CASE STUDY ON INNOVATION AND CREATIVITY IN SERVICE ORGANIZATION
ARAVIND EYE CARE SYSTEM

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1. INTRODUCTION
In today’s competitive world companies are striving hard to retain their existing market share. To get the new market share or new customer is becoming tougher and tougher. New companies are entering with substitute product and services and pressuring existing companies to think innovatively to sustain their market share.

All types of companies government and private have to be innovative and creative to offer more value to their customers. This case is an excellent example of the health care service provider having non business objective and servicing public of the society. This case elaborates about the various innovative approaches adopted to make the health care services available to masses at lowest possible cost.

India is the seventh-largest country by geographical area, the second-most populous country (above 1.2 billion population), and the most populous democracy in the world. It has the world's twelfth largest economy at market exchange rates and the fourth largest in purchasing power. Economic reforms since 1991 have transformed it into one of the fastest growing economies.

But growing population, inadequate infrastructure, low per capita income, aging population, diseases in epidemic proportions and illiteracy poses many challenges on healthcare services in India. Government has taken many initiatives to cope up with many health related problems. There are many schemes and programmes launched by government to eradicate various health problems. One such health problem is blindness at large scale in India and the government alone cannot meet it. Realizing this predicament, Dr. Venkataswamy wanted to establish an alternate health care model that would supplement the efforts of the Government and also be self-supporting.

Hence, upon his retirement in 1976, Dr. G. Venkataswamy founded Aravind Eye Care System. Today it is the largest and most productive eye care facility in the world, treated nearly 32 million patients and performed MORE THAN 4 million surgeries at Madurai, Theni, Tirunelveli, Coimbatore and Puducherry. Blending traditional hospitality with state-of-the-art ophthalmic care, Aravind offers
comprehensive eye care in the most systematic way attracting patients from all around the world,

Aravind is the largest and most productive eye care facility in the world. Taking its compassionate services to the doorstep of rural India, Aravind's stunningly effective strategies vaulted barriers of distance, poverty and ignorance to create a self-sustaining system.

Keywords: Services, Innovations, Social Value creation.


2. ELEMENTS OF SERVICE CONCEPT AND SERVICE OFFERINGS

Aravind Eye Care System is the largest and most productive eye care facility in the world, in terms of surgical volume and the number of patients treated. Today the Aravind Eye Care System encompasses five hospitals, a manufacturing center for ophthalmic products, an international research foundation and a resource and training center that is revolutionizing hundreds of eye care programs across the developing world.

The hallmarks of the Aravind model are quality care and productivity at prices that everyone can afford. A core principle of the Aravind System is that the hospital must provide services to the rich and poor alike, yet be financially self-supporting. This principle is achieved through high quality, large volume care and a well-organized system.

Aravind Eye Hospitals began with just 11 beds. Today, in addition to the hospital in Madurai, there are four other Aravind Eye Hospitals in Theni, Tirunelveli, Coimbatore, and Pondicherry with a combined total of nearly 3,590 beds. At Aravind Eye Hospitals great stress is placed on maximum utilisation of resources. With less than 1% of the country's ophthalmic manpower, Aravind accounts for 5% of the ophthalmic surgeries performed nationwide. The hospitals have well-equipped specialty clinics with comprehensive support facilities. Two-third of the outpatient visits and three-fourth of the surgeries were serviced to the poor, free of cost.

2.1. Community Outreach

An integral part of Aravind is its community outreach programmes like screening eye camps, school eye health programme, village volunteer programme all of which provide different strategies for taking eye care service to the doorstep of the community. They provide curative, preventive and rehabilitative care to the community along with IEC (information, education & communication) programmes to improve service delivery to potential patients in the community.

2.2. Screening Eye Camps

Through free eye camps, medical teams from each hospital reach patients in rural areas. The teams work closely with local community leaders and service groups to organise the camps. Eye camps are conducted every day of the week.
The medical team is also involved in educating the local community in the maintenance of proper eye care. Towards this end, the staff is currently implementing several comprehensive eye care projects. These projects include screening for diabetes-related eye disorders, eye screening at schools and treatment of children suffering from refractive errors, strabismus and Vitamin A deficiency. By bringing eye care services directly to the community, Aravind makes a significant contribution towards reducing needless blindness.

2.3. Apart from screening camps, other outreach activities include

- Community-Based Comprehensive Rehabilitation Programme
- School Children Screening
- Village Volunteers Programme
- Refraction Camps
- Diabetic Retinopathy detection and awareness camps.

3. SERVICES IN EDUCATION AND TRAINING

Aravind Eye Hospitals were started with a mission to eradicate needless blindness. Over the last 30 years, Aravind has contributed extensively to prevention of blindness in the country. In view of the existing backlog of cataract and other causes of blindness, India requires many more institutions of this kind.

Aravind Eye Hospitals has gained national and international reputation for its service orientation, modern ophthalmic techniques and its community-based outreach activities which deliver quality eye care to the rural masses. Its operational research has practical applications in the formulation of effective blindness prevention programmes. To take up the challenge of blindness, Aravind has recognized the need to develop human resources - ophthalmologists, paramedics, eye care managers and support service personnel.

Several training programmes have been designed to develop ophthalmic manpower. Catering to all levels of ophthalmic teaching and training, these are intended not only for ophthalmologists but also for ophthalmic technicians, opticians, clinical assistants, outreach coordinators and health care managers. These training programmes are both long term and short term, and some of these are affiliated to local universities. The postgraduate clinical courses are affiliated to Dr. MGR Medical University, Chennai. The postgraduate courses in Optometry & Ophthalmic Assistance are affiliated to Madurai Kamaraj University. Apart from these, a six week training course in the maintenance of ophthalmic surgical instruments and other equipment for technicians is also offered.

Dissemination of knowledge and skills in eye care will not only satisfy the needs of the institution but also take care of the needs of the country. Aravind has also recognised the need for transition from conventional surgical procedures to state-of-the-art techniques in management of cataracts. It offers short term training courses in IOL microsurgery, lasers in diabetic retinopathy management and glaucoma diagnosis and therapy and also a five day course in instrument maintenance for ophthalmologists.

Continuing Medical Education programmes and workshops are offered on a regular basis. The institution along with Lions Aravind Institute of Community Ophthalmology works with several eye hospitals in India and abroad to improve their
capacity to provide high volume, high quality care and enabling them to become financially self-reliant in the long run.

Aravind Eye Care System has extended its activities by expanding the research facilities and has started Ph.D programme in ophthalmology, genetics and immunology for medical graduates in affiliation with the Tamil Nadu Dr. MGR Medical University; Ph.D in affiliation with Madurai Kamaraj University in Biomedical science for non-medical graduates, and Ph.D in Biotechnology and Humanities and social sciences in affiliation with Indian Institute of Technology, Chennai.

3.1. Facilities Available: Equipments

Aravind Eye Care System has well-equipped ophthalmic research laboratories for studies on Molecular Genetics, Immunology, Biochemistry, Microbiology, Molecular Biology and Cell Biology of eye diseases.

3.2. Recognition for PhD Studies

The Tamil Nadu Dr MGR Medical University has recognized Aravind Eye Hospital for Ph.D studies in Genetics, immunology and ophthalmology for medical graduates. Madurai Kamaraj University has recognized AMRF for a Ph.D programme in biomedical sciences, while LAICO (The Lions Aravind Institute for Community Ophthalmology) has been recognized by IIT Madras in two areas: humanities and social sciences as well as bio-technology.

4. INNOVATIONS IN HEALTH CARE SECTOR BY ARAVIND EYE CARE SYSTEM

Aravind Eye Care System has undertaken many innovations in current healthcare industry. In India most of the hospitals and other health care service providers are following unidimensional traditional approach. Whereas Arvind Eye Care System following multidimensional service approach. It has started many innovative projects which are never considered before any of the other heath care service providers in India.

4.1. Aravind medical research foundation

The Aravind Eye Research Institute is run by the Aravind Medical Research Foundation (AMRF). AMRF was formed to investigate issues concerned with causes and treatment of various eye diseases and problems related to delivery of eye care. The research activities at Aravind reflect Aravind's commitment to finding new ways to reduce the burden of blindness. The combination of high clinical load, extensive community participation, and access to a large network of eye hospitals provides ideal opportunities for conducting clinical, laboratory, population-based studies and social and health systems research.

Aravind is aware that its current position yields enormous opportunities for basic research and as such it feels called upon to initiate the establishment of the Aravind Eye Research Institute along with like-minded partners. The main focus of this institute will not only be on investigating and evaluating the genetic factors of vision robbing diseases like cataract, glaucoma, diabetic retinopathy, retinoblastoma (eye cancer) etc but to also engineer against the gene mutations by developing a process to arrest and to rectify, if possible. The estimated cost of this ambitious project is 15 crores. While Aravind has come forward to contribute the physical space for the
institute, and will also provide support in terms of infrastructure, staff, equipment and other resources, it is looking now for partners committed to the same cause to come forward and join its efforts by pledging support in any of a number of different ways.

4.1.1. The funding mechanism for the project
Aravind Eye Hospitals follows the same kind of fund raising approach to all its existing and upcoming projects. In all its project contributions can be through any of the following means:

- Financial donations (donors contributing above a certain sum will be eligible to fund an entire area of research)
- Research equipment donations
- Deputing and funding visiting scientists and research scholars to the Institute
- Undertaking the finances for one or more research projects
- Undertaking finances for building one floor of the institute
- Undertaking to bear in full or a part of the recurring expenses of the institute etc. As Aravind prepares to take this bold and necessary venture forward it invites all NGOs, governmental bodies, corporate organizations, philanthropists and individuals to join hands in order to make this Institute a truly global collaboration, and to hasten the collective effort to combat needless blindness worldwide.

4.1.2. Research Service offerings
In addition to laboratory-based research, the studies carried over here cover a broad spectrum of areas, including:

- Hospital-based randomised clinical trials that evaluate surgical techniques and conduct drug trials
- Community-based randomised clinical trials that study the impact of Vitamin A supplementation on the morbidity and mortality of infants and children; role of antioxidants in cataract prevention
- Population-based surveys: Beneficiary assessment; prevalence surveys; rapid assessment; impact assessment of cataract intervention
- Qualitative research: Using Participatory Rapid Appraisal (PRA) Techniques to ascertain patient's barriers in accessing eye care services in a community; development of quality of life assessment instruments for persons with visual disability
- Health systems research: Operations research to evaluate the effectiveness of community interventions in providing cataract services; assessment of eye care infrastructure utilization

4.1.3. Partners and alliances in research
Aravind Eye Care System has collaborations with various universities and institutions around the world as mentioned below. The University of Iowa, USA.PHLS Central Public Health Laboratory, London. Proctor Eye Foundation, USA. National Eye institute, USA. Doheny Institute, ISA. International Centre for Eye Health, London. Madurai Kamaraj University, India.

4.2. LAICO (Lions Aravind Institute of Community Ophthalmology)
LAICO was founded with the mission of contributing to the prevention and control of global blindness through teaching, training, consultancy, advocacy and research in
eye care delivery. Since its inception in 1993 it has accomplished a great deal towards fulfilling this mission.

LAICO’s work makes it possible for Aravind to transfer the best of its expertise and experience to an ever-increasing number of eye care institutes across India and the rest of the developing world. Its global impact on the quality and efficiency of eye care delivery is steadily growing.

**Services and Activities:** The activities of the institute contributing to eye care in India and other developing countries can be broadly classified under the following areas:

- Capacity Building of other eye hospitals
- Training Programmes – Clinical and Non-Clinical
- Research Activities and Projects
- Publications
- Support to Aravind eye Hospitals and Aurolab
- Advocacy and Contribution to Eye Care Programmes at National and International level through the Government and International NGOs.

LAICO provides needs-based support to the network of Aravind Eye Hospitals and Aurolab. This support is offered through various ways, one being systems development which allows efficient use of resources, another key area is quality management. LAICO also offers support in planning and conducting workshops.

The support offered by LAICO serves to enhance functioning in areas such as Human Resource, Purchase, Information Technology, Quality Assurance, Financial Management, Research and General Systems and procedures.

### 4.2.1. Faculty

As LAICO offers management support and consultancy services to hospitals in India and abroad, the faculty of the institute is able to incorporate a considerable amount of practical perspective in their teaching. The Institute Faculty consists of experts in the field of Management Sciences, Health Economics, Public Health, Hospital Management, Information Technology, Bio-statistics and Social Sciences. The courses are supported by the senior faculty from Aravind Eye Hospitals for clinical training. Visiting faculty from reputed training institutes and hospitals in India and abroad is also involved.

### 4.7. Facilities

The institute is located in a separate building with an area of 50,000 sq.ft. It has a well-equipped audiovisual unit, resource centre, library and publications division. The PG hostel provides comfortable accommodation for visiting faculty and students. The Institute’s Library and Resource Centre has an impressive collection of books, periodicals, videos, reports on eye-care programmes from around the world and on all aspect of community ophthalmology and hospital management.

All LAICO programmes and activities have the full advantage of complete and open access to the Aravind Eye Hospitals and all their activities as observational models with opportunities for data collection and research, and a forum for practical hands-on projects and skills development.
4.2.2. Collaborating Agencies
LAICO works closely with International organizations like World Health Organization, Lions International, Seva Foundation (USA), Sight Savers International (UK), International Eye Foundation (USA), Seva Service Society (Canada), CBM (Germany), Proctor Foundation (USA), Rotary International (USA) and the National Eye Institute (USA). LAICO also works closely with the Government of India, other NGO’s and the Government of Tamilnadu in the National Programme for the Control of Blindness.

4.3. AUROLAB
Aurolab, the manufacturing division of Aravind Eye Hospital, supplies high quality ophthalmic consumables at affordable prices to developing countries. Since its inception in 1992 as a non-profit charitable trust, Aurolab has set up manufacturing facilities to produce intraocular lenses (IOLs), suture needles, pharmaceuticals, spectacles lenses and hearing aids.

The international organizations that actively participated in developing the various activities in Aurolab include Seva Foundation, USA; Sight Savers International, UK; Combat Blindness Foundation, USA; Seva Service Society, Canada; CBM International, Germany; CIDA, Canada; Al-Noor Foundation, Saudi Arabia. Aurolab products are primarily supplied to non-profit eye care programs at affordable prices. Aurolab products include:
- Intraocular Lens
- Suture Needle
- Pharmaceutical
- Cataract kit
- Instruments

4.4. Eye Bank - Lights up the Sightless lives
The Rotary Aravind International Eye Bank (RAIEB) is a community organization dedicated to the cause of restoring vision to those blind from corneal diseases. It has been registered under the Tamilnadu Society Registration Act 1975 (Register Number: M(N) 2001/087 Date 6.8.2001.

The Society was formed with the objective of providing quality corneal tissues to the needy patients irrespective of the caste, creed or religion or ability to pay and also to enhance the level of awareness about eye donations to the general public, hospitals and voluntary organizations.

The eye bank is conducting various awareness programmes among general public includes students, self help groups(SHG) and voluntary organizations in order to increase awareness about eye donation and to motivate people to donate eyes after death.

4.5. Teleophthalmology
In the recent years there has been an exponential growth in Information technology and its impact on the outlook of professional lives. The internet has revolutionized the speed of access to information with touch of a button. This revolution has led to the positive impact on all areas including the medical field where accessibility is a major problem. For instance in India, of the 12,000 (approx.) trained
ophthalmologists, very few doctors are trained in sub-specialty services, which is further aggravated by the uneven distribution of specialists skewed towards few urban areas catering to just 10-15% of population constituting the majority of our population has very little/no access to tertiary eye care. In order to make eye care services accessible to everyone, the concept called “teleophthalmology” has come into existence. Tele-Ophthalmology is a techno savvy method by which medical facility is taken to rural or remote areas by using computers, video conferencing and internet. Tele ophthalmology enables a doctor from one end to interact with the patients sitting at a remote end in a faraway place through video conferencing, share data through computers and diagnose the patient with the help of local doctor who uses ophthalmic diagnostic equipments to transfer the images. Also ophthalmology is one field of medicine where imaging plays a major role and many a diagnosis can be made by viewing the images. So it becomes apt to use IT in ophthalmology for reducing the urban – rural divide.

4.5.1. Objectives of Tele-Ophthalmology

- To make eye care service accessible and affordable by reducing travel cost and time for the patients.
- To enable people at remote areas have access to specialized eye care facility
- To act as an interface between doctors to share their experiences.

4.6. IT & Systems Department

Aravind Computer Department was started in 1983 with 2 Apple computers for patient statistics and reports generation. LAN was setup in 1990 and online system patient care management was implemented in March 1991 with 11 computers at Madurai. In Tirunelveli, online system was implemented in 1995 and in Theni it was implemented in 1997. Coimbatore and Pondicherry hospitals were started in 1997 and 2001 respectively with online system from day one. More recently this has also been deployed in our managed hospital – Indira Gandhi Eye Hospital in Uttar Pradesh. This department is functioning with a vision: "To become the center of Excellence in IT applications for Eye Care", Presently it manages more than 200 computers at Madurai alone with following applications

4.6.1. Services Offered

- Hospital Management Systems
- Financial Accounting
- Materials Management
- Community Outreach
- Personnel Management
- Office automation
- GIS
- Tele-medicine

A team at each location takes care of maintenance of the system, training the users and attending user complaints and working on further improvements.

Central team at LAICO coordinates with all the hospitals for enhancing the application and develops new application for both internal use as well as other organizations.
Microsoft Exchange Server, Internet Server and Intranet server are maintained for supporting communication activities at Aravind Eye Care System.

It has also started supporting other charitable eye hospitals for implementing IT systems. It has implemented the Aravind hospital management software in 15 other hospitals which includes 1 in Tanzania and 5 in Bangladesh.

4.2.2. Major IT Activities in Progress

- Implement “EyesTalk” software in other hospitals for ophthalmologists / physician / eye care providers in any part of the globe to consult with Aravind Eye Hospitals ophthalmologist.
- Aravind Virtual University – a facility to conduct classes, discussion and sharing thoughts over Internet
- Introduce Electronic Medical Record
- Wireless PDA applications in patient care and facility maintenance

5. CUSTOMER ORIENTED APPROACH IN SERVICE OFFERINGS

Aravind Eye Hospitals respect the personal and unique needs and values of each patient. Though the volume of customers (Patients) is very high then also Aravind Eye Hospitals provide personal attention to each patient. Aravind Eye Hospitals says “We consider our patients as partners in our medical care; Our respect for and observance of Patient’s Rights will ensure mutual cooperation and greater satisfaction for both patients and hospital staff”. It follows customer oriented approach and involved customers in service creation and delivery.

Aravind Eye Hospitals says to all its patients - we would like you to:

1. To know the name, identity, and professional status of all persons providing services to you and to know the physician who is primarily responsible for your care.
2. To receive complete and current information concerning your diagnosis, treatment and prognosis in terms that you can understand
3. To have access to all information contained in your medical record through your primary consultant
4. To give an explanation in terms you can understand of any proposed procedure, drug or treatment; the possible benefits; the serious side effects, risks or drawbacks which are known; potential costs; problems related to recovery; and, the likelihood of success. The explanation should also include discussion of alternative procedures or treatments.
5. To accept or refuse any procedure, drug or treatment, and to be informed of the consequences of any such refusal. If there is conflict between you and your parents/guardian regarding your exercise of this right, you and parent/guardian may need to participate in conflict resolving discussions.
6. To personal privacy. Care discussion, consultation, examination and treatment will be treated as confidential.
7. To expect that all communications and records related to your care will be treated confidentially.
8. To supportive care including appropriate management of pain, treatment of uncomfortable symptoms and support of your psychological and spiritual needs even if you are dying or have a terminal illness.
9. To assist in obtaining consultation with another physician regarding your care. This consultation may result in additional cost to you or your family.

10. To request consultation with the Hospital Ethics Committee regarding ethical issues involved in your care.

11. To be transferred to another facility at your request or when medically appropriate and legally permissible. You have a right to be given a complete explanation concerning the need for and alternatives to such a transfer. The facility to which you will be transferred must first accept you as a patient.

12. To know if your care involves research or experimental methods of treatment. You have the right to consent or refuse to participate.

13. To voice complaints regarding your care, to have those complaints reviewed, and, when possible, resolved without fear of any harm or penalty to yourself. You have the right to be informed of the response to your complaint.

14. To expect reasonable continuity of care and to be informed by care providers of realistic patient care options when hospital care is no longer appropriate. You have the right to participate in this discharge planning process.

15. To examine your bill and receive an explanation of the charges regardless of the source of payment for your care.

16. To be informed of any hospital policies, procedures, rules or regulations applicable to your care.

If you are unable to exercise these rights, your guardian, next of kin or legally authorized surrogate has the right to exercise these rights on your behalf. As a Patient it is your responsibility:

1. To provide all personal and family health information needed to provide you with appropriate care. This includes reporting if you are in pain, or require pain relief.

2. To participate to the best of your ability in making decisions about your medical treatment, and to comply with the agreed upon plan of care.

3. To ask questions to your physician or other care providers when you do not understand any information or instructions.

4. To inform your physician or other care provider if you desire a transfer of care to another physician, care provider, or facility.

6. COMMUNICATION SYSTEM – PUBLICATIONS

Aravind Eye Care System used various communication strategies to keep inform all the stake holders about the services and products.

6.1. Catalogue, Newsletters, Periodicals and Reports

Catalogue gives an overview of all materials published and available for sale at Aravind Eye Care System.

The target audience of these publications is the ophthalmic community-students, practicing ophthalmologists, ophthalmic assistants, other people involved in outreach eye care services, and other eye health related managers and workers. The publications strive to enhance the knowledge and practice of ophthalmology, proper resource use, and the public awareness of ophthalmology. The textbooks and manuals are frequently updated to provide timely and useful information.

Aravind has its own in-house communications division, composed of the publication and audio-visual departments, with state-of-the-art desktop publishing facilities, a video editing unit, projection facilities and a photography unit.
The publications division releases in-house newsletters, a journal (Illumination), patient information brochures, annual reports, and textbooks in ophthalmology for practicing ophthalmologists. It also produces ophthalmology slide sets for lectures and presentations. The audio-visual and photography departments are involved in photography and in the production of instructional videos on surgical procedures of the eye, nursing, housekeeping, maintenance and management.

7. CHALLENGES AND OPPORTUNITIES
The major challenges for innovation and growth for Aravind Eye Care System could be

- Finance to all its ongoing projects
- Huge no of outpatients
- Inadequate infrastructure
- Insufficient Doctors
- Insufficient support staff
- Increasing inflation
- Increasing cost of medicines and other consumables

The opportunities for for Aravind Eye Care System could be

- Growing population
- Government investment in public health
- Increasing support of NGO’s
- Corporate help as social responsibility
- Help from foreign institutions like WHO

8. TAKE AWAY FROM THE CASE
There are many service companies in service sector and most of them are are facing problems to market their service products because of service qualities. Aravind Eye Care System is one such Indian heath care service providing organization which has created its own market by following blue ocean strategy. India is very populous (1.15 billion population) country which has created huge demand for health care sector. But all the people cannot afford all the services. Hence government is taking all efforts to provide essential medical services to all needy peoples through various schemes. Aravind Eye Care System has recognized this opportunity and exploited it with its innovative strategic alliance with government. It started providing healthcare services in association with government.

It has created own integration of survives by starting forward and backward integration of services. This has made it possible to pass on maximum benefits to both organization and customers. No healthcare organization has such kind of setup to transfer the benefits to the patients.

It has designed all its services in such a way that it can be afforded by all segment of the society.

Aravind Eye Care System has philosophy of optimum utilization of resources which helped them to control the service cost.

It has followed customer oriented approach to serve the customers from all the segments of the society.
Questions for Discussion

1. Describe the various elements of service product with reference to health care services.
2. Explain how service diversification is helpful to survive in the market.
3. Elaborate how service integration both forward and backward is carried out in this case.
4. How the adaptation and development of new technologies are used for product and service innovation?
5. Identify the customer centric approach used in Aravind Eye Care System?
6. Do you agree that collaboration as business sustenance strategy?
7. Elaborate strategic use of ICT in service innovation.
8. How the Aravind Eye Care System used innovation as tool of optimum resources utilization?
9. Exemplify other service companies where same model can be used to mitigate the market competition and value creation.

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ANNEXURE

Teaching Notes

Nature of the case
In today’s competitive world companies are striving hard to retain their existing market share. To get the new market share or new customer is becoming tougher and tougher. New companies are entering with substitute product and services and pressuring existing companies to think innovatively to sustain their market share.

All types of companies government and private have to be innovative and creative to offer more value to their customers. This case is an excellent example of the health care service provider having non business objective and servicing public of the society. This case elaborates about the various innovative approaches adopted to make the health care services available to masses at lowest possible cost.

Teaching objectives
This case mainly focus on creativity and innovation in every possible areas of health care service sector along with following objectives -

- The various service elements of health care service provider.
- Service diversification and opportunities exploitation.
- Service integration both forward and backward.
- Adaptation and development of latest technologies for product and service innovation.
- Importance of customer oriented approach.
- Collaboration as business sustainable strategy.
- Strategic use of ICT in service innovation.
- Innovation as tool of optimum utilization of resources.

Suitability for use in what types of training programs or courses
This case can be used to teach student of business management and working professionals to understand how to act innovatively to prosper the organization.

In-class discussion
The case can be given to the students in advance and asked to submit the written analysis of the case by considering innovation and creativity as strategy to sustain in the market by offering more value to the customer.

All the students can be asked to make presentation based on analysis and the questions asked at the end of the case.

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