



Turning Orthopaedics into a High-Value Growth Engine At Renowned Hospital, Greater Noida

CASE STUDY



OVERVIEW

An NCR-based hospital's orthopaedics department shifted to value-led growth through specialist positioning and procedure-focused communication, improving patient quality, OPD-to-IPD conversions, and driving revenue growth beyond admission volumes.

EXECUTIVE SUMMARY

A Greater Noida-based large hospital chain already had an established orthopaedics presence before December 2025. The department had institutional credibility, patient activity, and the foundational infrastructure needed to support growth. However, the available performance pattern suggested that there was further opportunity to strengthen orthopaedics as a more consistent, high-value procedural engine.

Following the December 2025 service association, the orthopaedics practice began showing signs of a stronger value-led model. Q1 2026 delivered a significant leap in new OPD patient acquisition, rising to 411 compared to 189 in Q1 2025. The core shift was not just about volume; it was about the emergence of a more focused doctor-led and procedure-led growth model that turned a general multispecialty presence into a high-value surgical service line.

The most important shift was not only an increase in activity.

The data suggests an improvement in patient quality, stronger OPD-to-IPD potential, and a richer case mix aligned with higher-value procedures such as knee replacement, hip replacement, shoulder replacement, arthroscopy, spine-related care, and complex orthopaedic cases.

A review of the visible digital footprint suggests that the hospital already had the right institutional base and specialty architecture in place. The next strategic opportunity appeared to be deeper specialty-led activation through more focused doctor-aligned positioning, procedure-led communication, and conversion-oriented patient pathways.

The central learning from this case is constructive and forward-looking: when a strong hospital platform is further aligned with specialist-led visibility, procedure-intent communication, and structured patient acquisition, a department can begin to operate as a more scalable service line rather than remaining only a listed specialty.



STRATEGIC OVERVIEW

An established foundation evolved into focused orthopaedic growth through specialty-led positioning, improved case mix, stronger patient acquisition, and better conversion, driving more measurable, high-value, and sustainable performance outcomes.

BASELINE CONTEXT

Before December 2025, the orthopaedics practice demonstrated consistent clinical activity and a credible foundation for growth. IPD admissions increased from 83 in Q3 2025 to 120 in Q4 2025, indicating improving patient inflow and institutional trust.

This pattern suggests that the opportunity was not to increase patient count, but to improve value quality through case mix, procedural depth, and more structured demand generation.

From a positioning perspective, the hospital's orthopaedics presence existed within a broad multispecialty framework. That institutional approach created trust and visibility. At the same time, there appeared to be further scope to strengthen specialty-led discoverability and procedure-specific communication so that the department's growth potential could be more fully expressed in the public-facing journey.

STRATEGIC SHIFT

From December 2025 onward, the data clearly indicates that the department has successfully moved away from Conservative (Trauma/General) treatments toward Major Surgical Procedures:

- Proper Joint Replacement: Increased demand and strategic focus on Total Knee Replacement (TKR) and Hip Replacement.
- Shoulder Arthroscopy: A focused push into specialized sports medicine and shoulder procedures.
- Complex Spine Surgery: A transition toward complex spine-related care and robotic/navigated reconstructions.
- Value-Led Growth: Improved case quality and a higher ratio of complex, planned surgeries compared to routine admissions.

The broader strategic takeaway is not that the hospital lacked a strong base. Rather, it appears that an already credible institutional platform began to benefit from more focused specialty activation. In such cases, growth tends to become more measurable, more conversion-led, and more aligned with high-value care pathways.



CLINICAL PERFORMANCE IMPACT

PBMS implementation appears to have strengthened clinical performance by improving case mix quality, enhancing procedural focus, and supporting better conversion from consultation to treatment, driving more consistent and value-driven outcomes.

All key metrics show consistent upward movement, with strong gains in new patient inflow and improved conversion into IPD admissions, indicating more effective and value-driven growth.

Clinical Performance Data (PBMS Implementation Metrics)

Metric	Q1 2025	Q4 2025	Q1 2026	% Growth (Q1 '25 to Q4 '25)	% Growth (Q4 '25 to Q1 '26)
Total OPD Visits	982	1,342	1,464	~36.6%	~9.1%
New Patient Inflow	189	240	411	~27.0%	~71.3%
IPD Admissions	83 (Q3)*	120	125	~44.6%	~4.2%
New Patient Ratio	19.25%	17.88%	28.07%	-1.37%	+10.19% (Abs.)

*Note: Due to the unavailability of Q1 2025 IPD data, Q3 2025 has been used as the baseline.



PERFORMANCE SNAPSHOT

IPD revenue rose faster than admissions, indicating improved case mix and higher value per patient. Revenue per admission increased, with February strongest and March sustaining quality despite lower volumes.

MEASURED IMPACT

IPD PERFORMANCE

IPD admissions increased from 120 in Q4 2025 to 125 in Q1 2026, alongside a clear shift toward a higher proportion of intended surgical cases such as Joint Replacement, Arthroscopy, and Spine procedures.

While admission growth was modest at 4.2%, the underlying trend indicates a stronger case mix, with a greater share of definitive surgical interventions rather than conservative management. This reflects improved clinical positioning and a move toward higher-value treatment pathways.

Period	Admissions	Interpretation
Q3 2025	83	Lower base with future scaling opportunity
Q4 2025	120	Volume improved, while yield remained somewhat uneven
Q1 2026	125	Value per case improved, driven by a higher share of intended surgeries.

February 2026 emerged as the strongest month in terms of surgical momentum, recording the highest admissions with a notable concentration of planned procedures. Even in March 2026, despite relatively lower admissions, the consistency in surgical case types suggests that value quality remained stable, indicating that growth was not purely volume-driven but supported by sustained procedural depth.



GROWTH SNAPSHOT

OPD performance saw strong growth, with total visits rising significantly and new patients more than doubling, improving the new-patient ratio and strengthening the foundation for long-term orthopaedic growth.

OPD PERFORMANCE

The OPD data shows an even sharper shift in new-patient acquisition.

Q1 2026 generated 1,464 total OPD visits and 411 new patients, compared with 982 total OPD visits and 189 new patients in Q1 2025.

Period	Total OPD	New Patients	Average New Patients/Month
Q1 2025	982	189	63
Q4 2025	1,342	240	80
Q1 2026	1,464	411	137

This matters because in orthopaedics, long-term growth depends heavily on qualified first-time patient inflow. Repeat visits are important for continuity, but new patients expand the pool for diagnosis, counselling, second opinions, and eventual procedural conversion.



GROWTH SNAPSHOT

OPD performance saw strong growth, with total visits rising significantly and new patients more than doubling, improving the new-patient ratio and strengthening the foundation for long-term orthopaedic growth.

WHAT CHANGED COMMERCIALLY

The data suggests a move from department availability toward department demand generation.

The hospital already had orthopaedics in place as part of a larger multispecialty ecosystem. What appears to have changed is the degree to which the department began functioning like a more focused service line with its own acquisition and conversion logic.

Dimension	Earlier Pattern	Emerging Pattern
Patient acquisition	More dependent on existing hospital flow and general visibility	Stronger new-patient acquisition, especially in Q1 2026
Case mix	More routine and smaller procedures	Greater emphasis on higher-value procedures and complex orthopaedics
Revenue logic	Volume supported growth, but monthly yield showed some variation	Revenue outpaced admission growth, indicating stronger value per case
Marketing orientation	Broad multispecialty visibility	More specialist-led and procedure-led focus emerging
Strategic implication	Orthopaedics existed as a department	Orthopaedics began moving toward a more scalable service-line model

The main strategic insight here is encouraging: once specialist-led activation and procedure-led communication begin to align with an already strong institutional base, commercial quality can improve meaningfully.



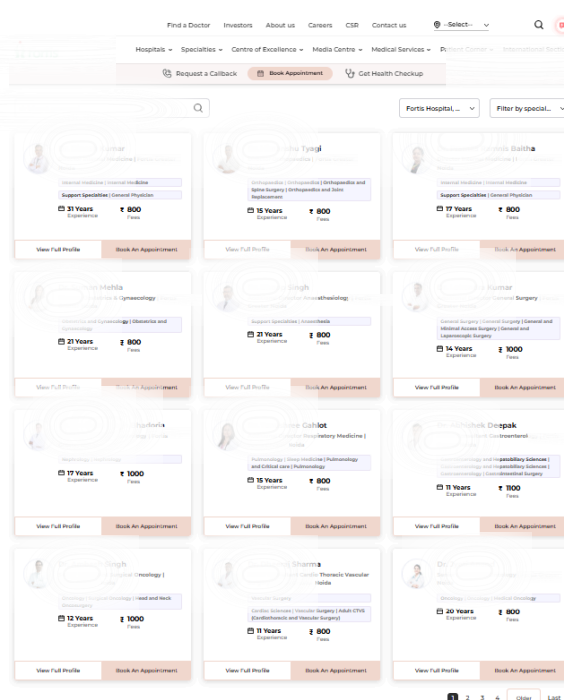
While a credible digital foundation exists, the hospital website lacks doctor-specific discoverability even on direct name search despite external orthopaedic branding, indicating a gap between specialty promotion and on-site visibility.

HOSPITAL WEBSITE

The hospital's digital presence already reflects a credible orthopaedics foundation within a broader multispecialty structure. The opportunity appears to be less about building from scratch and more about strengthening specialty-layer visibility in a more focused way.

A possible next step in such a setting would be to deepen doctor-aligned and procedure-specific discoverability so that the orthopaedics journey feels more intentional for patients searching with high treatment intent.

DOCTOR-LED INFORMATION & COMMUNICATION





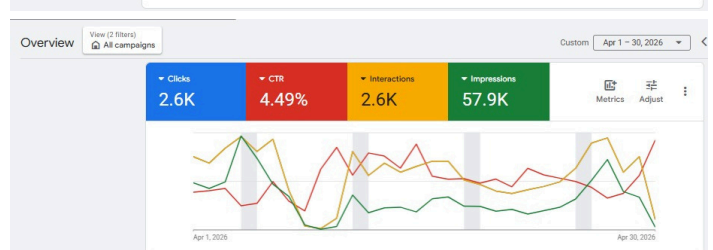
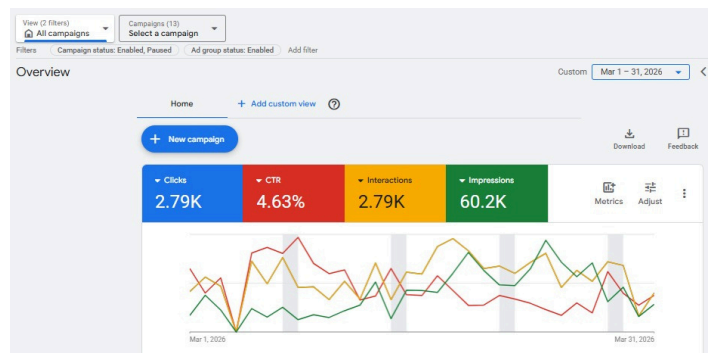
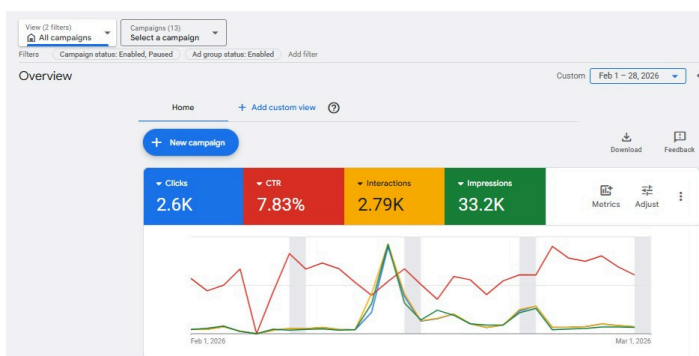
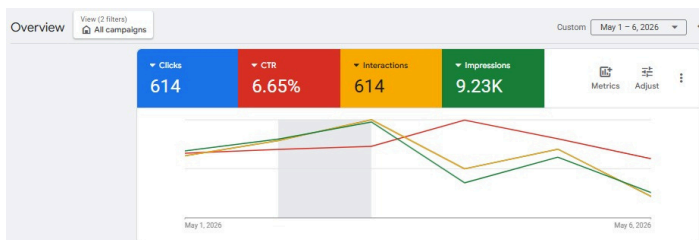
DIGITAL FOOTPRINT OBSERVATIONS-PAID MEDIA EXPANSION

Paid media shows early specialty activation, but remains selectively structured. A more segmented, intent-driven, and procedure-led framework can strengthen funnel depth, improve conversion quality, and enable scalable patient acquisition.

PAID MEDIA

The publicly visible review suggested that specialty-specific paid activation had begun, but there appeared to be room to expand and structure it more deeply across procedure categories and patient-intent clusters.

That is not a criticism of the existing base. Rather, it points toward a natural next phase: moving from selective activation to a more fully built specialty acquisition funnel.





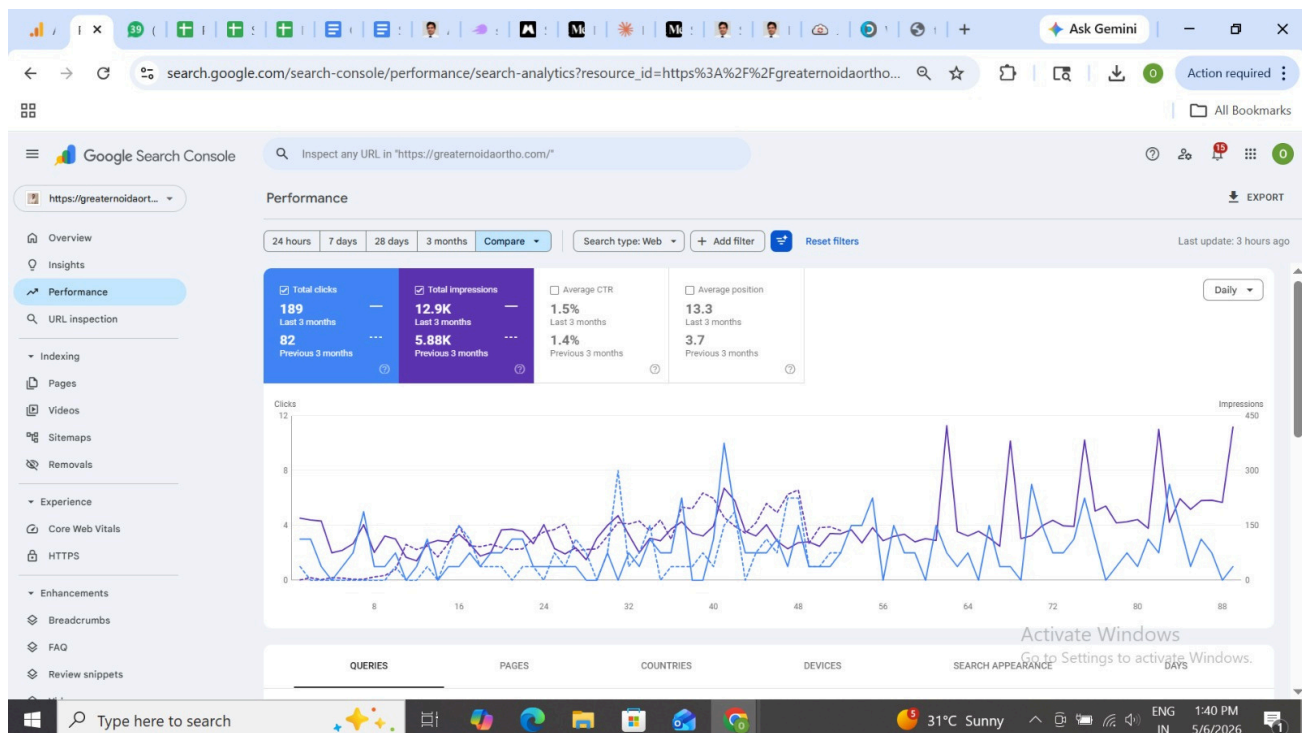
DIGITAL FOOTPRINT OBSERVATIONS- SPECIALIST DIGITAL VISIBILITY

Search Console trends reflect improving impressions and steady engagement, indicating growing specialist discoverability. This tells that doctor-led and intent-driven visibility is strengthening, creating a solid foundation for further optimization and conversions.

SPECIALIST DIGITAL PRESENCE

The specialist-led digital ecosystem observed in this case appeared more aligned to procedure intent, local search behaviour, and decision-stage patient education.

This creates an important insight for hospital marketing teams: when institutional credibility is paired with specialist-led and procedure-led pathways, patient acquisition quality often improves because the communication becomes more relevant to the searcher's actual need.

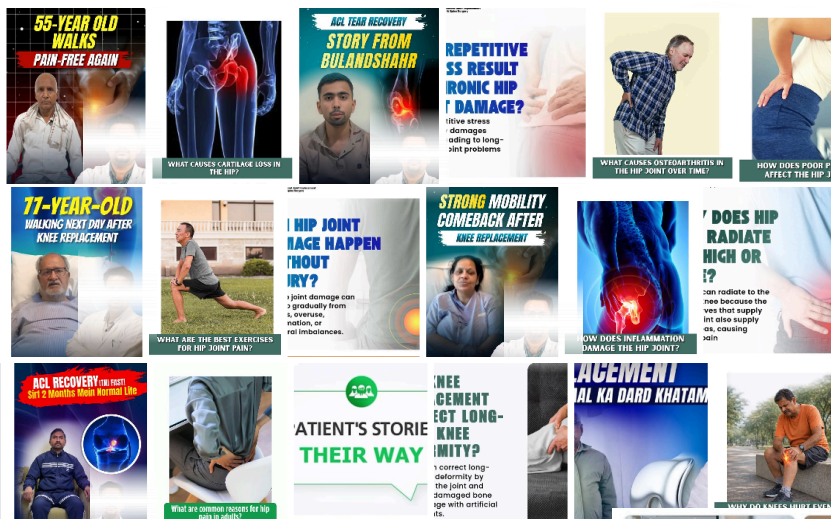




DIGITAL FOOTPRINT OBSERVATIONS- LIMITED ORTHOPAEDIC FOCUS

Social presence is largely hospital-led and awareness-driven, with no emphasis on orthopaedic-specific or doctor-led content, indicating underutilization of social platforms for specialty visibility and targeted patient engagement.

DOCTOR & DEPARTMENT-SPECIFIC SOCIAL PRESENCE DEVELOPMENT

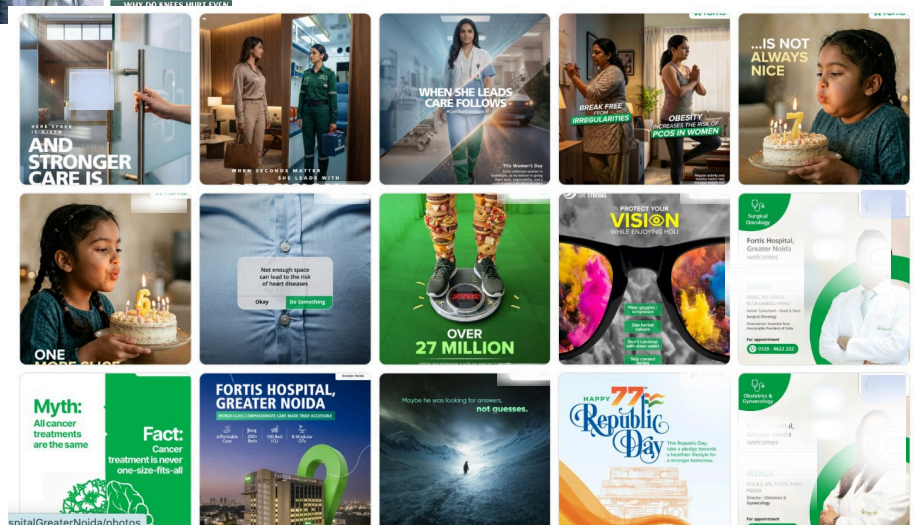


SOCIAL PRESENCE

The visible social presence seemed to function more as a general health and awareness platform. This is common for large hospital brands.

The opportunity, however, would be to complement that awareness layer with a more specialty-led content calendar focused on symptoms, doctor guidance, recovery journeys, myth-versus-fact education, and treatment decision support for orthopaedics.

HOSPITAL-LED DOCTOR & DEPARTMENT SOCIAL PRESENCE



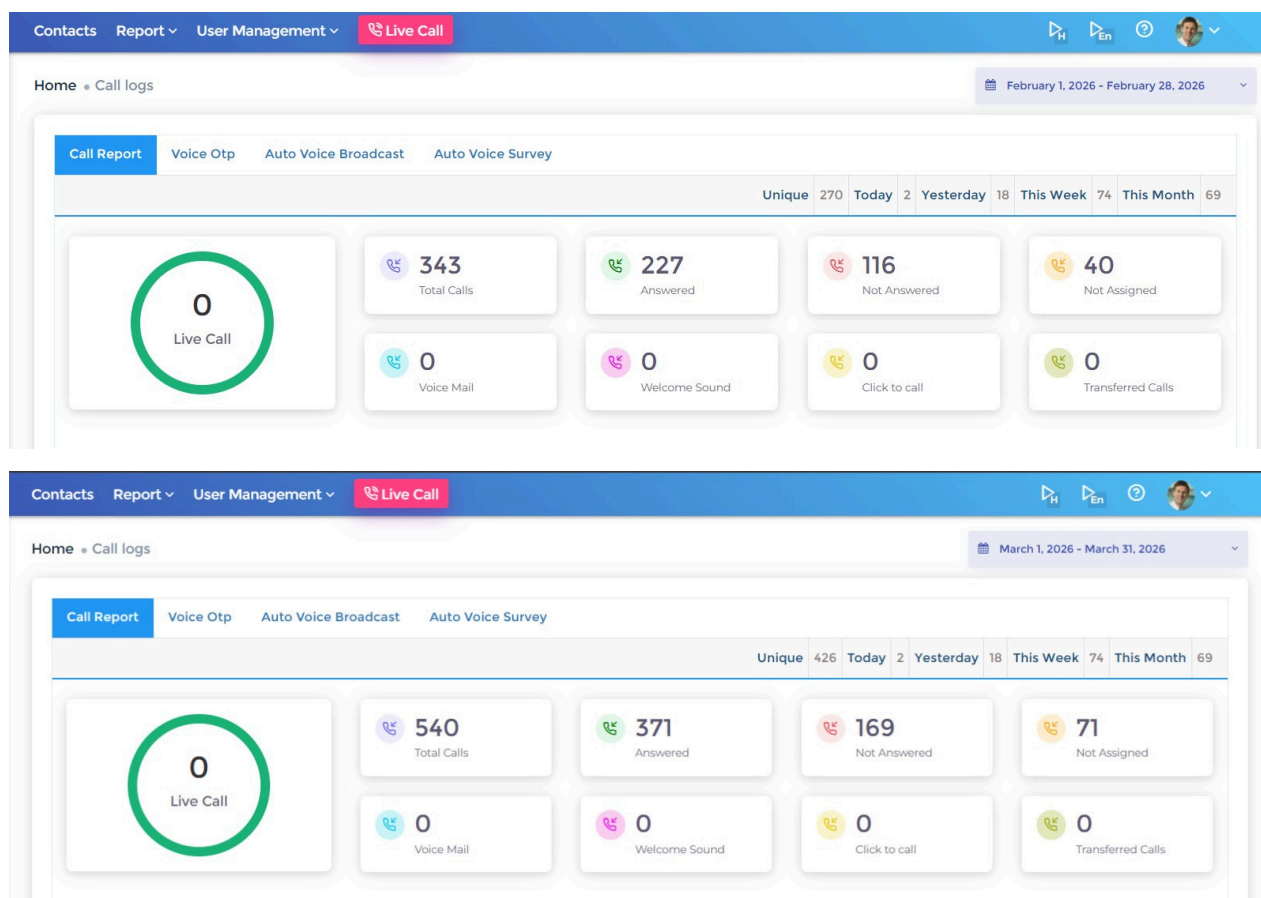


DIGITAL FOOTPRINT OBSERVATIONS- PBMS-DRIVEN CONTROL & VISIBILITY

Structured, trackable patient acquisition system, shifting from only monitored hospital lines to dedicated channels, enabling greater control, clearer attribution, and improved visibility across the entire patient funnel.

PERFORMANCE-BASED MANAGEMENT SYSTEM (PBMS)

This system represents a critical layer of (PBMS). By moving from unmonitored hospital lines to a dedicated, tracked call infrastructure, the doctor gains absolute control over the patient acquisition funnel.





DIGITAL FOOTPRINT OBSERVATIONS- AUTHORITY & CONVERSION ENGINE

High-quality content builds doctor trust and authority, while PBMS ensures every patient interaction is tracked and converted shifting from passive reliance to active control, driving higher conversion rates and consistent growth.

March 2026 Performance Snapshot

Metric	Monthly Value	Strategic Action
Total Call Volume	540	Indicates strong market demand for the doctor's specialty. 🔗
Answered Rate	~68%	Opportunity to improve team availability to reduce "Not Answered" counts.
Unique Callers	426	Reflects the reach of the brand to new, potential surgical patients. 🔗
Surgical Intent	Audited	Shift focus only to Knee, Hip, and Shoulder replacement inquiries. 🔗

High-quality content production is the "Authority Layer" of your Performance-Based Marketing System (PBMS). While the dashboard manages the data, the podcast and high-quality recordings manage the Doctor's Trust Equity.



SUMMARY OF VALUE

By implementing this framework, the doctor moves from passive hope (waiting for the hospital to handle calls) to active management (ensuring every potential surgical patient is heard, tracked, and converted). This is the engine that drives the 95% conversion rates seen in latest clinical data.



END-TO-END PATIENT CONVERSION CONTROL SYSTEM

A structured PI system ensures every lead is captured, qualified, and optimized—through centralized call handling, missed-call recovery, intent-based filtering, and continuous data tracking to improve conversion quality and marketing effectiveness.

THE PI-MODULE: ZERO-LEAKAGE FRAMEWORK

PHASE 1: ACQUISITION & ANTI-BOUNCE PROTOCOL

The primary goal is to ensure that every marketing rupee spent results in a human connection.

Centralized Call Routing: All marketing calls are routed to a dedicated dashboard rather than a busy hospital reception, ensuring the "Surgeon's Brand" is the first thing the caller experiences.

Missed Call Recovery (Zero-Bounce): As seen in dashboard "Not Answered" calls in March 2026), the system flags these for immediate outbound recovery.

Real-time Alerts: The "Live Call" monitoring feature allows the team to see active inquiries as they happen.

PHASE 2: INTENT AUDITING & QUALITY FILTERING

Not all calls are equal. The system allows you to differentiate between "General Inquiry" and "Surgical Intent".

Call Recording & Listening: By auditing recorded calls, we can verify if the caller is seeking specialized Joint Replacement or just general orthopedic advice

Lead Scoring: Calls are categorized by intent. High-intent surgical calls (Knee/Hip/Shoulder pain) are prioritized for immediate appointment booking and follow-up.

Script Compliance: Ensuring the PI team uses the specific "Consultative Sales Scripts" rather than just providing hospital timings.

PHASE 3: DATA-DRIVEN OPTIMIZATION

Using the dashboard data to refine the marketing strategy:

Volume Tracking: Monitoring shifts in volume (e.g., growing from 343 calls in February to 540 in March) to measure the success of specific campaigns. **Source Verification:** Identifying which marketing channels (Google, Social Media, etc.) are generating the "most intended" surgical calls



STRATEGIC INSIGHTS

Orthopaedics growth strengthened through a specialist-led, conversion-focused approach, reflected in higher IPD revenue, improved case mix, and significant rise in new OPD patients, indicating more scalable, value-driven performance.

CORE NARRATIVE

This case suggests that a Greater Noida-based large hospital chain already had the institutional strength, specialty structure, and patient trust required for orthopaedics growth.

What appears to have changed after December 2025 is that the department began benefiting from a more focused specialist-led, procedure-led, and conversion-led growth approach.

The strongest signals in support of this are:

- stronger new-patient OPD inflow,
- improved IPD revenue,
- revenue growth outpacing admission growth,
- and signs of a richer procedural value mix.

The broader implication is constructive: when hospital brand strength is more closely aligned with specialist-led demand generation and conversion-oriented patient pathways, a department can begin to perform as a more scalable service line.

KEY PROOF POINTS

- Q1 2026 admissions reached 125.
- February 2026 was the strongest month, with 50 admissions.
- Q1 2026 new OPD patients reached 411, compared with 189 in Q1 2025.
- New-patient inflow increased 117.46% year on year.
- New-patient ratio improved to 28.07%.

The institutional orthopaedics base already existed, while the opportunity appeared to be stronger specialty-led activation.

Emerging specialist-led and procedure-led communication appears to have supported more focused growth behaviour.



ACTION ROADMAP

Focused specialty-led funnels, structured paid campaigns, and conversion-oriented content can enhance orthopaedics growth, while tracking OPD metrics and scaling this model across specialties supports sustainable, high-value performance expansion.

1. STRENGTHEN A HOSPITAL-HOSTED SPECIALIST AND PROCEDURE FUNNEL

The hospital may benefit from building a more focused hospital-hosted journey around high-intent orthopaedics pathways such as knee replacement, hip replacement, shoulder replacement, arthroscopy, trauma, revision cases, and second-opinion journeys.

2. SHIFT FROM AWARENESS-ONLY TO SPECIALTY-PROOF CONTENT

A stronger specialty-led content calendar could include: doctor videos, symptom education, recovery journey narratives, procedure FAQs, myth-versus-fact posts, and consultation-led campaign creatives.

3. EXPAND PAID ACTIVATION IN A STRUCTURED WAY

The next phase of activation could move toward separate campaigns around: knee pain, hip pain, shoulder pain, sports injury, arthritis, elderly mobility, and surgery second opinions.

4. TRACK OPD AS THE LEADING INDICATOR

The sharp rise in new OPD patients is one of the strongest signals in the dataset. Going forward, tracking should include: source-wise new patients, procedure interest, OPD-to-IPD conversion, surgery type, value band, and time from first consultation to admission.

5. SCALE THE MODEL ACROSS DEPARTMENTS

The larger management lesson is that this approach can be adapted across other high-value specialties when treated as a service-line growth framework rather than a generic branding exercise.



CLOSING PERSPECTIVE

Findings are directional, based on available data and public insights. Overall, aligning institutional strength with specialist-led, procedure-focused strategies appears to drive more scalable, high-value orthopaedics growth and performance.

LIMITATIONS

The internal performance data used here is based on the available report and supporting chart material and has not been independently reconciled against hospital billing systems, HIS, CRM records, or audited financial statements.

The digital review reflects what was publicly visible through public web pages, public search pathways, advertising transparency tools, and accessible social channels at the time of review. These sources do not reveal full internal campaign structures, spend levels, targeting settings, or complete platform analytics.

Accordingly, the observations in this case should be interpreted as strategic directional insights rather than as a full forensic audit.

IMPORTANT NOTE FOR MANAGEMENT

Detailed financial impact data from the hospital is currently unavailable. With access to this particularly regarding OPD growth and the shift toward Joint Replacement, Arthroscopy, and Spine surgeries, we can deliver deeper insights and more accurate revenue forecasts from scaling PBMS strategies.

CONCLUSION

The hospital already had a strong institutional foundation to support orthopaedics growth, built on clinical capability and patient trust. As this base aligned more closely with specialist-led visibility, procedure-focused communication, and conversion-driven acquisition, the department began transitioning into a more structured and scalable high-value model.

The improvement in OPD and IPD metrics demonstrates that activating a senior doctor's clinical credibility through a Performance-Based Marketing System (PBMS) can transform a general multispecialty presence into a focused surgical growth engine. This shift not only increased patient inflow but also strengthened market authority and improved the overall case mix.

The key takeaway for hospital leadership is clear: when institutional trust already exists, targeted specialty activation can significantly enhance both clinical positioning and sustainable growth outcomes.