHARD



Mount Elizabeth™
NOVENA



Parkway East Hospital

SERVICE MARKETING

INTERNSHIP REPORT



Submitted To:

Dr. Mohammad Tareque Aziz

Associate Professor

BRAC Business School

BRAC University

Prepared By:

Mamun Rashid Bhuiyan

Student ID: 10104132

BRAC Business School

BRAC University

CONTENTS

INTRODUCTION.....	1
About Mount Elizabeth™	1
About CanHOPE.....	1
About Dhaka Patient Assistance Centre	2
GAPS MODEL	4
GAP 1: Listening Gap.....	5
GAP 2: Service Design & Standards Gap:	5
GAP 3: Service Performance Gap	6
GAP 4: Communication Gap	7
GAP 5: Patient Gap.....	8
Patient Expectations.....	8
Our Patient Experience / Perception:	9
PATIENT BEHAVIOR IN MOUNT ELIZABETH HOSPITALS' SERVICES	12
LISTENING TO THE PATIENTS	17
How We Target Our Market:.....	17
Segmentation:	17
Research Objectives:	18
Research Stages:	18
Types of Research Done:	18
Quantitative Findings (August – September 2014):.....	19
Qualitative Interpretation:	19
BUILDING PATIENT RELATIONSHIPS:	20
Lifetime Value of Patient:	20
Typical Patient Profile.....	20
Segments' Characteristics:.....	20
Retention Strategies:	21
Current Retention Strategies Implemented:	21

New Strategies:	22
SERVICE RECOVERY	23
Service Recovery Strategies Applied:	23
SERVICE DESIGN OF THE DHAKA OFFICE	24
Challenges of Service Design.....	24
Service Blueprint.....	24
INTEGRATED SERVICE MARKETING COMMUNICATIONS.....	28
WAY FORWARD FOR THE COMPANY IN DELIVERING BEST QUALITY OF SERVICES (SERVICE DEVELOPMENT).....	35
CONCLUSION	36
REFERENCES	37
APPENDIX 1	38
Patient Stories	38

INTRODUCTION

Working as a Marketing Executive for 6 months so far, Parkway Hospitals Singapore Pte Ltd has provided me the privilege to shoulder diverse roles and responsibilities – from corporate marketing, digital marketing, branding, strategic planning, strategy formulation, events, to recruitment and training of individuals within the Marketing Department only for the business units: Mount Elizabeth Orchard, Mount Elizabeth Novena & CanHOPE Bangladesh.

About Mount Elizabeth™

Mount Elizabeth™ is a subsidiary of Parkway Pantai Limited whose holding company is IHH Healthcare Berhad (IHH). IHH is alleged to be one of the largest listed private healthcare providers in the world based on market capitalization, with a focus on markets in Asia and the CEEMENA region. Mount Elizabeth Hospital is a private tertiary acute care hospital that has been serving the Asia Pacific for 35 years today. Housing over 40 multi-disciplinary specialties and over 460 specialists, Mount Elizabeth™ has a comparatively high concentration of cardiologists, cardiac surgeons, neurologists and neurosurgeons in Asia. It also has the first private cancer centre and is the first private hospital in Singapore to offer cardiac catheterization, cardiac surgery, neurosurgery and other advanced medical services. In a move to provide patients with access to a wide spectrum of services, Mount Elizabeth™ extended their presence in Singapore from one hospital in the city (Mount Elizabeth Orchard), to an additional, new location in the heart of Singapore (Mount Elizabeth Novena). Both hospitals have received the renowned Joint Commission International (JCI) accreditation of quality care.¹

Within Singapore:

- ❖ First angioplasty
- ❖ First robotic surgery
- ❖ Most mechanical heart implants
- ❖ Most blood-incompatible kidney transplants
- ❖ First Paediatric 'Flipped' Liver Transplant

About CanHOPE

CanHOPE is a non-profit cancer counseling & support service initiated by Parkway Cancer Centre (PCC). Parkway Cancer Centre was set up to offer personalized care through specialized treatments delivered by a highly experienced multidisciplinary team that has individually undergone sub-specialty training in leading oncology centres worldwide. Cancer, being a complex disease often requires a combination of treatments depending on its type, spread and location. Because each patient, and each occurrence of cancer, is unique, so are our treatment strategies are applied accordingly. Advancements in the realm of medical oncology give hope to patients and their loved ones. With an arsenal of medicines growing in range and effectiveness, PCC is now better equipped than ever before in the battle against cancer. The center is

available in all Parkway Hospitals.²

PCC's Surgical Specializations:

Head & Neck Surgery, Orthopaedic Surgery, Thoracic Surgery, Neurosurgery Surgery, Colorectal Surgery, Gynaecological Surgery, Urological Surgery, General Surgery, Reconstructive Surgery and Gastrointestinal & Hepatic Surgery²

About Dhaka Patient Assistance Centre



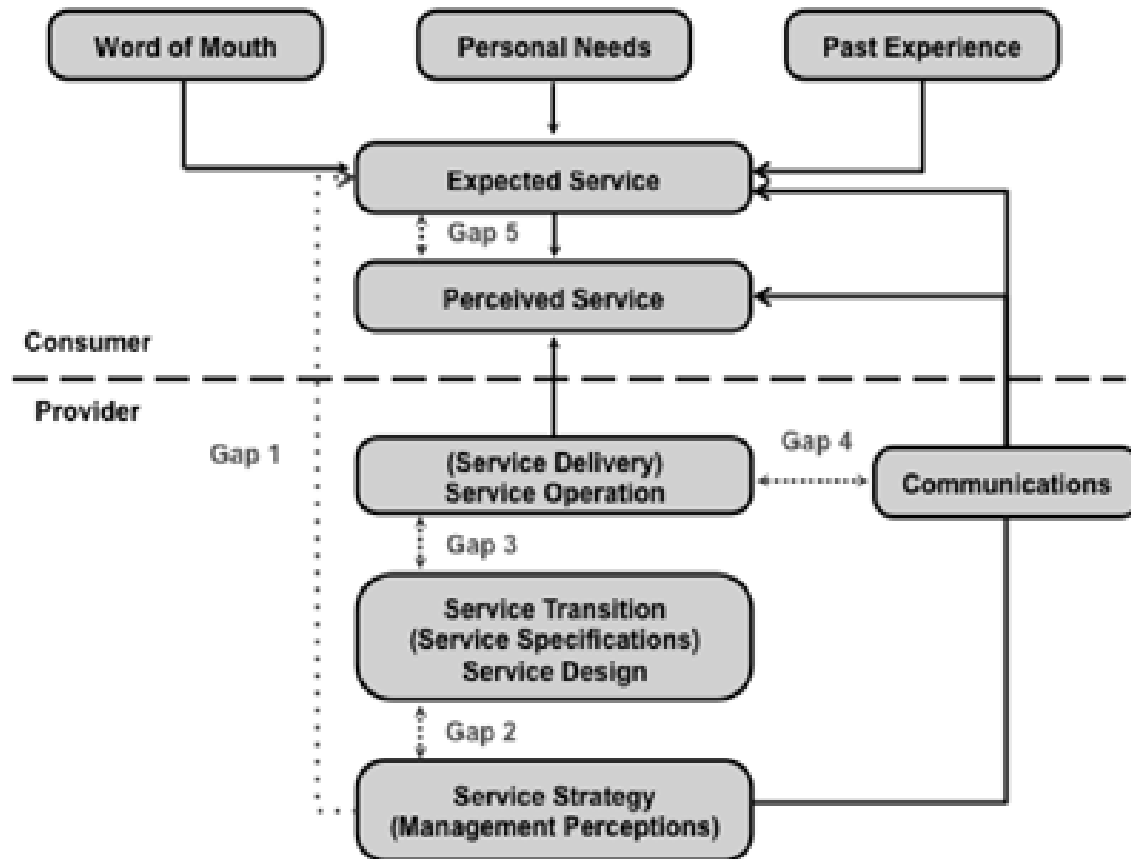
Parkway Hospitals Singapore Pte Ltd has over 45 patient assistance centres globally. Like the rest of the world, the patient assistance centre located in Dhaka, strives to facilitate the medically challenged individuals who are seeking treatment that is better than the Bangladeshi Hospitals, in the utmost convenience. Being a direct office we act as an effective intermediary between the local patients and our Singapore hospitals and healthcare centers. These include Gleneagles, Parkway East, Mount Elizabeth Orchard, Mount Elizabeth Novena and Parkway Cancer Centre. The services that we provide are as follows:

- ❖ Medical Referrals & Appointments
- ❖ Evacuation & Repatriation Assistance
- ❖ Travel – related assistance (flight reservation/confirmation, or visa application/extension)
- ❖ Accommodation (hotel/service apartment)
- ❖ Airport Meet & Greet Service/Transfer Arrangement
- ❖ Direct Admission Arrangement

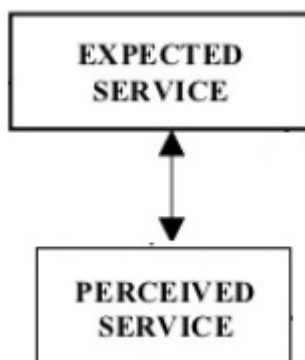
- ❖ Assistance before, during and after hospitalization
- ❖ Multi-language translation/interpreter service
- ❖ Billing & Financial Enquiries
- ❖ Sightseeing in Singapore
- ❖ General Enquiries
- ❖ Emergency Telephone Counseling
- ❖ CanHOPE services:
 - a. Live Video Conference with Singapore Doctors Through Telemedicine
 - b. Cancer Counselling
 - 1. Psycho-emotional & psycho-social issues
 - 2. Coping with cancer & treatment
 - 3. Support group activities
 - 4. Cancer counselling hotline & email
 - c. Nutritional Services
 - 1. Nutrition screening
 - 2. Individual dietary counseling

This report shall illustrate the service marketing of the Dhaka Office and or overall Parkway Hospitals in Singapore.

GAPS MODEL



PATIENT GAP:



PROVIDER GAPS:

Gap 1: Unable to understand patient expectations
(Listening Gap)

Gap 2: Lack or absence of appropriate service
designs & standards
(Service Design & Standards Gap)

Gap 3: Not delivering standard service
(Service Performance Gap)

Gap 4: Mismatch of performance with its promises
(Communication Gap)

According to the Services Marketing textbook written by Valarie A Zeithaml, Mary Jo Bitner, Dwayne D. Gremler and Ajay Pandit (5th Edition) the following causes for each of the provider gap has been specified. Subsequently, the existing gap of both Mount Elizabeth Hospitals Singapore (parent team/doctors) and Dhaka Office (local team) is also stated collectively based on self – observation and patient feedback (Please refer patient interview video).

GAP 1: Listening Gap

Difference between what the patient expected and what our dealing officer and our Doctors understood.

Textbook Causes:

- a) Inadequate marketing research orientation
- b) Lack of upward communication
- c) Insufficient relationship focus
- d) Inadequate service recovery ³

Assessment:

Understanding what the potential or existing patient is saying is one of the primary tasks of our local and parent team. More importantly, tracing their previous and existing medical reports which is definitely a much more credible and representative source of clarification of what is wrong with the individual. Our local dealing officers record every essential detail of the patient whilst interacting with them. We have a pre-set list of questions on what we call a “fact sheet” which helps us to retrieve critical patient information. All the medical reports, the fact sheet and other patient particulars are emailed and or faxed to the parent team upon confirmation. Additionally, the doctors analyze and investigate the patients again when they arrive for consultation.

The dealing officer follows up with the patient’s status on a periodic manner and assists him or her when assistance is required. They also keep in touch with their patients even after their treatment is completed in order to monitor any further complications. The service by its nature requires itself to be very personalized and thorough; therefore, I believe that this gap is almost non-existent in our case. However, there will always be a never-ending room for improvement for service recovery as in the medical sector, losses as a result of irreversible service failures are impossible to recover, if it is the death of the patient.

GAP 2: Service Design & Standards Gap:

Textbook Causes:

- a) Poor service design
- b) Absence of customer-driven standards

c) Inappropriate physical evidence and servicescape ³

Assessment:

We have a very concentrated market in Bangladesh and the existing dealing officers in the local team have the capacity and a high level of motivation to deal with the patients arriving for preliminary consultation with little or no delay. In most cases the patients send their employees to the assistance centre, rather than coming themselves due to their busy lives. They are almost always dealt with via phone. The existence of strong partners and allies (who are our internal intermediaries such as travel agencies, Singapore Consulate, courier services, service apartments in Singapore, money transfer, etc.) ensure speedy service response timings. However, this does still varies from dealing officer to dealing officer, resulting in higher demands for dealing officers with more medical expertise. The servicescape of the Dhaka Office is nothing special but is still considered justified the way it is in the opinion of the parent team as the market in Bangladesh is a very niche one. The setting is quite formal but is not very spacious or glamorous.

In contrast, the service development process is absolutely systematic and for the most part automated in the parent facility. This is due to the higher volume of patients as people around the world converge there for their medical service. The servicescape is excellent and so is the service response timing. Every single staff in the hospital seemed to be synchronized and very well trained. The doctors are alleged to be the best in Asia and the medical technology being used is very advanced. They try to complete every patient's treatment within a short period of time with a positive clinical outcome.

The patients are least concerned about the physical environment of the Dhaka Office. Rather they are more focused on the arrangements we make for them and the ultimate outcome of the treatment in Singapore. However, I still believe the front end or reception for the local team should be improved and a smart queue system should be incorporated for service speed transparency.

GAP 3: Service Performance Gap

Difference between the development of patient driven service standard and actual service performance

Textbook Causes:

- a) Deficiencies in human resource policies
- b) Failure to match supply and demand
- c) Customers not fulfilling roles
- d) Problems with service intermediaries ³

Assessment:

Dhaka Office: Due to less awareness and least comparative desire to join the healthcare service by the talent pool in Bangladesh the current Human Resources are lagging behind when compared to large multinationals. Currently, we have monthly webinars for training, but the physical presence of a trainer is

very important to ensure effective interactive sessions. Additionally, the employee benefits are not sufficient. Therefore, it has not completely immersed itself throughout the target segment. There is still a gap in the supply and demand even though the brand itself is very popular, especially in Bangladesh. On the other hand, it is very difficult to get optimal business in the healthcare industry, one reason being that it is unpredictable and the second is because people usually settle for the option once they are referred by a close relative or a person who has experienced the healthcare service and is delighted by its outcome. Some of the Bangladeshi patient's legal documents are not valid or are cause for concern which results in difficulty of procuring visas for them. Additionally, some patients do not have proper medical reports or in some instances may have misplaced them which are causes for delay. A few patients also find it difficult to communicate the problems they facing or are uncertain which makes it difficult for the dealing officers to make recommendations or record accurate profiles to send to the parent team for better analysis. There are also several cases where the patients do not follow up with what the doctors have had instructed them to do. As for the intermediaries like Singapore Consulate is beyond our control as they are regulated and are bound to follow as instructed. For instance, it is observed by our office that a person who has a common Muslim name to have his visa rejected. Other than these discriminative rules, they are quite punctual which makes it easier for us to determine the period of time it will take them.

GAP 4: Communication Gap

Difference between the service delivery and the service provider's external communications

Textbook Causes:

- a) Lack of integrated services marketing communications
- b) Ineffective management of customer expectations
- c) Overpromising
- d) Inadequate horizontal communications
- e) Inappropriate pricing ³

Assessment:

Digital marketing for the Bangladeshi market is still on the pipeline. Educating the patients of their current statuses in order to manage their expectations is a very crucial deed. Not all dealing officers can do it except for the most experienced ones who have also taken time to study and research medical books just to enhance their patient assistance. However, the Doctors are quite straightforward about it. They will not withhold themselves to share any risk factors or weaknesses of the patients which will have an impact on the outcome.

I have not observed or heard any complaints in regards to overpromising. However, price is an issue for most of the patients. Especially for the critical patients as the cost keeps escalating in a disturbing manner. It is alleged that the patients are warned about the costs beforehand and in most cases it matches their

estimation.

GAP 5: Patient Gap

Discrepancy between the expectations and perceptions of the patient

Expectations are pre-trial beliefs of services. The following are usually the concern and anticipations the patients of our country have over medical services abroad.

Patient Expectations

Patient Anticipations:

- I. Lengthy visa processing (1 weeks to a month)
- II. Extremely expensive
- III. Difficulty of getting early appointments (at least a month later)
- IV. Uncertain cost for treatment (will probably escalate above estimation)
- V. Direct admission difficulty (likelihood of facing time wastages on each transfer or check point), especially difficulty in accommodating emergency situations from Bangladesh.
- VI. Uncertain hospital stay (may have to be admitted for more than 5 days depending on condition)
- VII. Strict ICU & Ward visiting hours

Desired Service Expectations:

- I. Friendly, empathetic, attentive and responsive doctors
- II. Privacy during the consultation where there would be only doctor and the patient along with the attendants
- III. Doctors would provide health & dietary counseling
- IV. Consultation time by doctors of at least 10 to 20 minutes
- V. Caring attitude of the nurses and staff
- VI. An above moderate level of ease to communicate with staff and doctors (depending on the English language proficiency, coping with accent and or prior experience of dealing with foreigners.
- VII. Least amount of pain and will require little tolerance for basic procedures or medical tests (injections, angiogram, Cardiac MRI, etc.)
- VIII. Physical examination and proper instructions by physician
- IX. Very comfortable wards and or ICU
- X. Will be a little tolerant of late payments

Adequate Service Expectations:

- I. Not waiting too long to see the doctor
- II. Will advise only necessary tests
- III. Doctors' should be able to correctly diagnose and provide proper prognosis for their condition
- IV. Doctors visiting the patient every day at least once if hospitalized
- V. Doctors' prescribed medicine should not cause any side-effects and should be effective

- VI. Receipt of medical reports at least on the next day.
- VII. Very modern medical technology which are non-existent in Bangladesh
- VIII. Very advance medical procedures
- IX. Speedy recovery
- X. Sufficient seats, with filtered water dispensers & very hygienic and clean toilets in the hospital

Zone of Tolerance:

The zone of tolerance is within the desired & adequate service. Patient expectations or anticipations before the received service vary from person to person depending on how critical their condition is, urgency of medical attention, their level and period of suffering, level of both psychological and physical strength, patience, awareness level via word of mouth or previous experience, the sort of environment they were raised in (proactive or slow), the level of confidence and especially the doctors they visit.

Our Patient Experience / Perception:

- I. Quick visa processing took the office less than a week to process for single-entry visa and 2 weeks for multiple – entry visa.
- II. Disturbingly expensive
- III. Can get appointment from desired doctor on the desired week even if it is the current week.
- IV. Cost is almost always within the estimation provided by the Dhaka Office and or Doctor after necessary investigations unless the patient faces further complications.
- V. Very convenient direct admission arrangements. The patient who has medical reports ready is accommodated with air ambulance service within a matter of hours where the ambulance team stabilizes the condition as much as possible so that he/she could be fit to fly. Upon reaching the Mount Elizabeth staff is ready and on stand-by. The patient is then instantly transferred to the hospital and in to the emergency unit for investigation and eventually surgery if required.
- VI. In almost all of the cases the doctors are very friendly, cheerful, empathetic, asked relevant and pointed questions, responded to patients doubts, informed the patients about his current condition and also provided an opinion even if it is not in his or her field and provided necessary referrals.
- VII. Most cases doctors deal with the patients personally and in other instances a nurse is present.
- VIII. For serious patients the doctors provided an elaborate diet plan but charged extra for it.
- IX. The referred doctors particularly do not advise wasteful tests rather they advise tests that are absolutely necessary within a strict timeline. In most cases the test procedure are brought to the clinic so that the patients do not have to commute to the designated place themselves
- X. If the doctors consult a patient below 5 minutes then he or she will not charge the patient for it. Usually the doctors are quite patient and they do provide ample time that is needed for him to understand the patient's condition fully and to gain the patient's confidence as well. It usually spans over 15 minutes.
- XI. The doctors referred by the Dhaka Office are usually accurate in diagnosing and judging the appropriate prognosis due to their cautious approach.
- XII. Doctors are very caring towards their patients. One patient informed us that the doctor visited their child or at least called to check on an hourly basis to check his status after the operation was done.

- XIII. Allergies are inquired prior to treatment therefore the medication prescribed usually do not react unless it is a new discovery.
- XIV. Every single staff and nurse is extremely cautious about their verbal and nonverbal language. They try their best to express everything in the utmost positive manner in order to console or neutralize a situation. The ICU junior nurses are the most caring compared to all the staff. Every single staff provides a very convenient service and is extremely professional and flexible in every manner but money.
- XV. Communicating with the doctors and staff are easy. Perhaps it may be difficult to understand the ones with the Chinese accents but there are International Patient Interpreters on standby for patients who cannot even communicate in English.
- XVI. Procedures can be painless or endured easily physically and psychologically as the person attending usually tries to help the patient calm down and minimize their suffering.
- XVII. The physicians not only physically examine and or provide therapy to the patient but also prepare the patient beforehand by giving a pre-surgery training so that the patients can do their part easily.
- XVIII. Medical reports are submitted to the patients within hours and sometimes within minutes
- XIX. Doctors inform the patients beforehand the estimated hospital stay period and does not prolong the stay more than what is absolutely needed. Recovery period is usually much quicker than the healthcare provided in most other Asian countries.
- XX. Mount Elizabeth is known for pioneering in installing latest technology in Asia which is definitely non-existent in Bangladesh to this day.
- XXI. Advanced medical procedures used are most often beyond the imagination of a Bangladeshi moderately aware person.
- XXII. Both wards and ICU are comfortable with the ICU nurses being much more specialized and caring compared to the ones in the ward.
- XXIII. No late payments are tolerated; they expect the patient to top up on every other day if necessary.
- XXIV. Hospital facilities, toilets, and seating arrangements are in one word beautiful. They are also extremely hygienic where they have hand sanitizers are available where possible, such as on the lobbies, near the lift, near each doorway.
- XXV. They are quite flexible with the visiting hours in the ICU. They don't mind if visitors break rules and visit on a time they were not supposed to.

Therefore, it is seen that the patients that have only experienced healthcare services in Asia and not in Europe or the USA would have had their expectations exceeded in a 360 degree manner in terms of service delivery, quality and patient satisfaction, leaving out only the cost of treatment as the sole disappointment. The cost is indeed very high. Only the people who make an honest living would understand how expensive it is and therefore may switch their decision solely for the cost unless they are without any doubts that the outcome would be positive. On the other hand, those who have had previous medical experience in European and the USA countries may not feel surprised but may rather have their expectations matched or missed by a small degree. They would, however, feel more delighted in terms of

cost of the treatment as the cost of Mount Elizabeth is considered fractional compared to the most European and American private hospitals.

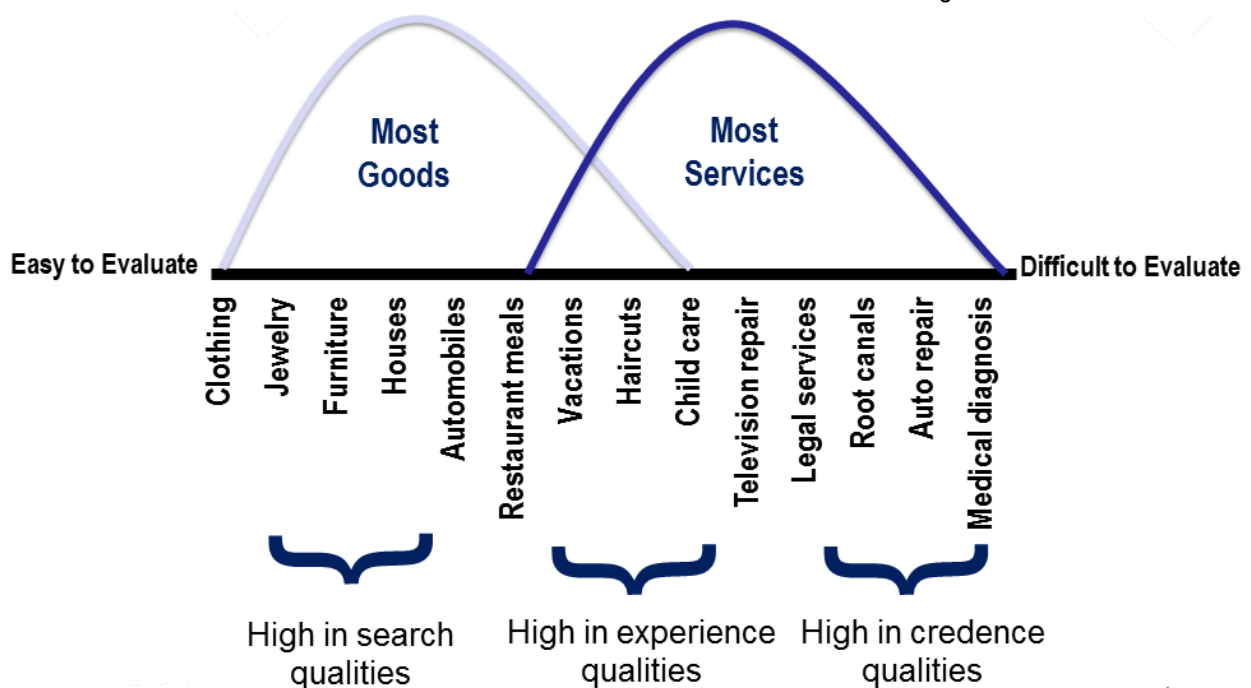
The quality of our healthcare service is very likely to have qualified the following service quality dimensions as listed in the textbook (Services Marketing: Integrating Customer Focus Across the Firm, Fifth Edition (Special Indian Edition) Dwayne Gremler, Mary Jo Bitner, Valarie A. Zeithaml, Ajay Pandit) in page 117:

- I. Assurance: Knowledge and courtesy of employees and their ability to inspire trust and confidence.
- II. Empathy: Caring, individualized attention the firm provides its patient.
- III. Reliability: Ability to perform the promised services dependably and accurately.
- IV. Responsiveness: Willingness to help patient and provide prompt services.
- V. Tangible: Appearance of physical facilities, equipment, personnel, and communication, materials ³

PATIENT BEHAVIOR IN MOUNT ELIZABETH HOSPITALS' SERVICES

With reference to the five categories of consumer behavior mentioned in the textbook (Services Marketing: Integrating Customer Focus Across the Firm, Fifth Edition (Special Indian Edition) Dwayne Gremler, Mary Jo Bitner, Valarie A. Zeithaml, Ajay Pandit), it is illustrated how a patient approaches and evaluates our services when he or she engages with it (Let us assume the ultimate service is surgery):

- I. Information search: Usually this stage starts when the individual experiences health problems and the degree of urgency increases once the pain becomes severe. Almost any relevant help becomes representative then. The individual would then, if health conscious and fears for his or her life and on top of that is willing to take any measure to relieve him or herself from this problem, despite the expenses it may incur, then he or she would look for the best treatment within the country first for at least an opinion before going across country borders. The perceived risk is highest not only because it is very intangible but that health is always a person's first priority and the risks would lead to its deterioration. The means of searching are first via personal sources (asking doctors / family / friends / colleagues / distant relatives especially people who have undergone the same experience) or internet depending on the situation (if the condition is such that he or she would like to keep it private).
- II. Evaluation of Surgery Alternatives: When it comes to evaluating alternatives for treatment, it is considered to be the most difficult decision that can be made. Please refer image below: ³



Medical decisions are more complicated as it is a matter of life and death, improvement or deterioration, cure or no cure and therefore to take risks upon hypothesis would be undesirable. Consequently, the

condition can get uglier drastically, even to the point of being irreversible if a wrong decision is made. Moreover, when you become dependent on another person (doctor/surgeon), matters become more complicated as every doctor would claim to be the best. So the only way out is to study the credentials of the doctor and his or her track record, if attainable. Sometimes, it is the hand dexterity or problem solving ability as diagnoses requires a very good brainstormer to be able to crack the case. So even if a person has shelves of positive outcome record, the fact that whether he or she will be able to solve your problem is absolutely unpredictable. In any case, it is human nature to always qualify alternatives (place in the evoke set of alternatives) that have been referred by a trustworthy friend or relative and also what is already quite popular (a brand you have heard frequently before). Some may refer to Apollo Hospital or Square Hospital in Bangladesh; some in Apollo Gleneagles in India; some in Bumrangrad Hospital in Thailand; John Hopkins Hospital in America or some in Mount Elizabeth Hospital or Tan Tock Seng Hospital in Singapore or any other medical institution a person is aware of. Only the best or more concerned of men and women actually research and thoroughly go through the hospital website and doctor credentials. After the collective decision the next step depends on the level of emergency. If one requires immediate medical observation and would like to go for the best then he or she normally chooses the one that is reachable in the most convenient manner or if they trust the concerned service through its reputation or if they know anyone working within the facility, or can provide the services. Using such criteria most people attempt to reach the best possible medical facility within the least possible time. Sometimes it is seen that the patient suffering may go to the Clinic within his locality to first neutralize the situation before taking further steps, which may follow with visiting a well-known hospital within the region or country, which is then followed by travelling across borders if improvement is not seen by this point. These decisions may be made by any other person apart from the patient, who assumes responsibility if the health condition of the patient is dire enough to render him incapable.

On the other hand, if the condition not urgent but does require medical attention, it would start with screening out the weaker alternatives. But, according to the experiences of our office, the most effective tool that wins over the patient's decision is the referral of a local doctor, or close relatives and/or friends, especially when the referrer himself has experienced the same condition as well as the followed service. People listen to the referrals and most often try to confirm its reality via further investigation. However, according to my observations, the final step in the decision making process depends on the direct, regional office when it comes to treatment abroad, wielding greater influence as they have all the necessary information required.

The dealing officers of the Dhaka Office are very efficient and are good at arranging the emergency resources. This is due to their experience and the strong relationship they have with all the people involved that aid (supply chain or service delivery chain) the patient reach the services without much delay. There have been only few complaints of their services so far, as they are highly motivated and ensure that the patient is able to reach the services in the earliest possible time as there is a reward system in Parkway Hospitals Singapore on a patient basis. They are well aware of the doctors' skills set and credibility as they are also required to work with the doctors when they visit Bangladesh. Watching them work and give presentations in international conferences gain their confidence on their credibility. Therefore, the level of

influence is high, and with the motto of ensuring a positive outcome, the risks involved of the Doctor not being successful is very low. And the fact that all the logistics are taken care of for free, this becomes another driving force for the patient to seek our services.

- III. Service purchase and consumption: From the moment they step in to our office, their impression may fall slightly as it is not very spacious and surrounding décor is not very appealing as is usually expected of offices belonging to prestigious companies. However, there are motivational banners displayed around the office, which are quite encouraging as it holds strong images and statements. When they speak to a dealing officer, their impressions grow as they are provided the answers they were looking for unless they are dealt by a trainee (which is not usually the case).

Service provision as drama:

Cast: Dhaka Office, Patient and or Patient's Family

- ❖ The dealing officer first has a look at the medical reports and starts to process the relevant field of medical expertise or tries to recollect whether there was a similar successful case that he or she has previously dealt with.
- ❖ He or she would take note of the patient details in the "Fact-Sheet" which is like a form that consists of background and some investigational questions.
- ❖ The dealing officer will then discuss to the best of his or her knowledge the severity of the patients' condition, how early he or she might need medical attention and what sort of procedures may be required to the best of his or her knowledge.
- ❖ He or she would then take print outs of relevant Doctors' CVs and show it the patient/patient's employee or family member. Then he would explain their credentials and track record. Subsequently, he would try to strong arm the client with the doctor he or she has faith in most.
- ❖ After the patient desires to move forward with treatment the dealing office then provide an information kit of the estimated cost break-down and estimated hospital stay.
- ❖ After the patient is committed, the dealing officer would ask the desired date range he or she would like to go to Singapore, desired type of visa (single-entry or multiple-entry), desired airlines, desired accommodation and collect the patient and patient – attendants" passports, and two passport size photographs.
- ❖ The passport is then applied for visa
- ❖ Once the visa is granted, all the patient documents are transferred to the desired Parkway Hospital in Singapore and an appointment is set to the desired date or at least within the desired week.
- ❖ The patient is then called to the office to collect the passport and appointment letter.
- ❖ Upon arrival the patient or the patients' guardian is prepped and provided all the essential information, phone numbers and guidance required.

The Dhaka Office's role from this point is only to follow – up, console, guide and encourage the family members who have not gone along with them.

Cast: Mount Elizabeth Hospital, Patient, and Patient's attendant.

Scenario: If the patient requires direct admission

- ❖ An International Patient Assistant (IPA) will come to pick up the patient from the airport either via limousine service or ambulance (whichever is required).
- ❖ The IPA will then admit the patient and collect all the paperwork to get it sorted with the hospital admissions office.
- ❖ If the patient is admitted in the ward the hospital will collect a minimum instalment of S\$ 20,000 otherwise if the patient is admitted in the ICU they will collect S\$ 40,000

From this point forward the hospital acts and reacts in ways absolutely necessary in accordance to instructions by the doctor of the patient. Everything is extremely organized and professional and the service is vastly superior in terms of technology and care when compared to Bangladeshi healthcare service. The staff's behavior and attitude is toned to patient requirements including motivating them emotionally. They are extremely clear with the instructions which make it easier for the patient to do their part properly.

IV. Post – treatment evaluation: This is the recovery stage and or post – treatment stage. Life threatening illness' post – treatment evaluation is usually more psychological and emotional. But more importantly it is whether the symptoms have disappeared or not and then whether the patient still feels pain or not. Based on these primary factors the patient feels satisfied or dissatisfied. The next factor is the memory of the hospital, the doctors and nurses they have been dealt by. The level of care is crucial to determine whether it was a bad, indifferent, moderately good, good or excellent experience or not. To sum it all up the post patient satisfaction depends on the following factors (in order of importance):

- I. Speed of recovery
 - a) Symptoms gone
 - b) Pain gone
 - c) Strength revived
 - d) Can walk or not
 - e) Can speak or not
- II. The cost incurred for treatment
- III. Degree of kind and personalised care
- IV. Comfort of hospital stay
- V. Quality of facilities and environment

VI. Degree of pain experienced during procedures

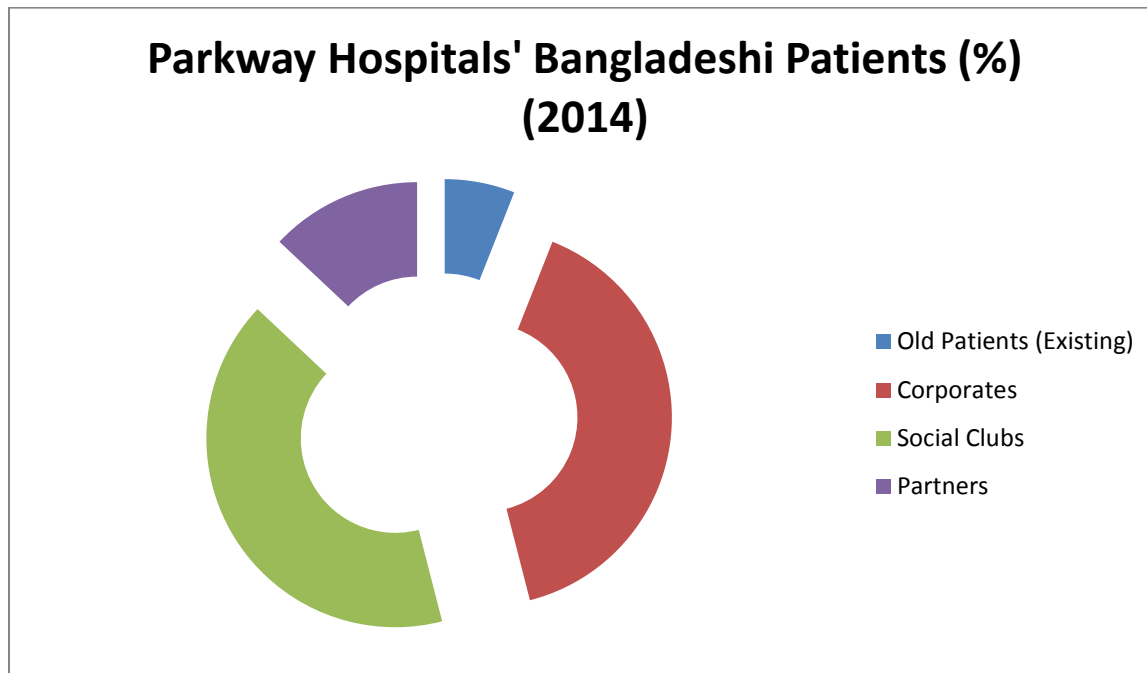
VII. Convenience of attaining the service and or any hassles faced from Bangladesh

There are rarely any complaints regarding the behaviour of the doctors and staffs at Mount Elizabeth Hospital. Additionally, they find the services themselves very convenient to attain and experience. In fact the patients are delighted with service procedures, convenience and staff behaviour. However, if the outcome is not positive then everything naturally becomes irrelevant as the sole purpose of treatment is cure or recovery. Regardless, the cost of the treatment is always considered extremely expensive for some and can cause less or more pain at the thought of costs incurred depending on affordability and the health condition faced (which is directly proportional to the cost incurred). The question of whether it was worth it or not solely depends on the outcome. Brand loyalty and intensity of positive word of mouth comes after scaling the factors mentioned previously.

- V. Role of culture: Culture plays a big role when it comes to our services. Our culture and especially the surrounding environment are drastically different from Singapore's. In comparison, the law and order is very strict and Singaporeans in terms of attitude are very straight forward and value driven. They are extremely cautious about their verbal and non – verbal communication. Singapore is considered safe by most patients. For example, you can be fined about S\$2000 for getting involved in a fight and about S\$1000 for smoking publicly. The service sector in Singapore is at least decades ahead of ours. This accomplishment is the result of their dependence on the service sector considering the fact that they have no domestic production and most products are imported. Every single person from cleaners to top management are very productive, competitive, trained, time conscious, goal oriented, well-mannered and statistical. When it comes to customers, they exert high level of effort in terms of flexibility, convenience, quick – response time, solid communication, positivity, respect, politeness and precision. They do not try to display position of power, arrogance, ambiguity and difficult attitudes when dealing with a customer. Patients and other visitors believe that it is highly unlikely to be deceived in Singapore. In addition, the appeal and satisfaction level of the product or service consumed are usually matched or exceeded. Therefore, it comes as a cultural shock or more precisely, a cultural delight to Bangladeshi people when they have interpersonal experience as a customer in Singapore. Some Bangladeshi consumers would have the tendency to verify or interrogate and watch their budget before purchasing a product or service. And some have the tendency to make wasteful and blind purchases.

LISTENING TO THE PATIENTS

Our target market are our old patients, corporates (E.G.: Ready Made Garments Industrialists, Trade Associations, International Chamber of Commerce & Industries, Stock Exchange, Financial Institutions), Social Clubs (e.g. Gulshan, Uttara, Dhaka, Kurmitola Golf, Chittagong, RAOWA, Narayanganj, Inner Wheel, Army Golf and Zonta Club; Baridhara and Gulshan Society; Old Laboratorians, IBA Alumni, Bangladesh Federation of Women Entrepreneurs) and our existing partners and their clients or members.



How We Target Our Market:

Segmentation:

- *Geographical:*
 - a) Regions / Zip codes: e.g.: Dhaka 1212, 1207; Chittagong 4205, 4331; Sylhet 3104, 3114;
 - b) Sub cities: e.g.: Narayanganj, Gazipur, etc.
- *Demographic :*
 - a) Age: 50-Above;
 - b) Gender: 65% Male, 35% Female;
 - c) Income: S\$ 20,000-Above;
 - d) Occupation: Politicians, Businessmen, Industrialists, Rich Retirees, Landlords, Lawyers, Senior Corporate Managers, Parents of NRBs;
 - e) Family Size: 4-5;
 - f) Family Life Cycle: Middle-aged Adults or Retired Adults;
 - g) Social Class: Ultra-Rich, Elite, New Money, Rich by heritage.

- *Psychographic :*
 - a) Lifestyle: Conservative, Cosmopolitan, Trendy;
 - b) Personality: Proactive, Solution-seekers, Value-driven;
 - c) Attitudes: Positive towards quality, Health Conscious
- *Behavioral:*
 - a) Benefits Sought: Good Clinical Outcome, Value for Money
 - b) Client Status: Potential, Existing, Old.
 - c) Service – Usage Rate: Moderate to High,
 - d) Loyalty Status: High to Split – Loyals;
 - e) Patient – Readiness Status: Moderate to AVG

Research Objectives:

1. To identify the shortcomings, if any, perceived by the patients.
2. To discover any overlooked patient expectations and requirements
3. To evaluate current service performance
4. To make a competitive comparison
5. To find gaps in service quality
6. To devise next year improvement plans
7. To inform current status and reward or caution employees for their service performance
8. To set new standards or fix existing one
9. To make an analysis of changing trends
10. To forecast future expectations ³

Research Stages:

1. Define Problem
2. Develop Measurement Strategy
3. Implement Research Program
4. Collect Data
5. Interpret & Analyse Findings
6. Report Findings.

Types of Research Done:

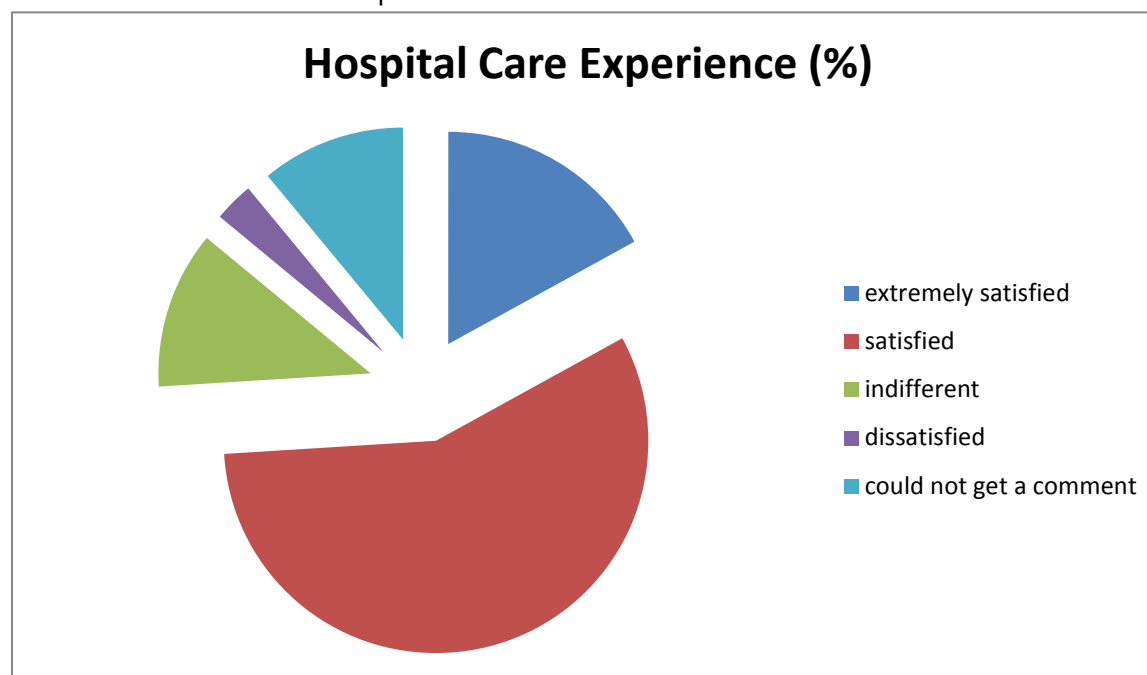
(Exploratory Research)

1. Qualitative Research: Open Ended Questions (Refer Patient Testimonial Videos)
2. Collection of Dealing Officers' Sample Patient Stories (Refer Appendix 1)
3. Service Encounter
4. Support Group Programs
5. Mystery Shopping of Service Providers

Total Patients Encountered & Interviewed: 46

Quantitative Findings (August – September 2014):

Almost everyone has complained about the cost of the hospital charges (89%). 17% extremely satisfied, 57% were satisfied, 12% were indifferent, 3% were dissatisfied, 11% could not get a comment regarding their hospital care experience. The factors that influenced this feedback were based on the Hospitals & Dhaka Patient Assistance Centre's service speed, communication, attitude, care, consultation duration, level of expertise and level of transparency.



Qualitative Interpretation:

Most of the patients interviewed did not know about their own condition in depth other than whether they would survive, its severity and what medicine they should have to collectively manage the pain and symptoms. Almost all of them did not even pay attention to what the doctors were saying to them other than the information they were interested to know as mentioned in the previous statement. So most of them have had left it entirely upon faith and the doctor's decision. This is either because they deviated their focus more on their careers and businesses; they did not find the need to understand details; or they were not told. The rest educated themselves either by researching themselves; they have known other people experience it before; by paying full attention to what the doctors said or they had other people inform them by simplifying medical details. Due to this lack of knowledge the level of satisfaction was influenced. There were rarely any complaints on the overall service. However there were a few complaints on the outcome of the service due to their lack of medical knowledge (unsure where to point their finger), belief system (e.g. faith in the Almighty Allah) and also because their expectations were already managed beforehand by the expert hospital staff and doctors. The level of expense and complexity of travelling were more or less the prime problem.

BUILDING PATIENT RELATIONSHIPS:

Lifetime Value of Patient:

- ❖ Income:
 - Expected Patient Lifetime - very short (5 – 20 years) from the point of purchase. The typical patient's age is usually over 50 when he starts.
 - Average Revenue (monthly): Above BDT 10,000,000
 - Successful Referrals: At least 10
- ❖ Expenses: cost of serving increase in terms of service discounts and extra privileges

Ideal Patient Profile

- ❖ Monthly Income: BDT 5,00,000
- ❖ Social Class: Upper- Upper
- ❖ Age : 60+
- ❖ Family Size: 4
- ❖ Children Well Placed Home & Abroad
- ❖ Owns several cars
- ❖ Lives in Upscale Neighborhoods: Gulshan
- ❖ Personality: Impactful, Visionary, Ethical
- ❖ Affiliations: Gulshan Club, Stock Exchange, Chamber of Commerce
- ❖ Mostly Flies: Europe, USA, Singapore KrisFlyer Status: Solitare PPS
- ❖ Foods Preferred: Italian, Local Cuisine
- ❖ Media Habit: The Daily Star, BBC, The Prothom Alo, Time Magazine, The Economist
- ❖ Referring Potential - High: Relatives & Business Friends
- ❖ Medical Treatment Sought: Singapore, USA, UK
- ❖ Future Healthcare Needs: Moderate
- ❖ Medical need of other family members: Moderate for Wife, Daughter, Grandchildren
- ❖ Knowledge of Competitors: Low



There are target segments within the existing and old patients of Parkway Hospitals who are focused on for relationship building. These segments are considered to generate long term profits.

Segments' Characteristics:

- ❖ Periodic medical check – ups in Parkway Hospitals
- ❖ Stays in contact with the Doctors
- ❖ Positive Word Of Mouth
- ❖ High Referral Potential

- ❖ Sends own family member for medical check – ups
- ❖ Psychological Commitment
- ❖ Provides constructive feedback or suggestions
- ❖ Requires moderate future medical attention
- ❖ Requires frequent follow – ups
- ❖ Has a big social circle
- ❖ Considered as an opinion – leader

Retention Strategies:



http://www.slideshare.net/ch_paki/services-marketing?related=1 4

Current Retention Strategies Implemented:



5

Reference: www.blog.eshopbox.com

- ❖ Customer Service: Special attention, flexibility, extra logistical support.
- ❖ Offer Deals: Free doctor consultation on their arrival to Bangladesh; Discounts in doctors' fees, accommodation, air travel, etc.
- ❖ Social Interaction: Seminars, Support Group Programs, Lunch & Dinner Interaction Program, etc.
- ❖ Customer Rewards: Gifts, public speaking nominations and the offers mentioned above. ⁵

There is still a lot of pending work to be done for patient relationship management. These shall be implemented soon. Since we are dealing with a very niche and selective target group, sustaining existing clients and encouraging repeat service consumption is imperative.

New Strategies:

- a) Loyalty Cards: Each patient will be handed a magnetic card that would store all their routine demands and “desires”. Therefore once he/she visits any of our hospitals they would be able to identify their desires and act upon it. Moreover, the card shall provide a sense of belonging. This card shall also store the amount of time he/she has travelled through our MedEvac (Medical Evacuation/Air Ambulance) services.
- b) The patients shall be provided with premium merchandises on several occasions such as calendars, notebooks, files, pens, t-shirts, etc. If it is given a stylish appearance, then our exposure will be more effective, as it will be used more often by them.
- c) Patients will be provided their own social group and online forums where they can go on discussions.
- d) We can wish or send gifts to our existing and previous patients on their special occasions (e.g. birthdays, anniversary, etc.). We may even parcel them to their current locations. This will strike him by surprise, creating positive feelings.
- e) Keep a database of all patients' loved ones so that once he/she returns from treatment, a “welcome back” party can be organized by us.

SERVICE RECOVERY

The health care industry is a very sophisticated and sensitive industry. There are no second chances in building a first impression. Once the reputation becomes hampered there is no going back. To sway a person to trust a medical organization with their lives is indeed a very difficult task. One misstep can become the only example people shall discuss and perceive. That is exactly why Parkway Hospitals and its subsidiaries try to get it right the first time even if it means compromising the service speed. Every step is scrutinized and monitored carefully.

In order to understand the scope of service failure we must address the guarantees that we provide – diagnosis, treatment and advice within 48 hours upon stepping into our premises or calling our hotline.

If there is a service failure, which is not an uncommon case especially for acute healthcare service providers, the Mount Elizabeth Hospitals staff are very skilled in communications and are emotionally intelligent. They would react to the problem and try to solve it instantly. They would be able to manage the patients' or patient attendant's feelings within a relatively short period of time. This is through providing explanations for almost everything that is relevant and whichever situation permits. Sometimes they may compensate losses if solving the issue is beyond their capacities, or provide any sort of benefit that would help the dissatisfied individual recover emotionally from the pain or loss through counseling.

On every booth and desk there is a touch screen pad which provides an avenue for complaint solicitation. Patients who do not prefer to be verbal about their negative feelings can always complain there by rating individual service. The Singapore staff does not show any sign of retaliation or discontent when complaints come their way, so therefore it is easier for patients to freely express their opinions. However, it is still in most of our nature to express our dissatisfaction to anyone except the service provider itself. Therefore, the hospital is extra cautious and careful recruitment and training is undergone always.

Service Recovery Strategies Applied:



SERVICE DESIGN OF THE DHAKA OFFICE

Challenges of Service Design

- ❖ Meeting global standards
- ❖ Design flexibility for further changes after observed trial and error
- ❖ Budget constraints
- ❖ Service design approval from parent team
- ❖ Finding representative perspectives for better decision
- ❖ License and paper work drawbacks
- ❖ A lot of competition – differentiation difficulties

New Service Development & Types of New Services:

There is still a lot of scope and necessities for new services development. (Shall be discussed in my recommendation)

Service Blueprint

(Please Refer the Diagram on Page 27)

1.

Physical Evidence:

- I. Billboards
- II. SmS Notifications
- III. Social Media (Facebook Pages (www.facebook.com/canhopebd) & YouTube Channel)
- IV. Microsite: www.parkwaycancercentre.com/bd (Sub-landing Page of the Mother Website: www.parkwaycancercentre.com)
- V. Google AdWords: Upon typing a key word, Google suggests our company name or services as first suggestions whose search results would redirect them to our very own designated pages.
- VI. Google Ad Banners: Any website or page or blog that consists of words or content similar to our services or background, Google will display advertisements in a banner form on the top/bottom/side of the page that the user is currently looking at.
- VII. Healthnews: Quarterly Healthnews is produced and distributed in various corporate houses and social clubs.
- VIII. Leaflets: Based on events or approach requirements we produce and distribute pamphlets and or leaflets in various corporate houses and social clubs.

Patient Action:

Interested people in response to the various communication materials, either calls the office, leaves a

comment or message in the social media pages and or sends an email in the form of a query and or demand.

Dealing Officer:

Responds to the query and demand and invites the interested individual to come to the office by providing the office address details along with the individual's medical documents and passport(s).

2.

Patient Action:

The interested individual comes to the office in his or her convenient time.

Physical Evidence:

Signage, Building, Lobby, Reception and Patient Consultation Room

Dealing Officer:

Upon arrival, the dealing officer greets the individual in the reception and brings him back to the patient consultation room. He/she then begins an introductory discussion and interrogates the individual in order to fill in the essential background and medical information. After much analysis the dealing officer prints few doctor resumes of his or her own preference. Discussion of doctor selection is then done and desired date of travel is also noted upon agreement. Passport, pictures and desired airline information is collected. Patient is told to come back to the office after visa is processed and all documents are ready for delivery.

3.

Dealing Officer:

1. Prepares visa application of the patient.
2. Delivers passport, visa forms and visa application letter to the Singapore Consulate.
3. After an online notification of visa approval, the designated officer collects the documents and passport from the consulate.
4. Appointment request is mailed and the selected doctor's clinic is called for appointment confirmation.
5. Desired flight is then booked for the desired date via the travel agency.
6. Patient is called to come to the office on a latter day to collect the essential documents.

4.

Patient Action:

Patient or the family member comes back to the office to collect the required documents

Dealing Officer:

Neatly files appointment letter, airline ticket, passport(s), other essential documents and prints the default patient guideline and submits them to the patient. Provides accommodation options, contact numbers of the International Patient Supervisor along with other important contact details and briefs patient on how to carry out each step.

Physical Evidence:

Airline Ticket, Appointment Letter, Guideline Pamphlet, Contact Information and Passport with visa on it

Service Blueprint of Dhaka Office

Patient Assistance provided by Dhaka PPAC:

Appointment, Visa, Airline Ticket

Physical Evidence



Patient Actions

Line of Interaction

Dealing Officer:

Onstage

Line of Visibility

Dealing Officer:

Backstage

Line of Internal Interaction

Support

Processes

Responds to Queries & Invites to the Office

Greets in Reception; Makes Introductory Discussions; Asks for Medical Documents

Assesses Diagnosis; Refers Doctors; Asks Preferred Travel Date; Collects Passport(s)

Calls Patient to Office

Briefs Patients; Gives all Documents & Singapore Contact Details

Prints Preferred Doctor CVs

Preparing Visa Application; Delivering Passports to Singapore Consulate

Visa Granted

Calling Singapore Parent for Appointment on Desired Date

Flight Booking

Filing Patient's Air Ticket, Passports, Appointment Letter & Accommodation

Visa Application Processing at the Singapore Consulate

Flight Booked by the Travel Agency

Air Ticket Sent

Appointment Approval from the Designated Parkway Hospital

INTEGRATED SERVICE MARKETING COMMUNICATIONS

The attempt of portraying a company's services accurately in just a demo mode of communication is not nearly possible. It is indeed one of the toughest activities to market a service, and even more so when it comes to healthcare. What you say about the hospitals' outcome and human resource abilities is indeed a very heavy deed. Nothing in this industry is close to predictable. Merely having a number of successful outcomes cannot vouch for a person's ability to cure. Additionally, being an office that is very far away from the actual service platform makes it even harder to fully articulate to its full potential. Therefore, **internal marketing (downward vertical communication)** is heavily done especially by our parent team in order to restore and or sustain confidence. Sometimes the doctors themselves come to our country for promotional purposes, which us helps a lot in judging their expertise even for a very brief moment. However, the amounts of training and technological facilities are the only elements we are left with to coercively market in order to win people's hearts. Mount Elizabeth Hospitals' slogan is "It's possible" and it does various integrated marketing activities that all converge to that slogan. The Dhaka Office, on the other hand, has very limited budget and scope to advertise and spread its message on a regional scale let alone the national scale. Below I have put PCC as an illustration to explain how integrated our marketing communications are. The **external marketing** activities that we do are as follows:

1. **Billboard & Online Advertisements:**

The billboard is placed in the Gulshan 2 and Banani intersection and it is the same billboard that has been there for over a year. This one represents Parkway Cancer Centre (PCC). The message of PCC is absolutely strong and influential: "Healing Journeys" & "Hopeful Hearts". The image is also very powerful; it is as you can see below a couple looking towards the sun. This is a very eye catching ad and a true source of communication our office contacts to the viewers.

We also place online ads for brief intervals in a periodic manner. SMS blasts are sent occasion wise every month for every doctors' arrival to video conference opportunities with doctors (Telemedicine) and other complimentary or promotional notifications to a selected frame of people.

29 | Page

Health News



3. Airticket Jacket & Leaflets:

The one on the left is the air ticket jacket. This is distributed to our patients who have purchased an airline ticket via us. We pack the ticket in the jacket which consists of our marketing content. Alongside that image is an example of our leaflet. This one consists of the telemedicine timing notifications where patients can speak to our PCC doctors over a video conference. Here we are preparing our **customers for the service process and confirming our performance standards and expectations.**

Leaflets & Air Ticket Jacket



International Conferences:

Scientific Conferences usually invite our doctors to their programs all over Asia making Bangladesh no exception.

International Conferences 22nd – 23rd August 2014



Talk by: Dr. Khoo Kei Siong
Update on MGT of HER2- +ve Breast Cancer

CanHOPE Dhaka Booth:
Bangladesh Cancer Congress 2014



Talk by: Dr. Anselm Lee
Advances in Paediatric
Stem Cell Transplantation

4. Events:

To strengthen our **public relations** and establish our brand in minds that has not been reached before we also organize or co – sponsor events every month where doctors give their invaluable presentations on updates in healthcare in different respective fields of medicine.

Co-sponsored Program

20th September 2014: MEH 35th Anniversary



Dr. Paricia Kho: Talk on Breast Cancer Care



Ms. Jasmine Tan giving raffle draw prize



PCC showcased in the Laser Show

5. Lunch & Dinner Interaction Programs:

Other public relation strengthening activities that we do are lunch and dinner interaction programs. Here we round up the best doctors of Bangladesh of the relevant field with our Singapore doctors upon their arrival in order to boost referrals. This is indeed a very credible source of indirect marketing through other national doctors.

6. Tele – Interviews & Regional Media Interviews:

Once our Singapore Doctors arrive to our country we make sure we fit a television interview in to his/her schedule. We are currently from the past year have been collaborating with SA.TV Bangladesh to make a recorded interview at their studios of our doctors and broadcast it in a program called “Doctor’s Voice”

Lunch Interaction Programs



Activities

which is shown on every Thursday. The SA.TV crew have also gone to Singapore to interview our PCC Doctors on the 20th of March 2014.



Tele – Interviews

Regional Media Trip



20th March 2014: Dr. Ang Peng Tiam



Dr. Lim Hong Liang



Dr. Lim Hong Liang, Dr. James Tan & Dr. Ivan Ng
5th April 2014



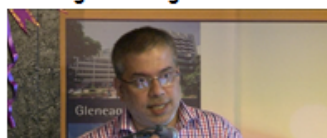
Dr. Anselm Lee: 23rd August 2014

7. Support Group Programs:

These programs are done to bring courage to people who are suffering and our existing patients who are recovering or have recovered and are being given recognition for their triumphed battles. This is to create hope among those who feel hopeless and to build stronger relationships amongst our existing patients (PRM- patient relationship management).



Talk by: Dr. Lim Hong Liang
Treating & Beating Cancer



Mr. Nazmus Sakib Bahauddin
Leukemia – Dr. Freddy Teo



Master Kazi Muntazar Al Zayadi Rehan
Neuroblastoma
– Dr. Chui Chan Hong & Dr. Anselm Lee

Activities

Support Group Meetings

5th April 2014



Son of Mrs. Jaharat Ara Kabir
Lung Cancer – Dr. Lim Hong Liang



8. Digital Marketing:

This has been recently established by me in order to reach more untapped potential patients more effectively. Health is usually a private concern and the first source of information by conscious individuals of this era is usually the internet. We have now established Google Ad Banners and Ad words in order to increase our brand visibility.

Google AdWords: Upon typing a key word, Google suggests our company name or services as first suggestions whose search results would redirect them to our very own designated pages.

Google Ad Banners: Any website or page or blog that consists of words or content similar to our services or background, Google will display advertisements in a banner form on the top/bottom/side of the page that the user is currently looking at. We also have a Microsite: www.parkwaycancercentre.com/bd (Sub-landing Page of the Mother Website: www.parkwaycancercentre.com). All the Google ads are redirected to the microsite's designated page. Social Media (Facebook Pages (www.facebook.com/canhopebd) & YouTube Channel) have also been launched on the 20th of September 2014 followed by a launching program. This has proven to be a very convenient medium and source of information and market monitoring.

Initiating Digital Marketing



Facebook Page Launch

20th September 2014: MEH 35th Anniversary



CanHOPE Dhaka FB Liking Booth



CanHOPE Dhaka Photo Wall



CanHOPE Dhaka Signature Board

WAY FORWARD FOR THE COMPANY IN DELIVERING BEST QUALITY OF SERVICES (SERVICE DEVELOPMENT)

There are countless things that can be thought of regarding advancement when it comes to the Dhaka Office and other regional offices of Parkway. There is a lot of room for improvement. Although the location is very good, the premises and reception requires drastic improvements. This would mean relocating the office somewhere that is more spacious and isolated from other brand outlets as it is a patient assistance centre. Service scape should meet global standards. Currently, the dealing officers approach the patients by walking up to them in the waiting rooms. A better setting would be patients collecting queue tokens and approaching dealing officers to their booths once it is their queue (similar to a customer care setting). This reduces ambiguity of time and turn for service; easier for both dealing officers and patients.

Additional services could be introduced if the space is increased. These are preliminary medical examinations. From the patients' basic tests (blood pressure, weight, height, temperature, etc.) to complicated blood retrieval for blood tests (which can be delivered to the hospital for lab check); and even specialised equipment can be gradually incorporated, addressing preliminary issues within the country before the transfer as time and money saving tools and safety precautions. Additionally, we also assist in Air Ambulance transfers for patients requiring urgent medical attention, here we could have a sterilised room with specialised hospital equipment (incubator, ventilators, bed, monitoring devices, etc.) and a trained ICU staff in order to stabilize the patient's condition to enable him/her to become fit for travel. This will reduce the transfer rate (which is quite painful for the patients) and make it more convenient for quick action.

A physical therapy room can be established in the premises as well, especially for the orthopaedic and arthritic patients. Therapy is a constant requirement for certain patients who must take it in close intervals over weeks and months or years. Going back and forth to Singapore is not possible at all. Physicians in this case must be hired.

A special recovery, pain management and or other medical counselling room should also be established. Here patients of similar problems can sit together like intervention programs in order for them to be able to relate with one another and have a community of people with similar problems. This is far more motivational when compared to one – to – one counselling. Individual counselling can also be done where the counsellors can provide life adjustment guidelines (diet plans, exercise routines, etc.) individually in order for them to retaliate against their illness.

These are just for starters. More can be implemented once these enhancements are made.

CONCLUSION

Healthcare is a very sophisticated and sensitive service industry. Its reputation is very sensitive to service failures. Parkway Hospitals Singapore Pte Ltd has impressive subsidiaries which have created popular brand images for themselves. There are no doubts about their service expertise and delivery. Pioneering in adopting new technologies and recruiting illustrious doctors throughout Asia, it has indeed achieved a powerful title in the newspaper pages and media outlets year in and year out. However, the level of expense still remains questionable and disturbingly high. Some may say that the Parkway Hospitals are commercial and some may say it is absolutely worth it the way it is. I say, in dire situations, there should be no price tag on saving a human life, at least for that moment in time. Healthcare is not an avenue that should have profit as their main motive rather its motive should be an effort to cure illnesses by the numbers without a priority sequence every day. It is true that with great measures and technology come great prices, however, these costs can be neutralised by public funding and government subsidy. Substantial monetary rewards should be provided on an annual basis for those hospitals that has saved the most lives as a motivational key for profit driven hospitals. Competition would therefore not be on the amount of revenue made but the amount of cases solved/lives saved. Despite how excellent my idea is, this opinion shall still be viewed as a joke by this capitalistic generation.

REFERENCES

1. <http://www.mountelizabeth.com.sg/about-us/>
<http://www.mountelizabeth.com.sg/about-us/mount-elizabeth-orchard>
2. www.parkwaycancercentre.com
www.parkwaycancercentre.com/bd
<http://www.parkwaycancercentre.com/cancer-support/canhope/about-canhope/>
3. Textbook: Services Marketing: Integrating Customer Focus Across the Firm, Fifth Edition (Special Indian Edition) Dwayne Gremler, Mary Jo Bitner, Valarie A. Zeithaml, Ajay Pandit
http://www.slideshare.net/ch_paki/services-marketing?related=1
4. www.slideshare.net/ch_paki/services-marekting?related=1
5. www.blog.eshopbox.com
6. www.parkwaypantai.com
7. www.parkwayhospitals.com
8. www.facebook.com/canhopebd

APPENDIX 1

Patient Stories

1. Master. Kazi Muntazar Al Zayadi Rehan

Introduction:

Patient: Master. Kazi Muntazar Al Zayadi Rehan, 3 and a half year old boy.

Father: Kazi Ahmudun Nabi Manik, a very popular teacher of Dhaka (popularly known as 'Manik Sir'); owner of Salt Grill Restaurant at Bashundhara City and Rehan publications; and an actor.

Diagnosis: Neuroblastoma (Kidney Cancer)

Treated under: Dr. Chui Chan Hon & Dr. Anselm Lee

Hospital: Mount Elizabeth Orchard

Severity Disease: terminal cancer

The Role Played by Mount Elizabeth Dhaka Office:

The popular educator, 'Manik Sir' had not foreseen such a tragic phase of his son's life. Lost in a riddle of uncertain conclusions drawn by various doctors around the city, he came to know about the Dhaka office of Parkway. In about half an hour since his arrival to Mount Elizabeth Dhaka office, he was provided with promising opinions of Dr. Chui Chan Hon (Paediatric surgeon) and Dr. Anselm Lee (Paediatric oncologist) of Mount Elizabeth Hospital regarding the diagnosis... and he was finally struck with relief. Within 72 hours, Mount Elizabeth Dhaka office had arranged all necessary travel-related formalities (such as fixing Visa appointments) to fly Rehan over to Mount Elizabeth to meet Dr. Chui Chan Hon on the 28th of June 2013.

Surgical Procedure:

Nehrectomy surgery was possible (since cancer had not spread) to remove the tumor. The post surgical biopsy confirmed the tumor to be a Neuroblastoma. The surgery performed ensured no need of Chemo or radiotherapy for the future.

Experience at Mount Elizabeth Hospital:

The patient must convey his/her feedback about their experience at Mount Elizabeth Novena and comment specifically on the nursing care, accommodation, doctor consultation, surgery

Duration of treatment: 1 week

Duration of Recovery: 3 months

Brief Story:

When he first got sick we took him to the Central Hospital. After much testing they told that there is probably a tumor which they found out via ultra sonogram. They have tried to get him treated in

Bangladesh as advised by most but the father decided to get his child the best possible treatment for the condition that he is in. Then he took him to Parkway Cancer Centre in Mount Elizabeth Hospital. After going there the operation took place for 6 hours and the Neuroblastoma tumor that he had was taken care of by their operation procedure. They were at the hospital for 7 days after which he was cured. Every 4 months we send the ultra sonogram to the doctors. Dr. Lee, Dr. Chui Chan Hong, they looked at those reports so far and based on them they said that he is better. Now he is healthy and without any problems. Thank you

2. Mr. Ahmed Arif Billah

Patient Profile:

Mr. Ahmed Arif Billah, Director of United Commercial Bank; Managing Director of Masco Industries Ltd.

Family member details:

Mr. M. A. Sabur (father), Chairman of Masco Group; Director of UCB Ltd. and Janata Insurance Co. Ltd.; Managing Director of Concept Knitting Ltd., Masco Properties Ltd., Maxim Ltd., Masco Shares & Securities Ltd.

Treated under: Dr. Hee Hwan Tak (Mount Elizabeth Novena Hospital)

The Role Played by Mount Elizabeth Dhaka Office: Managing air ambulance service and post-surgery appointment for follow-up

Diagnosis: 5 cervical fractures

Surgical Procedure: Implanting 7 titanium screws

Experience at Mount Elizabeth Novena Hospital:

The patient must convey his/her feedback about their experience at Mount Elizabeth Novena and comment specifically on the nursing care, accommodation, doctor consultation, surgery.

Duration of Treatment: 2-3 days

Duration of Recovery: 4 Weeks

Brief story:

Within no more than 500 yards of his office, Mr. Ahmed Arif Billah drove right into his misfortunate encounter. The road accident called for his rescue by the means of Mount Elizabeth after ineffective responses from two local hospitals. He was promptly sent for medical attention by Air Ambulance service. Diagnosis showed fractures in the cervix. Mr. Billah's loving sibling, Ms. Farhana Akhter, had not anticipated having to hear such news. They could not bear the idea of having to witness their brother's ill-fated condition once they landed in Singapore and stepped into the Mount Elizabeth Hospital Intensive Care Unit. Her fears did not last long as the following daylight brought about her first interaction with her brother just 5 minutes post surgery- the same old, lively Mr. Billah in conversation with his family. To them, this was an astonishing sight, an amazing feat. The prompt service and the luxurious environment in Mount Elizabeth Novena still cling to their minds as an unforgettable experience. According to Mr. Billah's father, Mr. M. A. Sabur, the return they received was beyond his expectations.

Conditions after treatment in Singapore:

Fully functional

3. Mrs. Rozi Yesmin Anny

Family member details: Mr. Shahidullah Azim, Chairman of Classic Group (A market leader in the Ready-Made Garments sector in Bangladesh) and Vice President of BGMEA & the Kidney Donor for his wife. They are the first ABO Incompatible Kidney Transplant case from Bangladesh.

Treated under: Dr. Lye Wai Choong

The Role Played by Mount Elizabeth Dhaka Office:

Mount Elizabeth Dhaka office provided immediate assistance to find solutions to Chronic Kidney Disease and retrieved Mount Elizabeth Hospital Doctor's opinion on the matter. Mount Elizabeth Dhaka office was prompt in providing travel and accommodation related assistance afterwards.

Diagnosis: Chronic Kidney Disease

Severity of Disease: End-stage, inoperative kidney

Surgical Procedure: ABO Incompatible Kidney Transplant (newly-introduced then)

Experience at Mount Elizabeth Orchard Hospital:

The patient must convey his/her feedback about their experience at Mount Elizabeth Orchard Hospital and comment specifically on the nursing care, accommodation, doctor consultation, surgery

Duration of Treatment: 2-3 days

Duration of Recovery: 1 week

Conditions after treatment in Singapore: Both donor and receiver (husband and wife) are leading healthy lives.

Brief story: Mrs. Anny was diagnosed to have Kidney disease in 2010. The disease progressed very rapidly and she was advised for a living donor kidney transplant in early 2012 by Dr. Lye Wai Choong, a prominent Renal Transplant surgeon from Mount Elizabeth Orchard Hospital, Singapore. She and her husband came back to Dhaka to look for a potential donor but neither any relative nor any of her family-friends could be found to have the willingness to donate the kidney for her. Being a well-known family in the society, they could not discuss this issue with others who could help them search for an unrelated donor. Her condition kept aggravating and the family was not finding any clue to find a way out of the realm of uncertainty. In such circumstances, her beloved husband could not tolerate the pain of losing his better-half. They went back to Singapore and revealed the problem to Dr. Lye Wai Choong. The doctor surprised them by informing them that even though her husband's blood group does not match with hers, Mr. Azim can still donate his kidney to his wife since 'ABO Incompatible Kidney Transplant' has just been introduced in Singapore. The news came out as a blessing to Mrs. Anny and Mr. Azim. Mr. Azim immediately consented to donate his kidney to save the life of his wife. Dr. Lye Wai Choong ran all of the necessary tests as part of a Pre-transplant assessment for the donor and the recipient and declared them suitable for

a Kidney transplant. The successful transplant was carried out in 2012 which was the first ABO Incompatible Kidney Transplant for a Bangladeshi patient.

Mr. Azim is now the Vice President of BGMEA and the Chairman of Classic Group, a market leader in Ready-Made Garments sector in Bangladesh.

4. Mr. Abdus Sadeque

Patient Profile: Abdus Sadeque, businessman and an athletic personality, Vice President of Bangladesh Hockey Federation

Family member details:

Nilufar Sadeque (wife)

Treated Under: Dr. Lim Yean Teng

Diagnosis: Coronary artery disease

The Role Played by Mount Elizabeth Dhaka Office:

Mount Elizabeth Dhaka Office helped Mr. Sadeque in obtaining Doctor's opinions for diagnosis and subsequently arranged for Doctor's appointment along with providing travel assistance.

Severity of Disease: Severe chest discomfort, breathing problems, an artery block.

Surgical Procedure: Percutaneous Coronary Intervention (PCI)

Experience at Mount Elizabeth Orchard Hospital:

The patient must convey his/her feedback about their experience at Mount Elizabeth Orchard and comment specifically on the nursing care, accommodation, doctor consultation and on the surgery.

Duration of Treatment: 1 week

Duration of Recovery: 2 weeks

Conditions before treatment in Singapore: Chest pain, breathing problem

Conditions after treatment in Singapore: No further complications

Brief story:

Mr. Abdus Sadeque, had experienced a range of medical problems related to his heart condition. Having done a Bypass surgery in London, he still faced continuous chest pains and breathing problems leading to an Angiogram which he availed in Thailand; the test showed another blockage, for which he needed a surgery. Then in the year 2012 Mr. Sadeque decided to choose Mount Elizabeth Orchard Hospital for treatment after he experienced more problems in 2009. Dr. Lim Yean Teng identified Mr. Sadeque's problem accurately. On 26th November 2012, right on the day of diagnosis, Mr. Sadeque underwent

Angioplasty surgery. After that, he had no further heart related problems. He is immensely thankful to Dr. Lim Yean Teng for the successful treatment and recovery.

5. Mr. M. A. Sabur

Patient Profile: Mr. M. A. Sabur, Chairman of Masco Group; Director (Risk management committee) of UCB Ltd. and Janata Insurance Co. Ltd.; Managing Director of Concept Knitting Ltd., Masco Properties Ltd., Maxim Ltd., Masco Shares & Securities Ltd.

Family member details:

Mr. Ahmed Arif Billah, Director of United Commercial Bank; Managing Director of Masco Industries Ltd. (son)

Ms. Farhana Akhter, Direction of Masco Group (daughter)

Treated under: Dr. Teo Wee Siong

Conditions before going to Singapore: Travelling around the globe for medical assistance and healthcare until Mr. Sabur decided to exclusively pay frequent visits to Mount Elizabeth Hospital for his quality healthcare needs in closer proximity.

The Role Played by Mount Elizabeth Dhaka Office: Mr. Sabur is a regular patient of Mount Elizabeth Hospitals, Singapore with constant assistance from the Mount Elizabeth Dhaka office. He has been frequently travelling (for new complications such as for cataract operations or for follow-ups) and for emergency needs of his family members. Through Mount Elizabeth Dhaka Office, Mount Elizabeth has become the only family destination for quality health care. Amongst these series of events, notably Mr. Sabur's Hypertrophic Cardio Myopathy with significantly low heart rate required urgent attention from the Dhaka office. The urgent response to his life threatening medical problem, Mount Elizabeth Hospital had certainly paced his chances of survival. Moreover, the Mount Elizabeth Hospital experience has become his preferred destination for a combination quality healthcare service and luxury.

Diagnosis: Hypertrophic Cardio Myopathy with Acute Left Ventricular Failure.

Severity of Disease: Critical

Surgical Procedure: ICD (Implantable Cardioverter Defibrillator) Implantation & Angioplasty

Experience at Mount Elizabeth Hospital:

Mount Elizabeth Hospital has been always known for its cutting edge technologies and experience expertise in treating life threatening medical conditions. But the outstanding care, attention and professionalism with warmth & empathy from the doctors, nurses & support staff at Mount Elizabeth Hospital was truly touching & overwhelming. Dr. teo gave quality time during consultation to delineate the appropriate treatment modality after taking detailed medical history and conducting series of tests. Dr. Teo decided ultimately to implant ICD device to save Mr. Sabur from the risk of sudden heart failure and to improve the poor heart function. This unique device & procedure, indeed, played a catalytic role and was instrumental in bringing his life back on track with normal heart rhythm. Mr. Sabur Nursing care during hospital admission was remarkable which was indeed wreathed with true concern & passion within the cover of responsibility and professionalism to rescue a patient from his physical & psychological hazards.

Duration of Treatment: (starting from 21st of July 2013) 4-5 days

Duration of Recovery: 2 weeks

Conditions after treatment in Singapore: Out-of-danger

6. Mr. Abdus Subhan

Patient Profile:

Md. Abdus Subhan, 67 years old diabetic and hypertensive patient, a known patient of kidney, heart, and BEP (prostate enlargement). He is a retired Major of the Bangladesh Army and is currently the Chairman of Midship Builders and Midship Lines which are Ship & Cargo Manufacturing and Exporting companies and two of the leading business enterprises in our Shipping Industries of Bangladesh.

Family member details:

Mrs. Laila Subhan (wife), Saimon Subhan (son).

Treated under: Prof. Charles Tsang (General & colorectal surgeon), Dr. Sivathasan Cumaraswamy Dr. Lim Tai Tian (cardiologist) and Dr. Tan Seng Hoe (Kidney specialist)

Conditions before going to Singapore: Multi-faceted Complications

The Role Played by Mount Elizabeth Dhaka Office: Mount Elizabeth Dhaka office played an instrumental role in consulting the patient with his complex health issues and promptly arranged patient's relocation to Mount Elizabeth Hospital via the Air Ambulance.

Diagnosis: Chronic Kidney Disease (stage 5), Ischemic Heart Disease, BEP, once diagnosed with pneumonia, unstable Angina.

Severity of Disease: Complex illness in heart and abdomen required immediate surgery

Surgical Procedure: Bypass surgery, Gallbladder surgery

Duration of Treatment: 3 weeks

Duration of Recovery: 2 months

Brief story:

Mr. Abdus Subhan was admitted in United Hospitals Dhaka for abdominal surgery. Meanwhile, Prof. Charles Tsang was paying a visit to Bangladesh to gather with his colleagues. Dr. Tsang was then approached by one of Mr. Subhan's family members to look into Mr. Subhan's complex health problems. Dr. Tsang, with utmost care and concern, thoroughly consulted Mr. Subhan only to discover grave conditions and a need to respond to his new-found heart problems. He was immediately advised to be evacuated by Air Ambulance on the 17th of December 2012 for a life-saving Heart Bypass Surgery at Mount Elizabeth Orchard Hospital under renowned Cardiologists Dr. Sivathasan Cumaraswamy and Dr. Lim Tai Tian. Moreover, the Patient had been suffering from kidney disease and an infected & inflamed gall-bladder stone. He was truly in need of an immediate follow-up treatment by Kidney Disease Specialist Dr. Tan Seng Hoe and General & Colorectal Surgeon Prof. Charles Tsang. Consequently overall, the

Mount Elizabeth Hospital Doctors had prudently assessed his medical comorbidities and treated him accordingly for about 3 weeks to let him escape further complications. Mr. Subhan recovered in about 2 months. Mr. Sobhan had finally been relieved of his sufferings.

7. Mr. B. M. Mohiuddin

Patient Profile:

B. M. Mohiuddin, Vice Chairman of Home Partner (Pvt.) Ltd., Purobi Properties Ltd., Arban Trading Co., and IT Pharma. He is aged 50 with a known history of diabetes and hyperlipidaemia.

Family member details: Ms. Tanjin (Daughter)

Treated under: Dr. Foo Kian Fong

Conditions before treatment in Mount Elizabeth Hospital, Singapore:

At first, his frustration grew each day that his suffering continued since the day he was diagnosed with cancer. He was constantly afraid that his life would be cut-short. His impediments to a healthy life were many ranging from diabetes, blockage of the bile ducts, gallbladder mass, liver dysfunction to kidney damage. Post-diagnosis, the confirmation of liver cancer had caused Mr. Mohiuddin to lose all hope. Remarkably, the Parkway Cancer Centre (PCC) in Mount Elizabeth Orchard Hospital showed light at the end of the tunnel. World-class oncologists in Parkway Cancer Centre, along with modern medicine and up-to-date technological advancement, allowed Mr. Mohiuddin to get a grip on his illness, and make progress towards the better.

Conditions after treatment in Singapore: After the doctor confirmed cancer, his primary treatment had become chemotherapy. He returned to Bangladesh for receiving chemotherapy periodically. Each time that he receives chemotherapy, he is benefitted with the facility to send the results back to the doctors at Singapore and receive instant feedback. He is on-going Chemotherapy and has never failed to assent to Mount Elizabeth Hospital's prominence in patient-care services and the doctors' expertise that is complemented by their utmost sincerity.

The Role Played by Mount Elizabeth Dhaka Office:

Mr. Mohiuddin and the family were in a dilemma over choosing the appropriate hospital for treatment because he had already gone through several complications and surgeries with regard to his initial diagnosis. Upon choosing Parkway Cancer Center, Mount Elizabeth Hospital through the Mount Elizabeth Dhaka Office, Mr. M. Mohiuddin received proper treatment and follow-up, even after returning to Bangladesh.

Diagnosis: Liver Cancer

Severity of Disease: Advanced stage of liver cancer

Treatment: Chemotherapy

Duration of Treatment: 15 days

Duration of Recovery: 21 days

8. Mrs. Rummaella Siddiqui

Patient Profile: Rummaella Siddiqui

Family member details: Sadiq Md. Munirul Quddus (husband)

Treated under: Dr. Yeoh Swee Choo

Conditions before going to Singapore: Problem with pregnancy and child delivery

The Role Played by Mount Elizabeth Dhaka Office:

Promptly sending the patient to Singapore due to the urgency involved in the patient's condition.

Diagnosis: Eclampsia: violent seizures during pregnancy that cause other complications

Severity of Disease: Life-threatening

Surgical Procedure: Caesarean section

Experience at Mount Elizabeth Orchard Hospital:

The patient must convey his/her feedback about their experience at Mount Elizabeth Novena and comment specifically on the nursing care, accommodation, doctor consultation, surgical procedures, technological advancement etc.

Duration of Treatment: 16th Feb 2011 – 20th April 2011

Duration of Recovery: 1 month after discharge

Conditions after treatment in Singapore: Completely recovered

Brief story:

Mrs. Rummaella was expecting a child, but had the misfortune of facing life-threatening complications during her pregnancy. Her hopes were about to fade until she came across Mount Elizabeth Dhaka office and was then admitted right away to Mount Elizabeth Orchard Hospital. Results showed that the cause of her violent seizures and other symptoms was diagnosed as Eclampsia, leading to her admission and treatment for around 2 months. Dr. Yeoh Swee Choo was able to turn the situation around and illuminate her hope to survive with a successful delivery of her new-born. She had remained in Singapore for a month to attend follow-up appointments and experience an excellent recovery. She now leads a happy life with her child.