To Gauge Awareness Levels of Diabetes Mellitus, Among Patients Visiting Thumbay Hospital and Research Centre, Ajman and Utilize this Information to Suggest Inputs Regarding Marketing Strategy

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2014-2016

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Surbhit Gupta** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Thumbay hospital and research centre, Ajman (United Arab Emirates)** from 2nd March 2016 to 21st May 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 course requirements.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean, Academic and student affairs
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Dr. Barun Kanjilal
Professor
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GMC HOSPITAL
AJMAN

ثومبي
THUMBAY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr Surbhit Gupta holding passport # H6382622 has completed his dissertation training in Thumbay hospital, Ajman from 2nd March 2016 to 21th May 2016 in Patient Affairs Department (PAD).The candidate has successfully completed the departmental tasks and following project/(s) allotted to him (1) **"To gauge Awareness levels of Diabetes Mellitus, among patients visiting Thumbay hospital and Research centre, Ajman and utilize this information to devise an effective Marketing strategy for Diabetic care packages"**

His approach to the study has been scientific & analytical. The dissertation training in partial fulfillment of course requirement is recommended for the award of Master of Business administration in Hospital & Health management.

I wish him success in all his future endeavors.

19/5/16

Dr. Omar Nabi

HOD (Patient Affairs Department)

Thumbay hospital, Ajman

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To Whom It May Concern

This is to certify that **Dr. Surbhit Gupta** holder of Indian Passport Number H6382622 was working in our institution as Management Trainee from 2nd March 2016 till 21st May 2016, as a part of dissertation of his MBA-Hospital&Health Management program. He has completed the assigned project.

We wish him all the best.

For **Thumbay Hospital , Ajman**

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled " To gauge awareness levels of diabetes mellitus, among patients visiting Thumbay hospital and research centre, Ajman and utilize this information to suggest inputs regarding marketing strategy" and submitted by **Dr. Surbhit Gupta** Enrolment No. 0228 under the supervision of **Dr. Barun Kanjilal** for award of Master of Business Administration in Hospital and Health Management of the University carried out during the period from 2nd March 2016 to 21st May 2016 at Thumbay Hospital and research centre, Ajman embodies my original work and has not formed the basis for the award of any other degree, diploma, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr Surbhit Gupta

Surbhit gupta
31/5/2016

ACKNOWLEDGEMENT

Nothing really can be accomplished alone. It's the direction, guidance, involvement & support of more than a few that results into realization.

My institute-Institute of health management research (IIHMR), Jaipur and its education deserves the foremost appreciation for providing me the opportunities to understand my individual capabilities. All the facilities at IIHMR had facilitated the endeavor; I acknowledge the contribution of my mentor Dr. Barun Kanjilal in completion of the project right from the word go.

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My dissertation at Thumbay hospital, Ajman has been an enriching experience and gave me the cordial environment and platform to learn and link our theoretical knowledge with practical knowledge.

Thanking you

SURBHIT GUPTA

ACRONYMS/ABBREVIATIONS USED

PAD-patient affairs department

ICU-intensive care unit

UAE-United Arab Emirates

RAK- Ras Al Khaimah

OT-operation theatre

NICU-newborn intensive care unit

JCI-Joint commission international

OPD-out patient department

CSSD-central sterile supply department

ENT-Ear, nose, throat

NICU-Neonatal ICU

UAE- United Arab Emirates.

GCC-Gulf cooperation council

HbA1c-glycated hemoglobin

OT-operation theatre

IDF-International diabetes federation

TABLE OF CONTENTS

PART – 1: INTERNSHIP

I. OBJECTIVE OF THE INTERNSHIP

The main objective of internship is to gain exposure and hands on experience to work related to the field of managing a health care organization. The internship period is necessary to gather working knowledge of a hospital setup and undergo on-the-job training to know about the various departments in a hospital in detail. Training gives opportunity to relate theory with practical.

I had the privilege to pursue my dissertation at Thumbay hospital, Ajman which provided an ideal and congenial atmosphere for learning.

Apart from the daily activities during the initial days of internship period, I was engaged in an awareness survey to gain information about diabetes awareness among patients visiting Thumbay Hospital, Ajman. I tried to visit different hospital departments. I visited different departments, met the department In-charge and by their permission filled out awareness surveys of patients regarding diabetes.

The area of hospital administration allotted to me was Patient affairs. Apart from working in Patient affairs department, a project related to the awareness levels of diabetes among patients visiting Thumbay hospital was done and I was involved in designing a strategy with the marketing department to tap the diabetic patients.

II. ORGANIZATION PROFILE

Thumbay Group was established at Ajman UAE in year 1998 by its founder, a visionary and third generation entrepreneur from India, Mr. Thumbay Moideen. It blossomed into a diversified group with operations in Education, Healthcare, Medical Research, Diagnostics, Retail Pharmacy, Health Communication, Retail Optical, Wellness, Nutrition Stores, Hospitality, Real Estate, Publishing, Trading, and Marketing & distributions. Today, the Thumbay Group is a symbol for superior service, quality and innovation.

Venturing into new avenues of service with missionary zeal, the Thumbay Group has over the past decade spread its wings of excellence in various fields of social and business endeavors. The Thumbay Chain of Hospitals, the constituent teaching hospitals of Gulf Medical University, is one of the largest healthcare services providers in U.A.E serving patients from more than 175 countries. Similarly, Gulf Medical University attracts a student cohort of over 67 nationalities and faculty and staff from over 22 countries.

Apart from being an acknowledged leader in the health sector, Thumbay Group operates a reputed pharmacy chain, diagnostic centers, multi-brand retail outlets, world-class wellness centers, a prestigious chain of coffee shoppers, popular health & lifestyle publication, to name a few. An academic and entrepreneurial powerhouse, the Thumbay Group takes its strength from an empowered and loyal employee group exceeding two thousand and two-hundred people, which has enabled Mr. Thumbay Moideen to emerge as a personality of eminence in the Arabian Gulf.

Thumbay Hospital Ajman is full-fledged multi-specialty hospital providing quality care at affordable prices. Thumbay Chain of Hospitals is one of the largest health care providers in the region. The group focuses on three pillars Education, Healthcare and Research.

Thumbay Hospitals aims to provide exceptional quality of care with latest technology, highly skilled medical work force from 20 nationalities, speaking more than 50 languages, treating guests from more than 175 nationalities worldwide with warm Arabian Hospitality.

Thumbay Hospital is managed by qualified professionals with wide ranging experience in Hospital Management and is well equipped to meet the challenging task of running a state of the art medical facility. Its goal is to build lasting relationship with people and medical professionals in the region.

VISION

"Our vision is to make Thumbay Hospital a world class tertiary healthcare center and teaching hospital that is committed to patient safety and emerge as a trustworthy healthcare provider in academic settings in the region."

MISSION

"Healing through Knowledge and Wisdom" The mission of the Thumbay Hospital, Ajman is to provide comprehensive healthcare services of high quality and health education to community impart excellent educational opportunities for students in a stimulating environment and promote relevant bio-medical research

THUMBAY HOSPITAL AJMAN OVERVIEW

Thumbay Hospital and Research Centre, Ajman is a 150 bedded multi-specialty Hospital with cutting edge technology having over 40 outpatient departments and is located in the heart of Ajman with easy access to patients from Dubai, Sharjah, UAQ and RAK apart from the local residents of Ajman. The multi-specialty hospital was established to cater to the ever increasing need for quality healthcare for the people of the UAE.

Thumbay Hospital Ajman is the first hospital in the Middle East to receive International Accreditation from the Joint Commission International (JCI).

SERVICES PROVIDED

Obstetrics & Gynecology

Family medicine

Internal medicine

Orthopedics

Cardiology

Pediatrics

ENT

Ophthalmology

Urology

Neurology

Dermatology & venereology department

Plastic surgery

Gastroenterology

Nephrology

Clinical nutrition department

Dental department

Psychiatry

Pain clinic

ICU+ CCU- 8 beds

OT-3

NICU-10

24X7 FACILITIES

Emergency

ICU-CCU

Ultramodern Neonatal ICU

Labor & Delivery Room

Hi-Tech Laboratory

Radiology – Diagnostics imaging & Services

Pharmacy

Doctor on Call facility

SPECIAL FEATURES

Wide ranging tertiary care services

Separate IP & OPD blocks

Male & Female wings

Private rooms, deluxe rooms, Smart Deluxe rooms & VVIP Suites

Four well equipped Theatre and Post-Operative care

Day care facility

HIGHLIGHTS

Thumbay Hospital, Ajman, UAE was inaugurated on 17th October by H.H Sheikh Humaid Bin Rashid Al Nuaimi- Member of Supreme Council, U.A.E and Ruler of Ajman.

First JCI Accredited Hospital in Ajman UAE

Thumbay hospital is the First Private University Teaching Hospital in U.A.E.

THUMBAY Hospital conducts the highest number of deliveries in the private sector in U.A.E.

Affordable prices and caters to population from all the Emirates.

TIMINGS

EMERGENCY SERVICES

In Patient Services - 24 Hours

Out Patient Services – 9.00 am to 9.00 pm

Friday Clinics – 5.00 pm to 9.00 pm

ANCILLARY DEPARTMENTS

Accident & Emergency

Laboratory - Pathology, Hematology, Microbiology, Blood Storage Centre

Physiotherapy

Pharmacy & Drug Information Center

Patient Affairs

Nutrition and Diet

Patient Education

Biomedical Engineering

Insurance

Hospital Informatics

Central sterile supply department

House Keeping

PATIENT AFFAIRS DEPARTMENT

WORK HANDLED BY PAD

Patient Affairs department is the central core department of Thumbay Hospital, Ajman. Its work starts in assisting the patient from the time of their entry, involving their stay in the hospital to their exit.

The works handled by PAD are enumerated below:

Admissions

Discharge – Billing

Room allocation

Referrals

Cost Estimations for procedure

Gold Card processing

In-patient rounds

Grievance handling

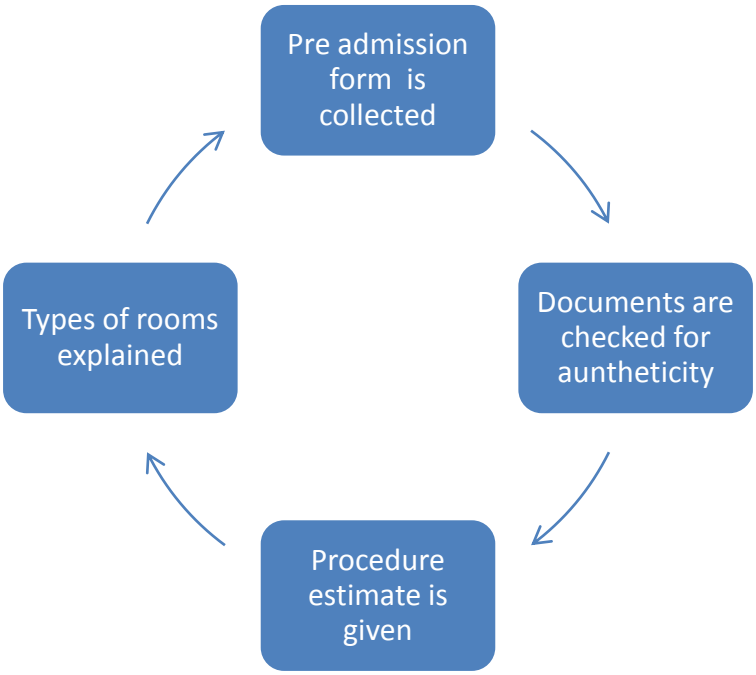
AIMS OF THE DEPARTMENT

Minimizing the waiting time for admission and discharge and ensuring patient satisfaction.

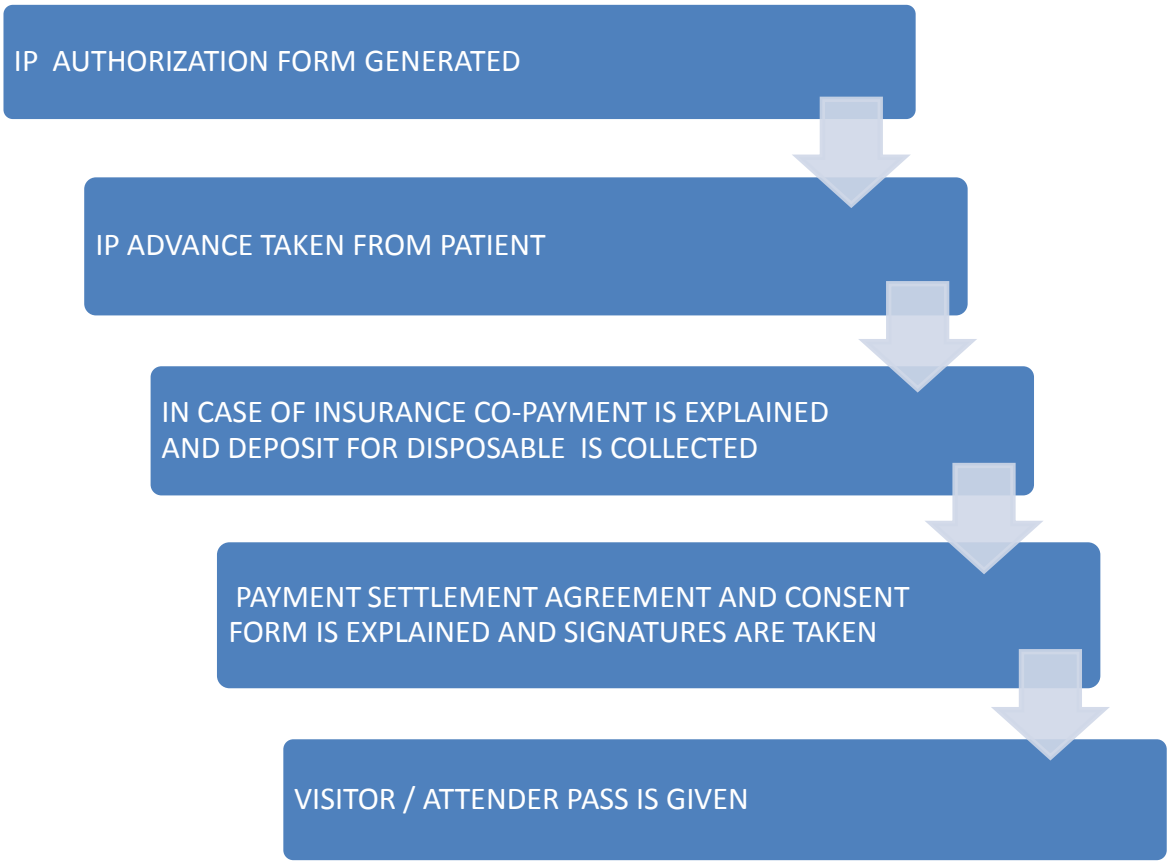
To guide the patient/ handle the patient / patients relatives grievance about the care and thereby making patient stay more comfortable.

To provide necessary information to the patients about their right and responsibility

PRE-ADMISSION PROCESS:



ADMISSION PROCESS:



IN PATIENT SERVICES

DAILY PATIENT ROUNDS

The administrative assistant meets with inpatient on a daily basis. Based on the patient feedback the administrative assistant coordinates with the respective HOD's in providing proper care to the in-patients.

GRIEVANCE RECORDING, REDRESSAL & PREVENTION:

The nature of the complaint and the details are recorded on the feedback form by the Administrative Assistant, PAD. The filled form is handed over to the HOD, PAD.

The HOD, PAD uses the Corrective Action Preventive Action (CAPA) form attached for necessary investigations. It is ensured that the complaint process is fair, impartial, and confidential.

INFORMATION CENTER & PROVISION OF INTERNET:

Detailed information about various departments and scope of medical services available is provided to patient as and when required.

Queries are directed to the appropriate department /consultant for information and resolution.

If the patient wants to avail the internet facility, the PAD staff explains the tariffs and usage rates and collects the payment and issues the internet voucher to the patient/attendant.

ASSISTANCE WITH BILLING:

Billing officer, assistant billing officer and billing clerk explains the total bill, to the patient

Amount paid and the outstanding bill on a daily basis is explained to the patient or patient attendant.

DISCHARGE PROCESS:

The payment for the in- patient care is collected in the PAD; PAD staffs explain the bill and gives detailed bill to the patient/ patient party. PAD staff ensures that the patient's bills are clear, easy to read, there are no queries and completely accurate.

If the patient has any complaints regarding bill/ clarification on bill they will meet Assistant director patient affairs or assistant director medical affairs.

If the patient has insurance, the nurses will inform the insurance department and PAD about the discharge, and PAD staffs prepares the bill and coordinates with insurance department, respective staff nurse and patient / patient party in settlement of bills.

At the time of discharge the PAD staff enquires if the patient/attendant requires transport facility and arranges for the same

SECOND OPINION IPD:

In the inpatient department, if the patient needs a second opinion they can approach either the health care providers including the inpatient coordinator or directly to PAD for the further consultation with the second person. If the information has been given to the health care providers /inpatient coordinator, it will be communicated to the PAD. They will either arrange for the consultation according to the patient's choice or they will be provided with a list of doctors that contains details of their nationality and the languages they can communicate, within the organization. After the decision made by the patient, an appointment will be taken for the second opinion.

SECOND OPINION OUTSIDE THE ORGANIZATION:

In the inpatient department, if the patient request for a second opinion for consultation from an outside organization, the PAD will check for the reasons with patient/family and the patient will be discharged by signing a LAMA [Leave against Medical Advice] form

IN CASE OF DEMISE:

The PAD on duty is contacted by the nurse soon after a death is declared in any of the wards in the hospital. Upon receiving information, the PAD executive reaches the site where the deceased is. The PAD checks for

MLC / non MLC status

Full & Final settlement of bill

Authenticity of the relationship of the next of kin to the deceased

In case the deceased is a Medico Legal Case, the deceased (body) is handed over to the representatives of the concerned police station in the presence of the immediate family member.

WORKLOAD IN THE DEPARTMENT:

Average admissions per day- 45

Average discharges per day – 38

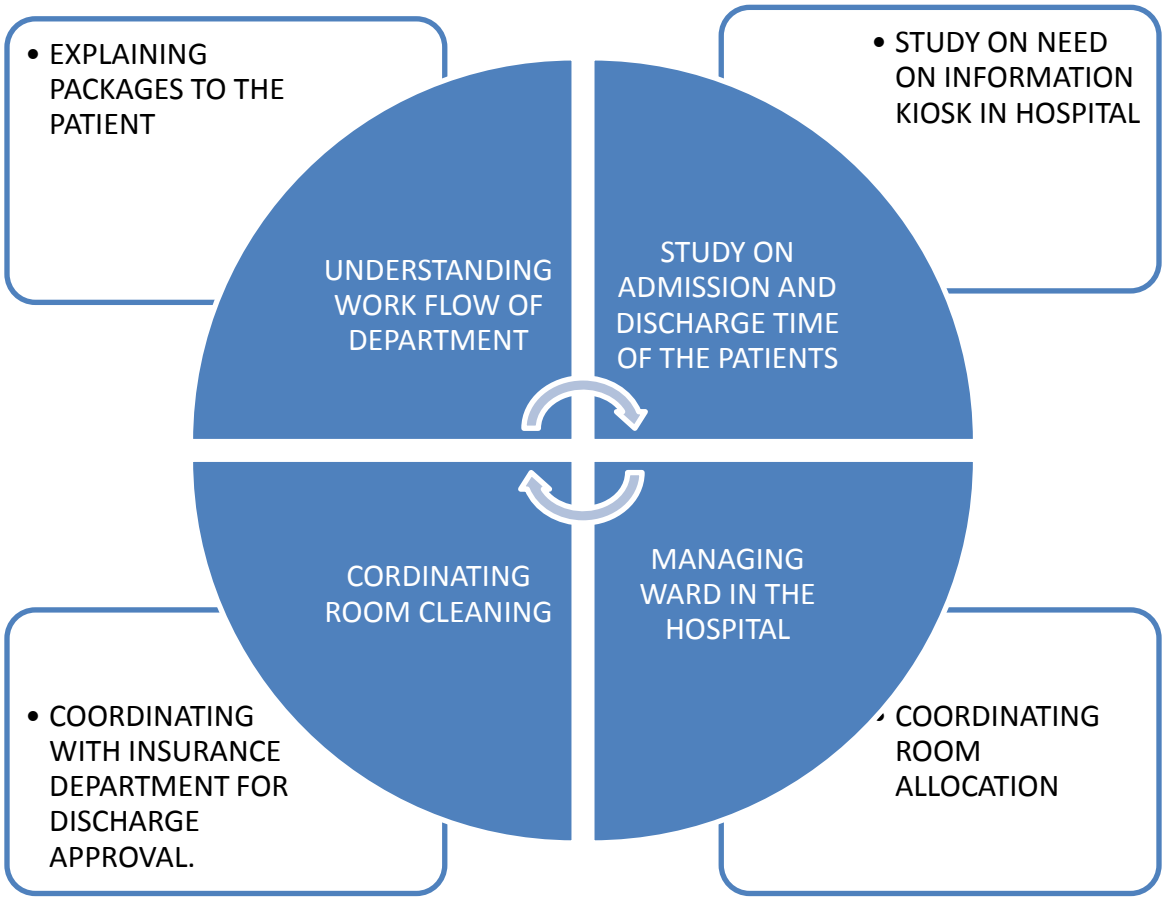
Average packages explained per day (Walk INS) – 24

Average packages explained telephonically – 22

Average referrals taken per day – 6

Average estimation given to patients per day- 5

WORK DONE IN PAD



PART – 2: DISSERTATION

To gauge Awareness levels of Diabetes Mellitus, among patients visiting Thumbay hospital and Research centre, Ajman and utilize this information to suggest inputs to the management regarding marketing strategy

CHAPTER 1

INTRODUCTION

There are two main types of diabetes: type 1 diabetes is an auto-immune condition where the pancreas is attacked by auto-antibodies causing it to fail. This necessitates treatment with insulin.

On the other hand, type 2 diabetes is mainly brought on by an unhealthy, inactive lifestyle and weight gain. In this type of diabetes, there is insulin in the body, but the body becomes resistant to it so the insulin becomes largely ineffective. In recent years, we have seen a (rapid) rise in type 2 diabetes across all age groups. The United Arab Emirates is ranked 16th worldwide, with 19% of the United Arab Emirates population living with diabetes.

A sedentary lifestyle and the globally increasing unhealthy diet have contributed to the rise in obesity and have fuelled diabetes prevalence in the region. A sedentary lifestyle and bad eating habits are cited as the main causes of the increasing prevalence of type 2 diabetes in the United Arab Emirates. It is becoming increasingly clear that type 2 diabetes is associated with decreasing levels of activity and an increasing prevalence of obesity.

People need to be sensitive to their physical condition and be alert in recognizing the early symptoms of diabetes. Certain symptoms can be a clear 'high-risk' sign and the aim is to decrease the chance of developing further complications. By having some understanding of the early symptoms of diabetes, people are better equipped to manage these issues, should they occur.

Diabetes in the United Arab Emirates & its impact

A sedentary lifestyle and bad eating habits have been cited as the main causes of the increasing prevalence of type 2 diabetes in the United Arab Emirates. Risks of cardiovascular disease and stroke are up to six times higher in people with diabetes.

Traditionally, type 2 diabetes is referred to as adult-onset diabetes. However, in recent years diabetes has reached epidemic levels worldwide, with children as young as seven years developing diabetes.

CHAPTER 2

LITERATURE REVIEW

According to a study by **James A. Fain, PhD, RN,FAAN(1), Annie Nettie's, MSN,RN,CDE(2), Martha M. Funnel, MS,RN,CDE(3), Denise Charron Prochownik, PhD, RN(4)** Diabetes education is an essential component of managing Diabetes. A multidisciplinary team of Diabetes healthcare providers (eg: physicians, nurses, dieticians, pharmacists, psychologists) offer the best combination of resources for shaping the delivery of diabetes care and education. Review of several Meta-analyses that combined the results from a number of studies. Overwhelmingly Glycemic control (HbA1c) was the most commonly employed measure, followed by knowledge and attitude towards Diabetes. To understand research we have to get close to it...

According to a study by **Robert M. Anderson, EdD (1), Martha M. Funnel, MS, RN, CDE (2)** In the past 20 years behavioral science has helped create a growing body of theoretically derived, evidence based approaches to diabetes patient education. Skilled diabetic educators are required to translate behavior change theory and research findings into educationally sound programs. Communicating effectively with patients in the context of a positive human relationship is an art. Diabetes educators have interpersonal skills, personal values and character traits that play an important role in their practice...

According to a study by **Middle East Health** The World Health Organization (WHO) and the International Diabetes Federation (IDF) call diabetes the 21st century's leading healthcare challenge. Diabetes complications and mortality create social and economic challenges that affect individuals, families, businesses, and society as a whole. Six Middle East North Africa (MENA) region countries – Bahrain, Egypt, Kuwait, Oman, Saudi Arabia, and the United Arab Emirates – are among the world's 10 highest for prevalence of diabetes and impaired glucose tolerance. **By 2020, 32% of the adult United Arab Emirates population (age 20-79) may have diabetes or pre-diabetes, while other data indicate that the adult United Arab Emirates population (ages 18 and above) has already reached a diabetic or pre-diabetic rate of 44%.**

CHAPTER 3

RESEARCH METHODOLOGY

RESEARCH QUESTIONS

What is the level of awareness regarding Diabetes among patients visiting Thumbay hospital?

OBJECTIVES

To determine the level of awareness regarding Diabetes Mellitus among patients visiting Thumbay Hospital, Ajman

To utilize this information to suggests inputs regarding marketing strategy...

SAMPLE SIZE

120 patients

RESEARCH METHODOLOGY

Qualitative research design

PRIMARY RESEARCH

Primary research was done by questionnaire method. Open and close ended questionnaire was designed in a manner so as to gain maximum relevant information from respondent. The questionnaire is attached at the end of this report for reader reference.

Data has been collected from the internal medicine department.

STUDY POPULATION

Patients visiting internal medicine Department of Thumbay hospital, Ajman

SURVEY

Survey was carried out though personal interview

ANALYSIS & INTERPRETATION

Data is collected through questionnaire and is analyzed in Microsoft Excel.

Categorization is done on the basis of gender (male/female).

The complete population is categorized on the basis of demographic variables.

Categorization is done on the basis of gender (male & female), age.

ETHICAL CONSIDERATIONS

Permission is taken from the appropriate hospital authority for conducting the study and access to information. Data confidentiality will be maintained and data won't be shared with any other person.

CHAPTER 4

RESULTS

RESPONDENTS PROFILE

Respondents on whom survey was done were both Indian & Arabic and were categorized on the basis of different demographic variables. Out of 120 people interviewed, categorization was done on the basis of age groups and age groups were segregated into 1) <30 years 2) 30-60 years 3) >60 years

Figure 1 .AGE GROUPS AMONG RESPONDENTS (IN YEARS)

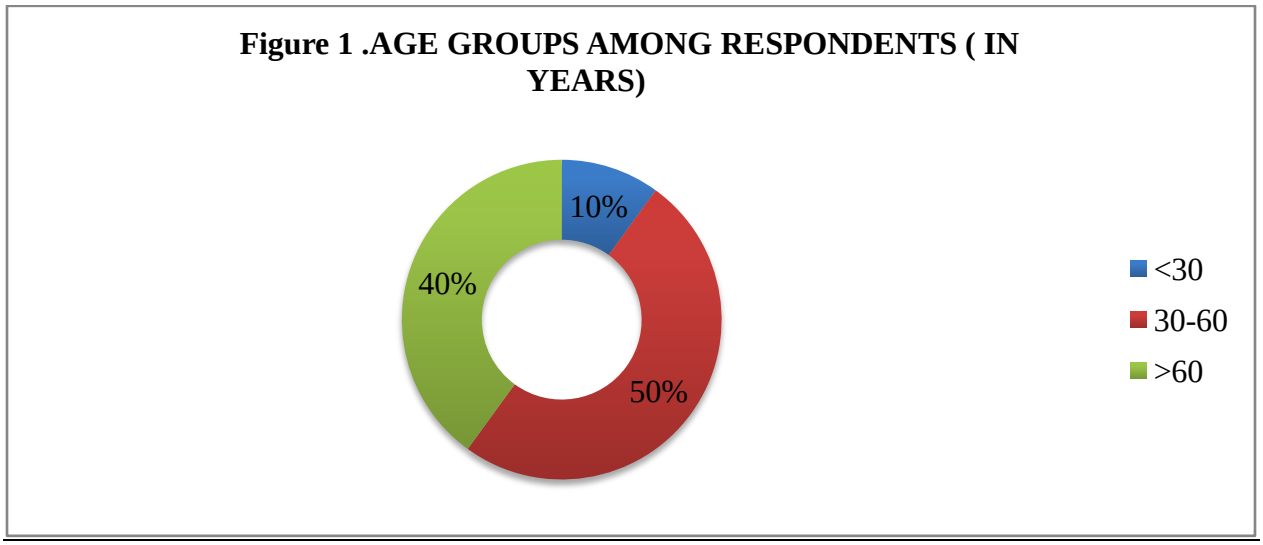


FIGURE 1 depicts that majority people surveyed were in the age group of 30-60 years

PERCENTAGE OF MALES & FEMALES AMONG RESPONDENTS

Among respondents majority was male population as there were some limitations on interviewing female patients as not many females consented for the interview

Figure 2. PERCENTAGE OF MALES & FEMALES AMONG RESPONDENTS

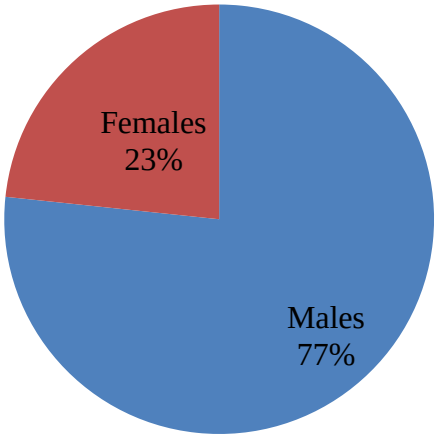


FIGURE 2 depicts that out of a sample size of 120, 77% were males and 23% were females

PERCENTAGE OF RESPONDENTS WITH/WITHOUT DIABETES AS DIAGNOSED BY THEIR PHYSICIAN

Amongst the respondents approximately half of the population confirmed that they had diabetes, as diagnosed by their physician. Remaining respondents either replied in negative as diagnosed by their physician or were not able to tell the diabetic status at all

Figure 3. DIABETES-PRESENCE/ABSENCE

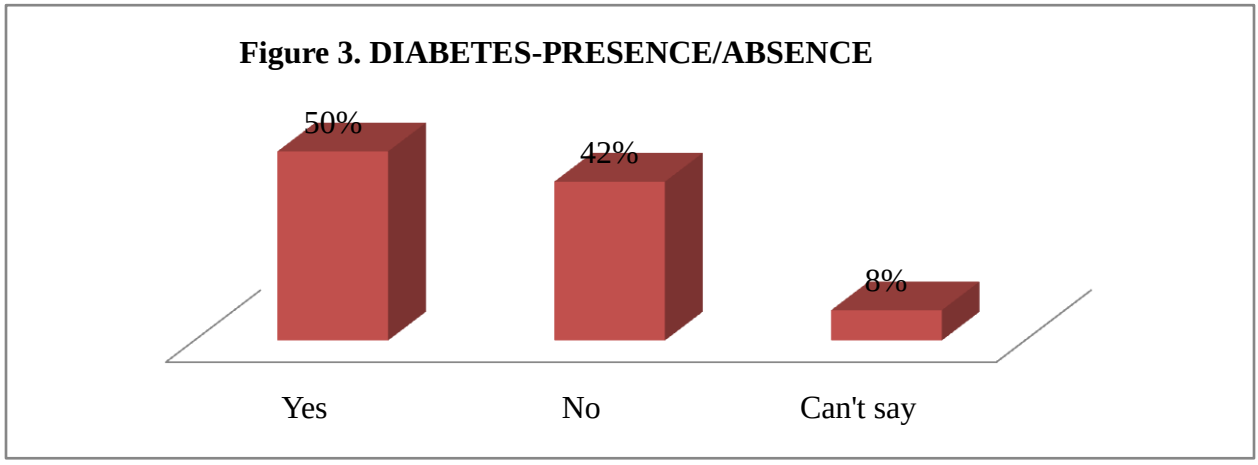


FIGURE 3 depicts that out of 120 respondents, 50% people confirmed they had diabetes while 42% replied in negative and 8% were not able to tell the status

AWARENESS LEVELS REGARDING VARIOUS MEASURES TO CONTROL DIABETES AMONG DIABETIC POPULATION.DIABETIC STATUS WAS CONFIRMED BY THE PHYSICIAN

Respondents were surveyed about various measures to control diabetes such as sugar control, exercise, insulin injection technique, diet modifications and smoking .The awareness levels varied across respondents

Figure 4. AWARENESS LEVELS REGARDING VARIOUS MEASURES TO CONTROL DIABETES AMONG DIABETIC POPULATION

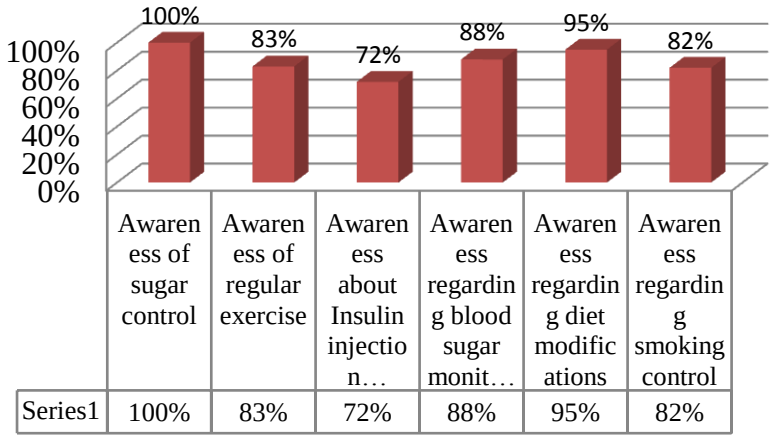


FIGURE 4 depicts that only about 82% people were aware about smoking control and among those who were aware on being asked about avoiding smoking they mentioned that they still smoked 1 or 2 cigarette packets/week and about 72% people were aware about proper technique for Insulin injection whereas 83% people were aware about benefits of regular exercise.However100% people knew that blood sugar should be controlled.

AWARENESS LEVELS REGARDING VARIOUS MEASURES TO CONTROL DIABETES, AMONG NON DIABETIC POPULATION .NON DIABETIC STATUS WAS CONFIRMED BY THE PHYSICIAN

Among respondents who replied in negative on being asked about various measures to control diabetes, diabetic awareness was found to be quite low as shown by fig 5.Even awareness of basic sugar control was low.

Figure 5. AWARENESS LEVELS REGARDING VARIOUS MEASURES TO CONTROL DIABETES AMONG NON DIABETIC POPULATION

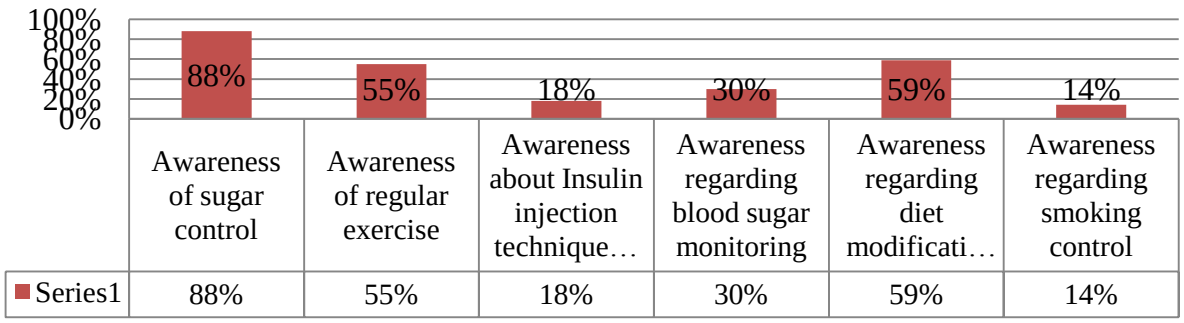


FIGURE 5 depicts that about 88% people knew that high sugar levels are harmful and 55% people were aware about benefits of regular exercise. However only 14% people were aware regarding smoking control and about 59% people were aware regarding diet modifications

AVERAGE DIABETIC AWARENESS LEVELS AMONG SURVEYED POPULATION

After complete analysis average diabetes awareness scores were calculated among respondents

Figure 6.AWARENESS LEVELS OF DIABETES AMONG SURVEYED POPULATION

FIGURE 6 depicts that approximately 76% men and 68% women had reasonable awareness about Diabetes.

AWARENESS REGARDING VARIOUS FACTORS RELATED TO DIABETES AMONG SURVEYED POPULATION

Respondents were assessed on awareness levels about various diabetic factors and levels varied among respondents with regards to various factors

Figure 7.AWARENESS REGARDING VARIOUS DIABETIC FACTORS AMONG SURVEYED POPULATION.

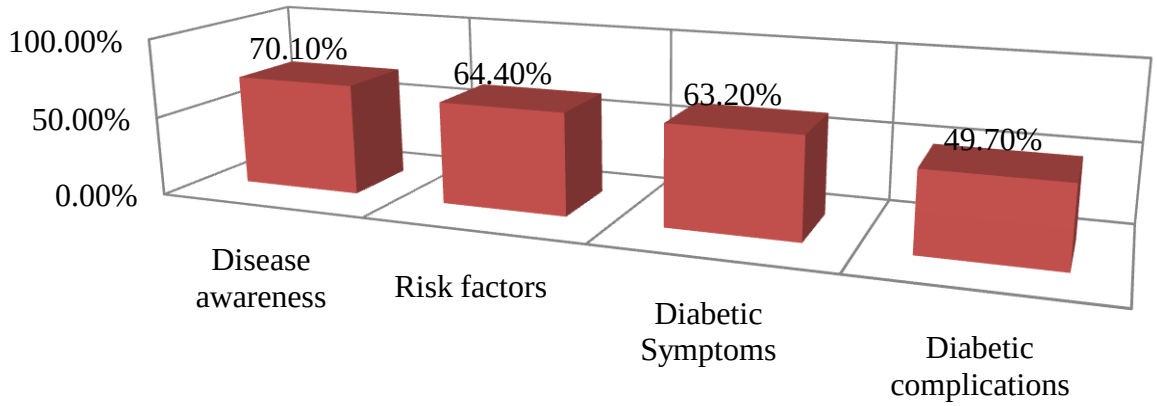


FIGURE 7 depicts that patients scored fairly well with regards to disease awareness, however regarding risk factors, diabetic symptoms and diabetic complications score was low with knowledge about complications as low as 49.70%

CHAPTER- 5

FINDINGS

AWARENESS LEVELS REGARDING DIABETES AMONG MEN & WOMEN

After careful analysis it was found that 76% men and 68% women had reasonable awareness about Diabetes and its side effects.

Male and female diabetics are about equally unaware of basic dietary plan and misconceptions, only 60.4% male and 60% female diabetic respondents were aware of the facts,

It was also observed that more than 65% of respondents in their study had misconceptions about diet.

Awareness regarding the disease, risk factors, symptoms and complications were 70.1, 64.4, 81.8 and 49.7% respectively

People able to check plasma glucose levels by themselves were approx.56.5%

People who had received previous Diabetes education were approx.52.6%

CHAPTER-6

COMPARISON OF THUMBAY HOSPITAL DIABETIC PACKAGES WITH OTHER COMPETETOR HOSPITALS IN THE REGION AND TO SUGGEST INPUTS REGARDING MARKETING STRATEGY FOR THUMBAY HOSPITAL

The diabetic package offered by Thumbay hospital was taken as the standard and diabetic packages of various competitor hospitals in the United Arab Emirates region were compared against this standard. Below mentioned package is the current package which is being offered at Thumbay hospital for diabetes screening which mentions the various essential diabetic tests included in the package.

THUMBAY HOSPITAL DIABETIC HEALTH CHECK UP PACKAGE which includes- Physician Consultation (Ophthalmologist Consultation | Electro cardiogram | Blood Sugar (Fasting (Blood Sugar (Post Prandial) | Glycosylated Hemoglobin (HbA1c Lipid profile | Serum Urea | Serum Creatinine | Complete Blood Count Erythrocyte sedimentation rate | Urine Analysis Refraction Test

Cost-Total United Arab Emirates Dirrham-AED1000 (currency of United Arab Emirates)

The following package is the new discounted package introduced by Thumbay hospital which includes only basic diabetes screening tests. Cost-Total United Arab Emirates Dirham -AED 200

Total 200 United Arab Emirates Dirham (United Arab Emirates currency)

It was worth mentioning that other competitor hospitals in the region were offering diabetic packages which included more/less number of tests than Thumbay hospital and cost of the package varied. These hospitals were called as a customer and data was gathered. This data would be of help to marketing department of Thumbay hospital, Ajman. Below is the data of various diabetic packages offered by various hospitals in United Arab Emirates region

Zulekha hospital offered diabetic diagnostic package for AED-800 with consultation

Aster hospital offered diabetes diagnostic packages for AED325 and AED 590.

Premier diagnostic centre Dubai offered Diabetic checkup package for AED 1000 only, but when compared to Thumbay hospital, Ajman number of tests offered are more

Al Maria polyclinic offered package for- AED1500 (with consultation)

AL Garhoud private Hospital offered package for- Around AED650/- (without consultation).

Amina Hospital offered package for- Approx AED700 (with consultation)

Al Zahra hospital offered package for- Approx AED950 (with consultation)

Welcare hospital offered package for- Approx AED2000 (with consultation)

International Modern Hospital offered package for- Approx AED1000 (with consultation*)*

ABU DHABI'S *WEQAYA* PROGRAMME

Weqaya programme launched by Abu Dhabi health authority (HAAD) in 2008 has screened around 2 Lakh consenting Emiratis for diabetes or pre-diabetes.

Each individual receives a personalized risk score *(Weqaya score*) delivered in a personal health report which shows risk of heart attack or stroke in the next 10 years.

Cost of screening 210 AED per adult

Screening results show that around 18% Emiratis are diabetic, further 26% are pre-diabetic and around 2/3rds are overweight or obese.

According to Alfrons Gabrosch a leading healthcare consultancy in the UAE diabetes rate in the emirate would continue to rise without intervention, perhaps to 50% within the next 10 years

CHAPTER 7

COST BREAKDOWN FOR SELF PAYMENT PATIENTS

Below a cost breakdown is done for uninsured diabetic patients. This breakdown is done to spread awareness about the whopping cost of diabetic treatment in the United Arab Emirates region if one is not insured. Thus the following data would be used as an input in the marketing campaign to make people aware about diabetic treatment costs and to get insured.

A box of insulin Dh-203

Glucose testing strips -Dh165

An insulin pump quick set- Dh495

A pump reservoir- Dh200

A sensor kit costs - DH 1500.

Cost of consultation with a doctor- Dh500

If HBA1C blood test is done every three months- Dh200.

Cost of a glucometer used to monitor the sugar level -Dh300.

Total-3,563 dirhams

Insulin pump costs around Dh-28,000

A box of five short-acting insulin pens costs- Dh301

Total-31,864 dirhams

CHAPTER 8

SOURCE OF REVENUE FOR THE HOSPITAL

Diabetes presents a significant opportunity for Thumbay hospital to earn revenue. For insurance patients if patient goes to some of the high end hospitals like American or Saudi German hospital and suppose patient insurance limit is 50,000 dirham's , it would be finished in just 2-3 months as these hospitals are expensive. However If patient comes to Thumbay hospital, the same limit would last much longer as Thumbay is much cheaper. For uninsured patients too patient has to shell out less money as compared to other hospitals in the region.

Thus we need to develop education and awareness programmes targeted at diabetic and pre diabetic insurance patients.

We can earn more from insured diabetic patients, if we convince them that their treatment cost in Thumbay hospital is much lower as compared to other hospitals in the region.

CHAPTER 9

SUGGESTING INPUTS FOR THUMBAY HOSPITAL AJMAN

MARKETING CAMPAIGNS

Across all the Thumbay hospitals & clinics *teachers awareness week* has been started in which hospital is offering

Free GP consultation

Free BP, RBS and BMI

Free pedometer (step calculator)

Aim is to target teachers who in turn will spread the word among the students and thus people can be tapped at school age itself.

Thumbay group can start a marketing campaign with a slogan: "Right now you may have diabetes But what your diabetes doesn't know is – You Have Us."

Through confidence-inspiring web videos, Thumbay hospital, Ajman can showcase their personal approach to diabetes treatment and state-of-the-art facilities.

By sharing these videos on social media (as well as using more traditional marketing techniques, like television and radio) Thumbay hospital embodies what it means to build trust with the target audience.

Thumbay hospital can liaison with government, schools and colleges for promoting diabetes awareness

Thumbay hospital, Ajman can run a programme which can focus on getting people to ask their doctor about diabetes, get them screened for the disease, know what their blood glucose levels are and then take corrective action.

We can develop a public private partnership with leading govt. hospitals, for specialized treatment, by the MOH permission.

For eg:- Abu Dhabi's Weqaya programme has screened 2,00,000 Emiratis for Diabetes & Pre-Diabetes

Each person receives a personalized Weqaya risk score on a personalized health card which shows the likelihood of a risk or stroke in the next 10 years

A similar programme can be started for Thumbay hospital which will predict the future course of Diabetes for individuals.

We can start a programme called “know your diabetes”, which aims to educate patients who already know they have diabetes about how to manage the disease.

Thumbay hospital can partner with , some bollywood and Hollywood celebrities who are popular in UAE

Thumbay hospital can make a series of videos that anyone can use to learn about diabetes, and that providers and payers can send to their members.

Diabetic and pre-diabetic patients present a huge revenue earning opportunity for Thumbay group.

Thumbay group has ventured into almost everything be it healthcare, construction sector, education, hospitality.

Why not a dedicated diabetic centre then???

If we can manufacture our own Diabetic kits and sell it to patients at reduced cost from the market, it would be a huge success.

Competitive diabetic packages in comparison to other hospitals can be started

For insurance patients if patient goes to some of the high end hospitals like American or Saudi German hospital and suppose patient insurance limit is 20,000 AED, it would be finished in just 2-3 months.

If patient comes to Thumbay, the same limit would last much longer.

Thus we need to develop education and awareness programmes targeted at diabetic and pre diabetic insurance patients, so that we can get them to our hospital.

Awareness programmes and camps are required at school level itself to make people aware about diabetes.

We can do a collaboration with Abu Dhabi’s Weqaya programme

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ANNEXURE

A Gulf Medical University Teaching Hospital

مستشفى ثومبي

THUMBAY HOSPITAL

HEALTHCARE • EDUCATION • RESEARCH

	Age(Years) <30[ ] 30-60[ ] >60[ ] Sex Male[ ] Female[ ] Do you have Diabetes (Sugar)? Yes[] No[] Can't say[] Family History of Diabetes Aware[] Somewhat aware[] Not aware[]			
1	*General idea of Diabetes Mellitus(Sugar)* Do you know about condition called Diabetes (Sugar)? Do you know it's a lifelong disease?	Aware[ ] Aware[ ]	Somewhat aware[] Somewhat aware[]	Not aware [ ] Not aware[ ]
2	*Importance of sugar control* Do you know why sugar control is important?	Aware[ ]	Somewhat aware[]	Not aware[ ]

3	*General awareness of Diabetes(Sugar) complications* Do you know constant high sugar levels can affect your eyes, heart and kidneys?	Aware[]	Somewhat aware[]	Not aware[]
4	*Management of low blood sugar levels* Do you know symptoms of low blood sugar?	Aware[]	Somewhat aware[]	Not aware[]
5	*Basics of diet modifications/diet misconceptions* All sugar free stuff can be consumed as much as Diabetic patient wants-It's not true	Aware[]	Somewhat aware[]	Not aware[]
6	*Basics of life style modifications* Do you know about advantages of daily exercise in Diabetes (sugar)?	Aware[]	Somewhat aware[]	Not aware[]

7	*Recommended and rational use of Insulin* Do you know how to take Insulin injection? Do you know proper body site for injection? Do you know at what time to take your Insulin?	Aware[] Aware[] Aware[]	Somewhat aware[] Somewhat aware[] Somewhat aware[]	Not aware[] Not aware[] Not aware[]
8	*Importance of sugar control in pregnancy* Do you know Insulin is necessary in pregnancy? Do you know uncontrolled sugar levels can harm baby and mother?	Aware[] Aware[]	Somewhat aware[] Somewhat aware[]	Not aware[] Not aware[]
9	*Significance of Physician follow up* Do you have any idea that why regular checkup is important?	Aware[]	Somewhat aware[]	Not aware[]
10	Do you monitor Blood sugar at home?	Aware[]	Somewhat aware[]	Not aware[]
11	Do you smoke?	Regularly[]	Sometimes[]	Not at all[]