HOSPITAL LAUNCHES

The specialty centre launch is the harder one

A new hospital starts with a blank page. A centre on the fourth floor inherits every habit and routing rule the campus has.

Swipe →

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WHY IT IS HARDER

Three things working against you

- Inheritance: patients judge the add-on by the parent's reputation
- Shared infrastructure: parking, registration, imaging, cashier, none report to you
- Politics dressed as process: the neighbouring department has a view
- The result: a launch plan that pleases the room and no patient outside it

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WHAT IS NEW

Agree in writing what the centre actually adds

MOVED	Already offered, now in a dedicated space: wayfinding message only
NEW HERE	Available elsewhere in the city: credibility message
TRULY NEW	The only list that justifies a public announcement

Describe the centre by the two or three things a patient cannot get within an hour's drive.

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FIRST AUDIENCE

Early volume is already in the building

- ✔ OPD patients with related conditions, inpatients in adjacent wards, staff households
- ✔ Brief front desk, ward nurses and pharmacy in plain language
- ✔ Signage up before opening day, not after the first complaint
- ✔ Message existing patients with consent in order and relevance filtered

  A blanket broadcast earns the first wave of unsubscribes

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THE NEIGHBOUR

Three agreements on paper before launch

1. Case boundaries: who the centre takes, who stays, who decides grey zones
2. Return path: when and how a referred patient goes back
3. Reporting: the neighbour's volume drop visible and explained, not discovered

A centre that wins volume by pulling it from its neighbour has not launched. It has reorganised.

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SHARED SERVICES

Patients experience the whole morning, not the centre

- Map the journey; mark every step owned by a shared department
- Pinch points: imaging, lab collection, pre-authorisation, day care beds
- Check cashless empanelment for each headline procedure weeks before launch
- Give the centre a named operations coordinator with cross-department authority

  This one role has rescued more campus launches than any campaign

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FRONT DOORS

Search, maps and phone need deliberate decisions

SEARCH	Own pages: conditions, procedures, doctors, floor, timings, booking
MAPS	Own listing only if own entrance, timings and phone line
PHONE	Dedicated number or IVR option, short script, trained agents
AI SEARCH	Specific, well-structured pages with named doctors get cited

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MEASURE IT

Incremental demand, not moved demand

- Tag every enquiry and registration with a source
- Flag whether the patient is new to the hospital
- Record the referring doctor, internal or external
- Track the neighbouring department's volume on the same page
- Lead with enquiry, consultation and procedure conversion; revenue lags

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FINAL FORTNIGHT

What to check personally before the doors open

1. Signed note on case boundaries and return path
2. Cashless and pre-auth ready for each headline procedure
3. Imaging, lab and day care slots protected for opening weeks
4. Pages live, maps decided, IVR scripts tested with real calls
5. Source tagging and new-patient flag working from the first registration

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READ THE FULL GUIDE

Launching a campus specialty centre, in full

- Sub-brand or department: the naming rule of thumb
- Winning the campus's own doctors before opening
- The two-week pre-launch checklist
- gauravphogat.com/specialty-centre-inside-an-existing-campus

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