



# 2021-2025 SERVICE & GROWTH STRATEGY





2021-2025

SERVICE & GROWTH STRATEGY

Copyright ©2020  
The Emergency Plus Medical Services

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the written permission of the Emergency Plus Medical Services (E-Plus).

# TABLE OF CONTENTS

List of Figures	iv		
List of Tables	iv		
Acronyms and Abbreviations	vi		
Definitions	viii		
Statement from the Chairman	1		
Statement from the Managing Director	3		
Board of Directors	5		
Acknowledgements	6		
<b>1. EXECUTIVE SUMMARY</b>	<b>7</b>		
1 About E-Plus	9		
1.1 Our Mission	10		
1.2 Our Vision	10		
1.3 Our Key Stakeholders	11		
1.4 Our Performance So Far	13		
1.4.1 Growth in Membership	13		
1.4.2 Service Delivery	15		
<b>2. THE OPERATING ENVIRONMENT</b>	<b>17</b>		
2.1 The Global Context	19		
2.1.1 Patient Experience	19		
2.1.2 Digital Technologies	21		
2.2 The Regional Context	23		
2.3 National Context	23		
2.4 Summary of the Environmental Analysis	25		
2.5 Stakeholder Analysis and Customer Jobs-To-Be-Done	27		
2.5.1 Stakeholder Analysis	27		
2.5.2 Customer Jobs-To-Be-Done	29		
2.6 Opportunities for Improving Service Delivery and Growth	29		
<b>3. OUR NEW STRATEGIC DIRECTION</b>	<b>31</b>		
3.1 Strategic Themes	33		
3.2 Our Core Values	34		
3.3 Strategic Objectives	35		
3.4 Our Vision Chart	36		
3.5 Our Business Model	37		
3.6 Implementation Matrix	38		
<b>4. STRATEX AND FINANCIAL PROJECTIONS</b>	<b>41</b>		
Annexure: Customer Jobs-To-Be-Done	44		

## LIST OF FIGURES

Figure 1: Eplus Stakeholders.	2
Figure 2: Eplus Baseline Service Design & Delivery Chart.	5
Figure 3: Stakeholders and their Roles.	15
Figure 4: Additional Services Desired by Customers.	17
Figure 5: The Eplus Vision Chart.	22

## LIST OF TABLES

Table 1: Growth in Membership.	4
Table 2: Summary of Environmental Analysis.	12
Table 3: Thematic Strategic Objectives.	21
Table 4: The Eplus Business Model.	23
Table 5: Corporate Scorecard.	24
Table 6: Financial Projections for the Plan Period.	27







# ACRONYMS & ABBREVIATIONS

ALS: Advanced Life Support  
AMREF: African Medical and Research Foundation  
BLS: Basic Life Support  
CAD: Computer-Aided Dispatch  
CRM: Customer Relationship Management  
CSR: Corporate Social Responsibility  
ECG: Electrocardiogram  
EHR: Electronic Health Record  
EMT: Emergency Medical Technician  
ePCR: Electronic Patient Care Record  
EMS: Emergency Medical Service  
EVOC: Emergency Vehicle Operator Course  
GPS: Global Positioning System  
HIE: Health Information Exchange

ISO: International Organization for Standardization  
KRCS: Kenya Red Cross Society  
Kshs.: Kenya Shillings  
MoH: Ministry of Health  
NGO: Non-Governmental Organization  
NHIF: National Hospital Insurance Fund  
p.a.: Per Annum  
p.m.: Per Month  
QMS: Quality Management System  
RFID: Radio-Frequency Identification  
SDD: Service Design and Delivery  
SMS: Short Messaging Service  
STRATEX: Strategy Expenditure





# DEFINITIONS

**Computer Aided Dispatch (CAD):** Software-based system used to complete public safety and EMS calls for service, dispatch, communications with and monitoring of responding resources in the field.

**Consumer Medical Monitoring Devices:** A medical monitoring system includes at least one patient medical apparatus, owned by the consumer/patient, for monitoring at least one aspect of a patient's physical condition and generating at least one variable signal in response to the monitoring. Such devices are intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease. They do not achieve their primary intended purpose either through chemical action within or on the body, or upon being metabolized.

**Consumer Mobile Health Apps:** Software programmes that operate on a mobile computing device, including a laptop computer, tablet computer, smartphone, or other mobile communication device. They can also be accessories that attach to a smartphone or other mobile communication device, or a combination of accessories and software. In this sense, they become accessories to a regulated medical device, or transform a mobile platform into a regulated medical device. They are intended for use by consumers in managing their own personal health and wellness, or to help healthcare professionals improve and facilitate patient care.

**Electronic Health Record (EHR):** An EHR is a digital version of a patient's paper chart. EHRs are real-time, patient-centred records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care. EHRs

can contain a patient's medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory test results.

**Electronic Patient Care Record (ePCR):** The ePCR is a pre-hospital electronic health record inclusive of data from an EMS incident and patient care episode. ePCRs may include data from dispatch, EMS personnel (non-transport and transport EMS), and medical devices.

**Health Information Exchange (HIE):** HIE allows healthcare professionals and patients to appropriately access and securely share a patient's vital medical information electronically across a region of healthcare providers, effectively sharing information across a wide range of providers, with the goal of improving the speed, quality, safety and cost of patient care.

**Patient-Centred Care:** The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one's person, circumstances and relationships in healthcare. This entails providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

**Patient Experience:** The sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care.

**Real-Time Analytics:** Real-time analytics is the use of, or the capacity to use, all available enterprise data and resources when they are needed. It consists of dynamic analysis and reporting, based on data entered into a system less than one minute before the actual time of use.



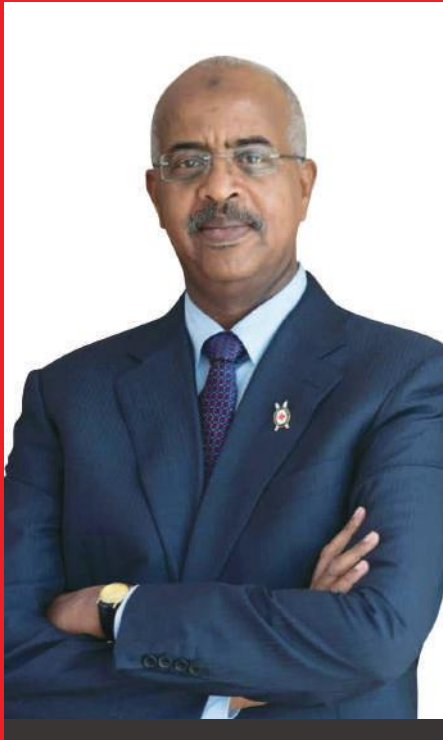
**Service Design:** A human-centred, collaborative, interdisciplinary, iterative approach, which involves a process of designing with diverse stakeholders and includes a varied set of methods, such as ethnographic research, visualizing user experiences, and prototyping. It aims to both enhance the consumer's experience of the service and optimize the design of the service delivery by focusing on how the service is perceived and experienced by both customers and staff and by identifying improvement areas.

**Telemedicine:** Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smartphones, wireless tools and other forms of telecommunications technology.

**Wearable, Voice-Activated Devices:** Consumer medical monitoring devices that are worn by an individual user. They may include a wide range of sensors for location tracking, motion tracking, or for inputting information through cameras, voice recorders, or other sensing equipment. Such sensors may include wearable textiles, or other light-weight equipment mounted on a human body (e.g., head, arm or leg). Their benefits include hands-free operation with sophisticated sensor and/or voice-activated interfaces.



# STATEMENT FROM THE CHAIRMAN



**A**s Chairman of this amazing company – the Emergency Plus Medical Services (E-Plus) – I am delighted to present the second five-year corporate plan, the 2021-2025 Service and Growth Strategy. This plan responds to the unique and distinctive challenges of Emergency Medical Services (EMS) system and sets forth priority for key actions for the next five years.

EMS is a crucial service every single day, especially during times of emergencies like natural and man-made disasters, road-traffic accidents, epidemics, pandemics, internal conflicts, terrorist attacks, etc. In view of this, the Kenya Red Cross Society, ten (10) years ago, saw the need to establish the Emergency Plus Medical Services (E-Plus). This far, E-Plus has lived up to the role of providing advanced professional pre-hospital care services and demonstrated the very important need of quality emergency medical evacuations in our country, both at national and county levels.

The foundation of this Strategic Plan is our Mission i.e “We work

with our communities and partners to respond to medical and trauma emergencies through the provision of accessible, responsive and quality pre-hospital care to save lives. Our patients will receive prompt and appropriate emergency medical pre-hospital care from properly trained and certified professionals.”

This, for us, is more than just a statement of our function. It has a deeper meaning. First, it clearly states that we exist to serve our communities and it highlights the need for collaborative response. We do this with the expert care of our professional staff and state-of-the-art equipment and supplies to save lives.

The first corporate plan, Strategic Plan 2016-2020, focused on four strategic pillars of excellence, which were: Operational Excellence; Pre-hospital Care Excellence; Strategic Partnerships; and Financial Sustainability. I am glad to report that this Strategic Plan shaped our performance and provided the framework we needed to appreciably consolidate and grow the business.



The review of the ending Strategic Plan informed the strategic direction and areas of focus for the 2021-2025 Service and Growth Strategy, namely:

- (i) **Service Delivery; and**
- (ii) **Growth & Sustainability.**

In the next five years, E-Plus is keen on enhancing customer experience through deeper empathy and responsiveness, and on a larger scale, explore Pan-African-wide regional expansion, where EMS business is likely to thrive.

I would like to acknowledge the dedication and hard work of all the employees of E-Plus who make such a relatively new and complex operation function round-the-clock, across the country, and sometimes, beyond. The success we have enjoyed and the exemplary service we have provided to our country are a direct result of their commitment to providing quality professional services despite the many challenges we face.

I thank, most sincerely, the E-Plus management team led by the Managing Director, Susan Ng'ong'a for the development and execution of the first strategic plan and

development of the second Strategic Plan. To my Board members, who continue to dedicate their energy and expertise to provide corporate governance support, I am most grateful. The Board is responsible for setting priorities, allocating resources, providing oversight and coordination and participated in guiding the development of this plan. None of the progress we have made thus far, could have happened without their extraordinary determination.

Finally, I appreciate all our stakeholders - our government, the Kenya Red Cross Society, partners, suppliers, collaborators and our esteemed customers - who continue to support our work.

I look forward to next five years ahead as we implement this plan and I am confident we will make even greater impact.

Shukran!

**DR. ABBAS GULLET, MBS**  
Founder and Chairman

“E-PLUS IS KEEN ON ENHANCING  
CUSTOMER  
EXPERIENCE THROUGH  
DEEPER EMPATHY  
AND RESPONSIVENESS ...”

# STATEMENT FROM THE MANAGING DIRECTOR



The Emergency Plus Medical Services is a private company whose core business is the provision of advanced Pre-hospital emergency medical services. In 2020, we celebrated 10 years of existence, providing quality pre-hospital medical care and transportation to patients with illnesses and injuries.

We pride ourselves as the leading private Emergency Medical Services provider in the country and in East and Central Africa in the provision of advanced prehospital care and ambulance services in the form of Advanced Cardiac Life Support (ALS) and Basic Life Support (BLS) equipped with state of the art life-saving equipment and qualified professional medical staff who offer care on transit.

Over the last ten years, E-Plus has undertaken several initiatives including the first ever Strategic Plan 2016-2020 which was premised on the need to making both the ambulance and prehospital care sector central in the country's implementation of Universal Health Care. The strategy

identified the critical strategic pillars of excellence which were:

- + Operational Excellence- Enhanced Quality of Service and Customer Experience;
- + Pre-hospital Care Excellence- Reduced Morbidity and Mortality in Transit;
- + Strategic Partnerships- Improved Collaboration and Support from Strategic Partners; and
- + Financial Sustainability- Increased Revenue and Share holder Value

Without a doubt, as we come to the end of implementation of the first Strategic Plan, it is clear that these pillars of excellence have shaped our performance and provided the framework we needed to appreciably consolidate and grow the business.

Each Strategic Plan looks forward to the coming five-year period, and its objectives are translated through an annual Operating Plan and Budget clearly outlining the initiatives and activities to be accomplished during the respective years.



The 2021-2025 Service and Growth Strategy is focused on two broad strategic pillars, namely:

- (i) **Service Delivery; and**
- (ii) **Growth & Sustainability.**

The Service Delivery pillar addresses issues of enhancing customer experience through deeper empathic engagement with them, enhanced responsiveness and joined-up end-to-end services.

The second pillar on Growth & Sustainability considers enhanced coverage in the region, increase in membership and financial viability of the firm. The desired outcomes from these are presence in additional five (5) countries in Africa by 2025 and financial sustainability for E-Plus..

E-Plus remains committed to continue investing in our highly professional and cost-effective service, despite the difficult economic times, holding trust and consumer focus are key to our services.

Within the period of five years, we envision to increase and retain current customer base as a result of putting our customer satisfaction and service options first. E-Plus will explore cross border business by consolidating the already established business in The Gambia and prospecting in Rwanda, Equatorial Guinea as well as Mozambique. Institutionalization of the Quality Management Systems will also be very central in this strategic plan.

Lastly, E-Plus envisions to enhance its brand across board and positioning as the only go to provider of emergency medical services.

We do this in the exciting new world of innovation and adaptability to the new trends in the business where Emergency Medical Services is gaining respect as one of the most crucial elements in the Universal Health Coverage.

We look forward to continuing our work with the governments, private partners and general public towards realization of our goal – providing quality pre-hospital care.

I would like to thank all stakeholders who contributed to the development of this plan as well as E-Plus staff for their contribution and support in the process. Special appreciation to the Board for their oversight, support and contribution. I also wish to acknowledge the support of Premium Strategies Consultants who guided the process of coming up with this overarching strategic plan.

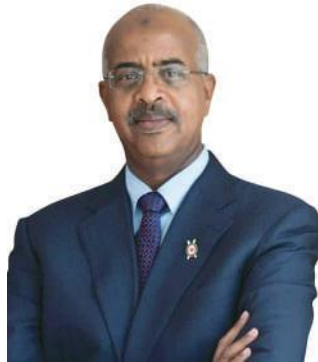
The future for E-Plus looks promising. The need for emergency medical and trauma care across the Continent in a region that has a growing population and is largely under-served to speak to the far-sighted vision of our founders. I am delighted to oversee the second five-year strategic plan towards making E-Plus dream become a reality.

**SUSAN NG'ONG'A**  
Managing Director

**“E-PLUS REMAINS  
COMMITTED TO  
CONTINUE INVESTING  
IN OUR HIGHLY  
PROFESSIONAL  
AND COST-  
EFFECTIVE  
SERVICE...”**



## BOARD OF DIRECTORS



Dr. Abbas G. Gullet, MBS  
Founder Chairman



Mrs. Susan Ng'ong'a  
Managing Director



Ms. Mary Maingi  
Board Member



Mr. Patrick M. Mungai  
Board Member



Mr. Paul Gondi  
Board Member

## ACKNOWLEDGEMENTS



We would like to thank the team who worked tirelessly towards the review of the 2016-2020 strategic plan and the development of the 2021-2025 strategic plan.

**(Front Row L to R)**

John Mwangi, Lucy Hudson, Susan Ng'ong'a, Rukia Abdulkadir, Titus Kisangau

**Back Row (L to R)**

Joe Kiruri, James Mochama, Phoebe Omondi, Salim Obadiah, Dr. Christine Memusi, Amran Jumanne, Wilfred Muraya.



# EXECUTIVE SUMMARY

THIS SECOND STRATEGIC PLAN  
COVERS THE PERIOD 2021 TO 2025.  
IT BUILDS ON OUR PAST SUCCESSES  
AND INCORPORATES THE LESSONS  
LEARNT DURING THE EXECUTION  
OF THE FIRST STRATEGIC PLAN.

# EXECUTIVE SUMMARY

This second Strategic Plan covers the period 2021 to 2025. It builds on our past successes and incorporates the lessons learnt during the execution of the first Strategic Plan. The 2021-2025 Service and Growth Strategy focuses on two main themes: (i) Service Delivery; and (ii) Growth and Sustainability. The Service Delivery theme addresses issues of enhancing patient experience through deeper empathic engagement with them, enhanced responsiveness, and joined-up end-to-end services, whereas the second theme on Growth and Sustainability considers expansion of our services in the region, growing our membership and financial viability of the firm. We hope to set up operations in Rwanda, the Gambia, Mozambique, Madagascar and Equatorial Guinea by 2025.

The implementation of this Plan will be supported by the competitive advantage that we enjoy based on our wide coverage and large fleet size; state-of-the-art ambulances, equipment and communication systems; high penetration of mobile technology; and our strong brand, together with the affiliation to the Kenya Red Cross Society (KRCS). However, the lack of EMS policies in most countries in the region, poor infrastructure, high unemployment,

increasing inflation and recession in global markets, present notable challenges that we will have to work with.

The Plan was developed based on service design concepts, which put the needs of our patients, their families and the communities that we serve at the heart of every decision and empowers them to be genuine partners in their care. In this regard, we will continuously train our staff on patient-centricity and work with all our stakeholders to better serve our patients, their families and our communities. The increasingly important role that digital technology plays in service delivery was recognized and incorporated in the development of the Plan.

“THE 2021-2025 SERVICE AND GROWTH STRATEGY FOCUSES ON TWO MAIN THEMES: SERVICE DELIVERY; AND GROWTH AND SUSTAINABILITY.”



# ABOUT E-PLUS

E-PLUS IS A COMMERCIAL COMPANY THAT WAS FOUNDED IN 2010 WITH A MANDATE TO PROVIDE AMBULANCE AND PRE-HOSPITAL CARE SERVICES. IT IS WHOLLY OWNED BY THE KENYA RED CROSS SOCIETY.



# 1. ABOUT E-PLUS

E-Plus is a commercial company that was founded in 2010 with a mandate to provide ambulance and pre-hospital care services. It is wholly owned by the Kenya Red Cross Society.

## 1.1 OUR MISSION

“We work with our communities and partners to respond to medical and trauma emergencies through the provision of accessible, responsive and quality pre-hospital care to save lives. Our patients will receive prompt and appropriate emergency medical pre-hospital care from properly trained and certified professionals.”

## 1.2 OUR VISION

“A regionally recognised leader for responsive, superior quality emergency medical and trauma response services.”



“OUR PATIENTS WILL RECEIVE PROMPT AND APPROPRIATE EMERGENCY MEDICAL PRE-HOSPITAL CARE ...”



## 1.3 OUR KEY STAKEHOLDERS

We work with various stakeholders to deliver services to our customers. These stakeholders and customers are shown in Figure 1. They are captured in three concentric circles whose significance is as follows:

- + Circle A: Stakeholders who represent why we exist and whom we serve;
- + Circle B: Stakeholders who provide enablers to our services in one way or another; and
- + Circle C: Stakeholders whom we collaborate with.

FIGURE 1: EPLUS STAKEHOLDERS.



### KEY:

AEVAC: Air Evacuation Operators  
 CGOV: County Governments  
 CERT: Certification Bodies  
 CMNTY: Communities  
 CORP: Corporate Institutions  
 EMS: Other Emergency Medical Service Providers

EVENT: Event Managers  
 FAM: Families  
 FIN: Financial Institutions  
 GENPB: General Public  
 GoK: Government of Kenya  
 HOSP: Hospitals  
 HP&TR: Hospitality & Tourism Industry

IFRC: International Federation of Red Cross & Red Crescent Societies  
 INDV: Individual Members  
 INSCO: Insurance Companies  
 INSPR: Insurance Provider  
 INV: Investors  
 KRCS: Kenya Red Cross Society

LEARN: Learning Institutions  
 MEDIA: Media Houses/Channels  
 MoH: Ministry of Health  
 NHIF: National Hospital Insurance Fund  
 REG: Regulatory Bodies  
 SPLS: Suppliers  
 TRASS: Trade Associations



## 1.4 OUR PERFORMANCE SO FAR...

### 1.4.1 GROWTH IN MEMBERSHIP

E-Plus has grown tremendously over the recent past in terms membership. Its membership increased from a total of 5.9 million in 2016 to about 13.4 million in 2019, boosted significantly by enrolments from NHIF membership. In 2016, a contract for civil servants and the police in Kenya was entered into with NHIF, which brought on board 256,000 members. The following year, 1.75 million

members with their dependents were enrolled when NHIF created an additional scheme. The membership was further expanded in 2019 with an additional contract for public secondary schools that enrolled 1.5 million students. This growth in membership is broken down in Table 1, which also shows growth in other membership categories.

TABLE 1: GROWTH IN MEMBERSHIP.

No. of Lives	2016	2017	2018	2019
Schools	14,339	12,365	18,801	19,931
Corporates	1,021,433	1,879,032	7,256,029	9,514,905
Individuals	212	285	289	261
Family	245	275	274	384
County Coverage	4,884,573	4,884,573	3,858,573	3,858,573
Total Membership	5,922,818	6,778,547	11,135,984	13,396,073
Membership Growth Rate		14%	64%	20%

The growth in membership has fuelled the firm's gross revenues. In recognition of its financial performance, EPlus was voted as a Super-brand for two consecutive years, in 2017/2018 and in 2019/2020. The company is due to graduate into Club 101, for firms generating gross revenues of Kshs. 1 billion and above.



“E-PLUS HAS GROWN TREMENDOUSLY OVER THE RECENT PAST IN TERMS **MEMBERSHIP**. ITS MEMBERSHIP INCREASED FROM A TOTAL OF **5.9 MILLION** IN 2016 TO ABOUT **13.4 MILLION** IN 2019, BOOSTED SIGNIFICANTLY BY ENROLMENTS FROM NHIF MEMBERSHIP.

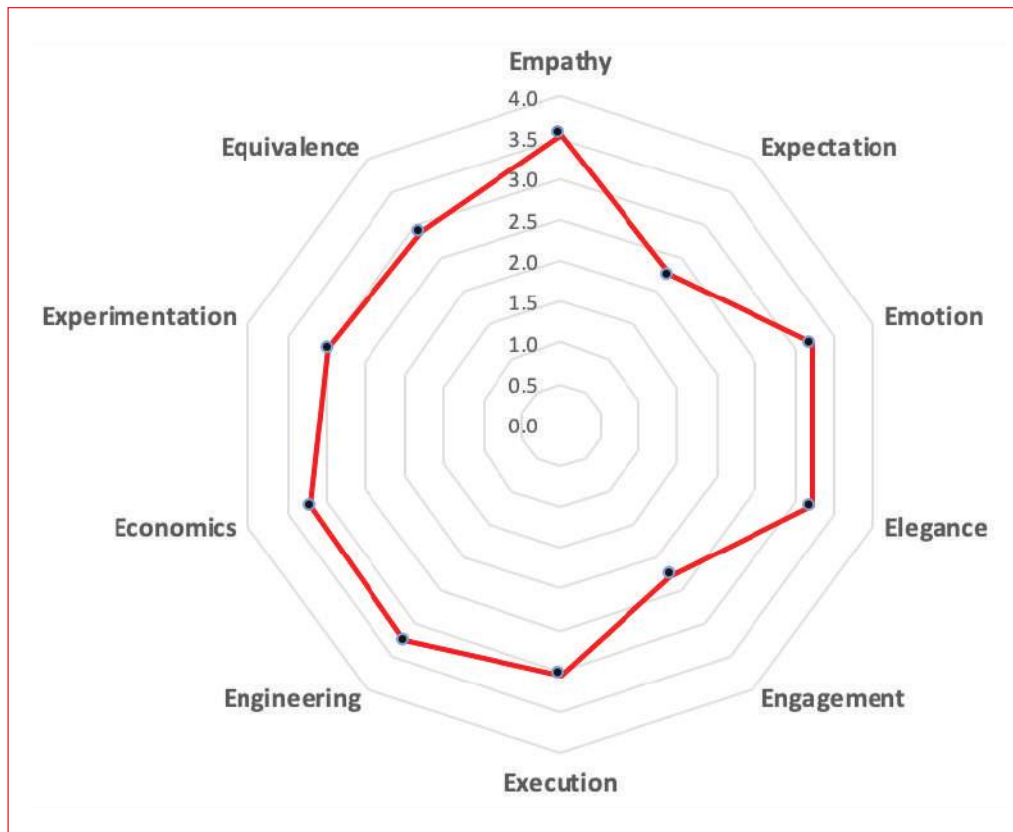


## 1.4.2 SERVICE DELIVERY

In terms of service delivery, the company was certified on the ISO 9001:2015 Quality Management System standard in 2018. A service design and delivery survey, based on the 10Es of Service Design and Delivery (SDD) (see Box 1),

which was carried out in 2019 established the baseline performance presented in Figure 2. The SDD factors are scored on a scale ranging from zero (0) to four (4), with 4 being the best score.

FIGURE 2: EPLUS BASELINE SERVICE DESIGN & DELIVERY CHART



IN TERMS OF SERVICE DELIVERY, THE COMPANY WAS CERTIFIED ON THE ISO 9001:2015 QUALITY MANAGEMENT SYSTEM STANDARD IN 2018.



**BOX I: THE 10ES OF SERVICE DESIGN & DELIVERY <sup>1</sup>**

CUSTOMER EXPERIENCE FACTORS	TECHNICAL EXCELLENCE FACTORS
<p><b>Empathy:</b> Developing products, services and experiences from the customer’s point of view, taking full account of how your customers use and interact with you.</p>	<p><b>Execution:</b> Reliably meeting all expectations you have set.</p>
<p><b>Expectation:</b> Ensuring that customers know what to expect from their interaction with you.</p>	<p><b>Engineering:</b> Possessing technical excellence (e.g., compared to peers, but also to general business standards) and eliminating waste of materials, time and effort, so that no extraneous effort is necessary on the part of your customer.</p>
<p><b>Emotion:</b> Knowing the emotions your customer brings to your relationship and guiding customers to a satisfied feeling about working with you.</p>	<p><b>Economics:</b> Pricing your services appropriately, so that the customer gets value for money and you the profit you expect.</p>
<p><b>Elegance:</b> Providing offerings that are clean, simple, easy to work with and complete - nothing superfluous, nothing omitted.</p>	<p><b>Experimentation:</b> Building processes for continuous improvement and innovation into the daily work of your business; establishing capabilities to develop and roll out new offerings.</p>
<p><b>Engagement:</b> Communicating with customers - and they with you - at every point of contact, to understand their experience and how to improve it.</p>	<p><b>Equivalence:</b> Managing the customer, your team and partner organisations so that you, the seller/service provider, are satisfied, too.</p>

<sup>1</sup> Stewart, T.A. & O’Connell, P. (2016). *Wow, Wow, and Win: Service Design, Strategy, and the Art of Customer Delight*. Harper-Business.

# THE OPERATING ENVIRONMENT

THE EMERGENCY MEDICAL SERVICES (EMS) SECTOR, GLOBALLY, REGIONALLY AND LOCALLY HAS BEEN MARKED BY A SEVERAL MOVEMENTS AND DEVELOPMENTS.



## 2. THE OPERATING ENVIRONMENT

The Emergency Medical Services (EMS) sector, globally, regionally and locally has been marked by a several movements and developments. The most significant movements and developments are outlined in the following sections.

### 2.1 THE GLOBAL CONTEXT

The two most significant global trends affecting the EMS sector are the recognition of patient experience as a differentiating factor in service delivery, and the increasing availability and affordability of data-enabled digital technologies with applicability in healthcare. These trends are discussed below.

#### 2.1.1 PATIENT EXPERIENCE

Traditionally, healthcare was designed as a transactional business of care delivered by providers to patients, focussing primarily on quality and safety. That is, the safety of patients was thought to be guaranteed by improving the transactional aspects of systems, processes and conditions that lead people to make mistakes or fail to prevent them<sup>2</sup>. However, patients still continue to experience harm in healthcare, and it is now acknowledged that a different mindset, considering healthcare as a relational business, needs to be adopted<sup>3</sup>. This entails taking into account “the sum of all interactions shaped by an organization’s culture that influence patient perceptions across the continuum of care,” which the Beryl Institute defines as *patient experience* and notes that this has become a differentiating factor in healthcare service delivery.

---

<sup>2</sup> Kohn L.T., Corrigan, J.M., Donaldson, M.S., eds (2000). *To Err is Human: Building a Safer Health System*. Committee on Quality of Health Care in America. Institute of Medicine. Washington DC: National Academies Press.

<sup>3</sup> Wolf, J.A. (2018). *To Care is Human: The Factors Influencing Human Experience in Healthcare Today*. The Beryl Institute.

Patient experience applies across the entire care continuum, going beyond simply a quality/safety mindset to a view on experience held by the users of healthcare every day. It is grounded in the support for the care team and partnership with patients and families, reinforcing the importance of interaction and ultimately the perceptions and engagement of those being cared for. This moves healthcare away from simply a focus on error reduction to a focus on care expansion. Moreover, research has also established a positive correlation between patient care on the one hand, and clinical quality measures and financial performance of the service providers, on the other hand<sup>4</sup>. Further, research supports the case for including patient experience as one of the central pillars of quality healthcare, alongside clinical effectiveness and patient safety<sup>5</sup>.

The implication for the EMS sector is two-fold: (i) adopting a people-centred approach wherein the service providers strive to understand and address the patient’s perspective and meet the needs of patient’s loved ones and communities, as well as the clinicians who provide care<sup>6</sup>; and (ii), in certain cases, extending the care experience into people’s homes before and after the transfer and the in-facility episode<sup>7</sup>. The former entails providing to patients not just lifesaving and disease-treating care but care that reduces physical, emotional and psychological suffering, while the latter includes assisting with primary and home health care activities, and with hospital discharge follow-ups.

---

<sup>4</sup> Deloitte (2017). *Value of patient experience: Hospitals with higher patient experience scores have higher clinical quality*. Deloitte Centre for Health Solutions.

<sup>5</sup> Doyle, C., Lennox, L., & Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*, 3(1), e001570.

<sup>6</sup> EMS Agenda 2050 Technical Expert Panel (2019). *EMS Agenda 2050: A People-Centred Vision for the Future of Emergency Medical Services*. Report No. DOT HS 812 664. Washington, DC: National Highway Traffic Safety Administration.

<sup>7</sup> Mager, B. & Jones, M. (2009). Health and Service Design. *Touchpoint - The Journal of Service Design*, 1(2), 6-7.



“PATIENT  
EXPERIENCE  
ENTAILS  
PROVIDING TO  
PATIENTS NOT  
JUST LIFESAVING  
AND DISEASE-  
TREATING CARE  
BUT CARE  
THAT REDUCES  
PHYSICAL,  
EMOTIONAL AND  
PSYCHOLOGICAL  
SUFFERING





## 2.1.2 DIGITAL TECHNOLOGIES

Data-rich technology is getting embedded in the entire care continuum. This makes possible the continuous monitoring, evidence-based decision support tools and self-care, which will change the relationships among patients, healthcare providers and institutions. Such technologies cover the spectrum of EMS Continuum of Care, including key patient-centred activities categorized into two: (i) traditional emergency processes such as detection and notification of emergencies, dispatch and coordination, on-scene care, in-transit care, and transfer to definitive care; and (ii) non-emergency processes such as inter-facility transfer, discharge follow-up care, support for patients with chronic conditions, and preventive care<sup>8</sup>.

Examples of new digital technologies that will have an impact on EMS practice include: (i) Computer Aided Dispatch (CAD); (ii) Consumer Medical Monitoring Devices; (iii) Consumer Mobile Health Apps; (iv) Electronic Health Records (EHRs); (v) Electronic Patient Care Records (ePCRs); (vi) Health Information Exchange (HIE); (vii) Real-Time Analytics; (viii) Telemedicine; and (ix) Wearable, Voice-Activated Devices. Others include data-enabled practitioner diagnostic devices (e.g., data-enabled ECG and pulse oximetry) and practitioner mobile devices and apps.

Digital technologies that fall within the wearable category include mostly those used for detection and on-scene care. On the detection side, a wide range of medically approved as well as personal monitoring devices are now becoming increasingly available and affordable. These devices may be implanted (e.g., pacemakers), worn externally, be driven (like when

they are installed in a vehicle), or reside on external devices (e.g., smartphone devices). Challenges, however, still remain around the need for control, accuracy, standardization of, and the extent to which the approval of local authorities is required for such devices (Schooley and Horan, 2015).

On-scene wearable technologies are becoming enabled by the increasing power, affordability and ease-of-use of mobile devices. In the foreseeable future, EMS personnel will be to use wearable, hands-free and voice-activated devices to collect a range of voice, video and images. These GPS- and RFID-enabled devices will also facilitate more accurate time and location tracking, and automated tracking of inventory used per incident. Patient and incident information will be aggregated from patient-owned monitoring devices and bystander devices (Schooley and Horan, 2015).

**DATA-RICH TECHNOLOGY IS GETTING EMBEDDED IN THE ENTIRE CARE CONTINUUM. THIS MAKES POSSIBLE THE CONTINUOUS MONITORING, EVIDENCE-BASED DECISION SUPPORT TOOLS AND SELF-CARE, WHICH WILL CHANGE THE RELATIONSHIPS AMONG PATIENTS, HEALTHCARE PROVIDERS AND INSTITUTIONS.**

<sup>8</sup> Schooley, B., & Horan, T.A. (2015). *Emerging Digital Technologies in Emergency Medical Services: Considerations and Strategies to Strengthen the Continuum of Care*. DOT HS 811 999c. Washington, DC: National Highway Traffic Safety Administration.





## 2.2 THE REGIONAL CONTEXT

A study carried out in 2014 on the state of EMS systems in Africa established that such systems exist in only one-third of African countries, covering about 9% of the population. The study further established that most of such systems are supported by Basic Life Support (BLS)-equipped ambulances and basic emergency medical technicians (EMTs), and are government funded. Eastern and Southern African nations had the highest density of EMS systems while West Africa had the lowest<sup>9</sup>. The situation has not changed much since 2014. This opens up opportunities across the continent for ground EMS services.

With respect to air evacuation, there are a number of operators with most of them based in South Africa and in Northern Africa. In Kenya, at least two companies, AMREF Flying Doctors and Phoenix Aviation, provide air ambulance services.

## 2.3 NATIONAL CONTEXT

In Kenya, several EMS providers exist. A number of these are owned by private firms, including private hospitals. Some county governments have also acquired their own ambulances. However, the absence of a national EMS policy (though a draft policy has been done) has allowed the usage of ambulance vehicles of varying qualities in the country. The Draft EMS Policy proposes the creation of a regulatory authority to:

- + Build capacity for emergency medical care;
- + Regulate training, certification, licensing and accreditation of emergency medical care providers;

---

<sup>9</sup> Mould-Milan, N-K., Dixon, J.M., Sefa, D., Yancey, A., Hollong, B.G., Hagahmed, M., Cinde, A.A., & Wallis, L.A. (2017). The State of Emergency Medical Services (EMS) Systems in Africa. *Prehospital and Disaster Medicine*, 32(3): 273-283

- + Use suitable technology to collect emergency medical care data for evaluation, dissemination, training, research and public awareness;
- + Regulate emergency medical care service institutions; and
- + Ensure compliance with emergency medical care standards.

The implementation of the EMS Policy will raise the standard of service delivery and create a level playing field in the country.

In terms of training EMS personnel, this is currently offered by two institutions - the Kenya Red Cross Training School and the Kenya Council of Emergency Medical Technicians - which provide two levels of certification, namely: (i) the Emergency Medical Technician - Intermediate; and (ii) Paramedic<sup>10</sup>. This in contrast to the case in South Africa, where the recently launched National Emergency Care Education and Training (NECET) policy brought an end to the era of short courses in emergency care, replacing them with a 1-year higher certificate, a 2-year diploma and a 4-year professional degree in emergency medical care<sup>11</sup>.

---

<sup>10</sup> Nicholson, B., McCollough, C., Wachira, B., & Mould-Millman, N-K. (2017). Emergency Medical Services (EMS) Training in Kenya: Findings and recommendations from an educational assessment. *African Journal of Emergency Medicine*, 7(157-159).

<sup>11</sup> Sobuwa, S., & Christopher, L. (2019). Emergency Care Education in South Africa: Past, present and future. *Australasian Journal of Paramedicine*, 16, March.

IN KENYA, SEVERAL EMS PROVIDERS EXIST. A NUMBER OF THESE ARE OWNED BY PRIVATE FIRMS, INCLUDING PRIVATE HOSPITALS. SOME COUNTY GOVERNMENTS HAVE ALSO ACQUIRED THEIR OWN AMBULANCES. HOWEVER, THE ABSENCE OF A NATIONAL EMS POLICY (THOUGH A DRAFT POLICY HAS BEEN DONE) HAS ALLOWED THE USAGE OF AMBULANCE VEHICLES OF VARYING QUALITIES IN THE COUNTRY.



## 2.4 SUMMARY OF THE ENVIRONMENTAL ANALYSIS

Table 2 summarizes the environmental analysis as it relates to EMS/pre-hospital care services.

**TABLE 2:** SUMMARY OF ENVIRONMENTAL ANALYSIS.

	Category	Likely Event	Impact on the Business
1	Demographic Trends	<ul style="list-style-type: none"> <li>• More learned populace</li> <li>• Rise in mortality cases</li> <li>• High level of unemployment</li> </ul>	<ul style="list-style-type: none"> <li>• Better reception of the business</li> <li>• Decrease in revenue and bad reputation</li> <li>• Dependence on CSR</li> </ul>
2	Rules & Regulations	<ul style="list-style-type: none"> <li>• Lack of EMS Policy</li> <li>• Restriction in licensing of unmanned aerial vehicles (drones)</li> <li>• Lack of ambulance standardization</li> </ul>	<ul style="list-style-type: none"> <li>• Unfair competition</li> <li>• Limited or no access in areas of emergency</li> <li>• Slow response time</li> <li>• Any vehicle can be used as an ambulance, leading to poor and risk service delivery</li> </ul>
3	Economy & Environment	<ul style="list-style-type: none"> <li>• Inflation</li> <li>• Poor infrastructure</li> <li>• Political instability</li> <li>• Natural calamities/disasters</li> <li>• Insecurity/terrorism</li> <li>• Cyber-crimes</li> <li>• Change of policies</li> <li>• Recession in global markets</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of business opportunities</li> <li>• Increased operational cost on vehicle repairs and maintenance</li> <li>• Loss of lives due to inability to access patients</li> <li>• Loss of credibility</li> <li>• Closure of business</li> </ul>
4	Competition	<ul style="list-style-type: none"> <li>• Subsidized pricing</li> <li>• New players in the industry/entrants</li> <li>• New business models</li> <li>• Substandard services</li> <li>• Brand Imitation</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of business</li> <li>• Increased operational cost</li> <li>• Reduced client base</li> <li>• Loss of trust/Integrity</li> <li>• Misleading customer perception</li> </ul>



	Category	Likely Event	Impact on the Business
5	Technology Trends	<ul style="list-style-type: none"> <li>• User-owned/wearable self-diagnostics apps allowing for continuous monitoring and self-care</li> <li>• CRM</li> <li>• Merging with clientele database on service offering</li> <li>• Diagnostic tools within the ambulance</li> <li>• Emergence of emergency drones</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledge and integrate such apps in the care system</li> <li>• Helps information consolidation and retrieval and data storage</li> <li>• Increase in awareness and revenue growth</li> <li>• Aids in prompt diagnosis.</li> <li>• Prompt response to emergencies</li> </ul>
6	Customer Needs	<ul style="list-style-type: none"> <li>• Higher expectations</li> <li>• Constant engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Increased customer-centric approach</li> <li>• Continuous engagement with customers to seek their feedback</li> </ul>
7	Uncertainties	<ul style="list-style-type: none"> <li>• Competition</li> <li>• Government regulations</li> <li>• Emergence of multiple service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of clients</li> <li>• Business growth or decline</li> <li>• Loss of clients</li> </ul>



## 2.5 STAKEHOLDER ANALYSIS AND CUSTOMER JOBS-TO-BE-DONE

### 2.5.1 STAKEHOLDER ANALYSIS

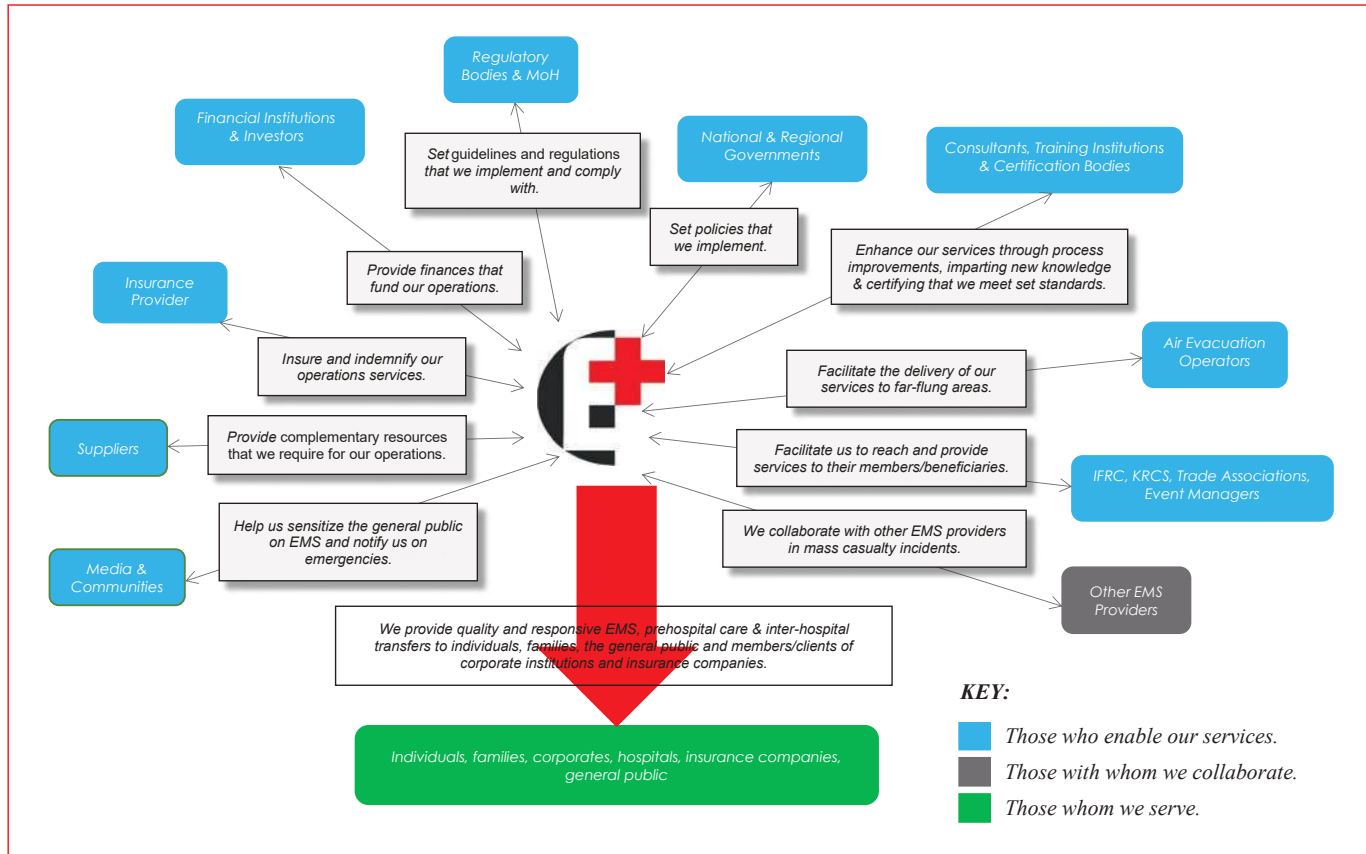
EPlus' stakeholders are divided into three broad categories, namely:

- (i) Those for whom the firm exists and whom it serves;
- (ii) Those who enable its services; and
- (iii) Those that the firm collaborates with for the delivery of its services.

Figure 3 summarizes the roles played by and the expectations from each of these stakeholders. The relationships between each of these stakeholders and EPlus is informed by mutual trust and the timely exchange of accurate information, which flow both ways as captured by the bi-directional arrows in the chart.



FIGURE 3: STAKEHOLDERS AND THEIR ROLES.



## 2.5.2 CUSTOMER JOBS-TO-BE-DONE

An analysis of the customers' jobs-to-be-done, which are the real customer needs, is summarized in Annex 1. The analysis was carried out by identifying:

- (i) the most important customer segments in the EMS sector;
- (ii) the most critical problems customers in each segment are trying to solve with current EMS offerings;
- (iii) the key characteristics that define the customer relationships within the EMS sector;
- (iv) how customers evaluate opportunities before making buying decisions in the EMS sector; and
- (v) how decisions to buy or not to buy an offering are taken.

The most important customer segments include corporate institutions, families and individuals, schools, county governments, NGOs, and insurance companies. Among these, the typical needs include effective trauma management, consistency, affordability of the service, constant engagement, prompt response, and trust. Typical pains felt include service unavailability, slow response, negligence, and inefficiency. Sought-after gains include compliance with policy/statutory requirements, recognition, political mileage and brand association.

A listing of the additional services desired by customers is provided in Figure 4. The relative size of the respective service item corresponds to the frequency of its mention by the stakeholders who were surveyed.

## 2.6 OPPORTUNITIES FOR IMPROVING SERVICE DELIVERY AND GROWTH

Several opportunities for improving service delivery and growth were identified from the foregoing strategic analyses. These include:

- (i) Establishing facilities and systems for better trauma management;
- (ii) Enhancing coverage in the region;
- (iii) Improving response time;
- (iv) Enhancing customer experience; and
- (v) Making the services more affordable.

The next chapter details the strategic objectives that were identified to take advantage of these opportunities.

THE MOST IMPORTANT CUSTOMER SEGMENTS INCLUDE CORPORATE INSTITUTIONS, FAMILIES AND INDIVIDUALS, SCHOOLS, COUNTY GOVERNMENTS, NGOS, AND INSURANCE COMPANIES.





# OUR NEW STRATEGIC DIRECTION

THIS STRATEGY FOCUSES ON TWO  
STRATEGIC THEMES, NAMELY:  
SERVICE DELIVERY; AND  
GROWTH AND SUSTAINABILITY.



# 3 OUR NEW STRATEGIC DIRECTION

## 3.1 STRATEGIC THEMES

This strategy focuses on two strategic themes, namely:

- (i) Service Delivery; and
- (ii) Growth and Sustainability.

The Service Delivery theme addresses issues of enhancing patient experience through deeper empathic engagement with them, enhanced responsiveness and joined-up end-to-end services. By focusing on Service Delivery, the firm expects to achieve higher patient satisfaction.

The second theme on Growth and Sustainability considers enhanced coverage in the region, increase in membership and financial viability of the firm. The desired outcomes from these are presence in additional five (5) countries in Africa by 2025 and financial sustainability of the firm.



## 3.2 OUR CORE VALUES

In light of the new focus on service delivery and growth, the organization's core values were reviewed to **innovation, Sustainability, Professional excellence, Integrity,** and **Empathy** (abbreviated to **iSPIE**), which are defined as follows:

- + **innovation:** We continually pursue new ways to improve our service offering in a socially responsive manner in order to create transformative changes in patient experience.
- + **Sustainability:** We provide our services while ensuring long-term environmental, financial and social positive outcomes.
- + **Professional excellence:** We provide the highest level of compassionate services at all times. We demonstrate quality and ethical behaviour in our work and act in the best interest of the people we serve. We treat people with dignity and consideration.
- + **Integrity:** We are honest and reliable, our actions and decisions are guided by our professionalism, transparency and respect for others. We are accountable to the people we serve - our community and each other - and to our authorities.
- + **Empathy:** We actively seek to understand how patients, family members, care givers and our own staff experience the emergency situations we respond to, taking into account the emotions they go through, and we use this knowledge to improve their well-being and our service delivery.



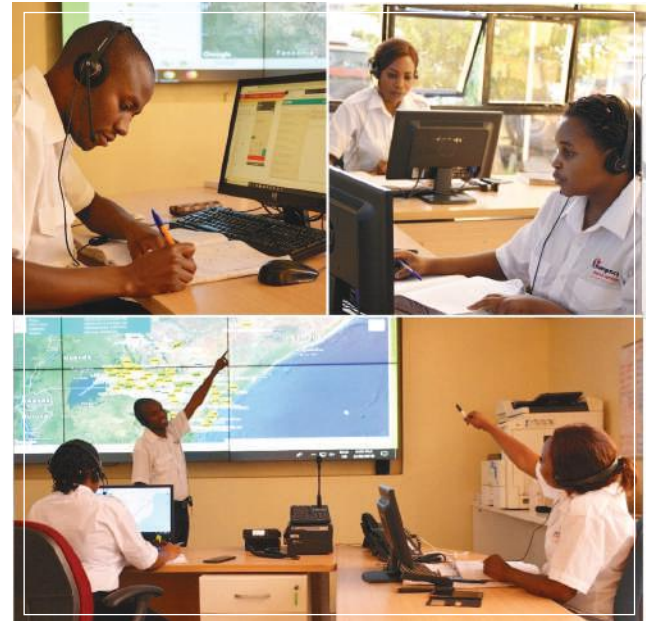
### 3.3 STRATEGIC OBJECTIVES

The following strategic objectives, arranged thematically as shown in Table 3, will be implemented in order to realize the desired outcomes of the strategy:

TABLE 3: THEMATIC STRATEGIC OBJECTIVES.

Strategic Theme	Strategic Objectives
Service Delivery	a) Enhance Customer Experience
	b) Establish Trauma Facilities and Outpatient Clinics
	c) Establish Air Evacuation Wing
Growth & Sustainability	d) Expansion in the Region
	e) Grow Membership
	f) Reduce Operational Costs
	g) Increase Revenue

The implementation of these strategic objectives will be supported by the competitive advantage that the firm already enjoys in its wide coverage and large fleet size; state-of-the-art ambulances, equipment and communication systems; and its strong brand, together with its affiliation to the Kenya Red Cross Society (KRCS). The high penetration of mobile technology across the region will also have a positive bearing on the implementation of the strategy. However, the noted challenges that include lack of EMS policies in most countries in the region, poor infrastructure, high unemployment, increasing inflation and recession in global markets, may have a dampening effect on the realization of these objectives.



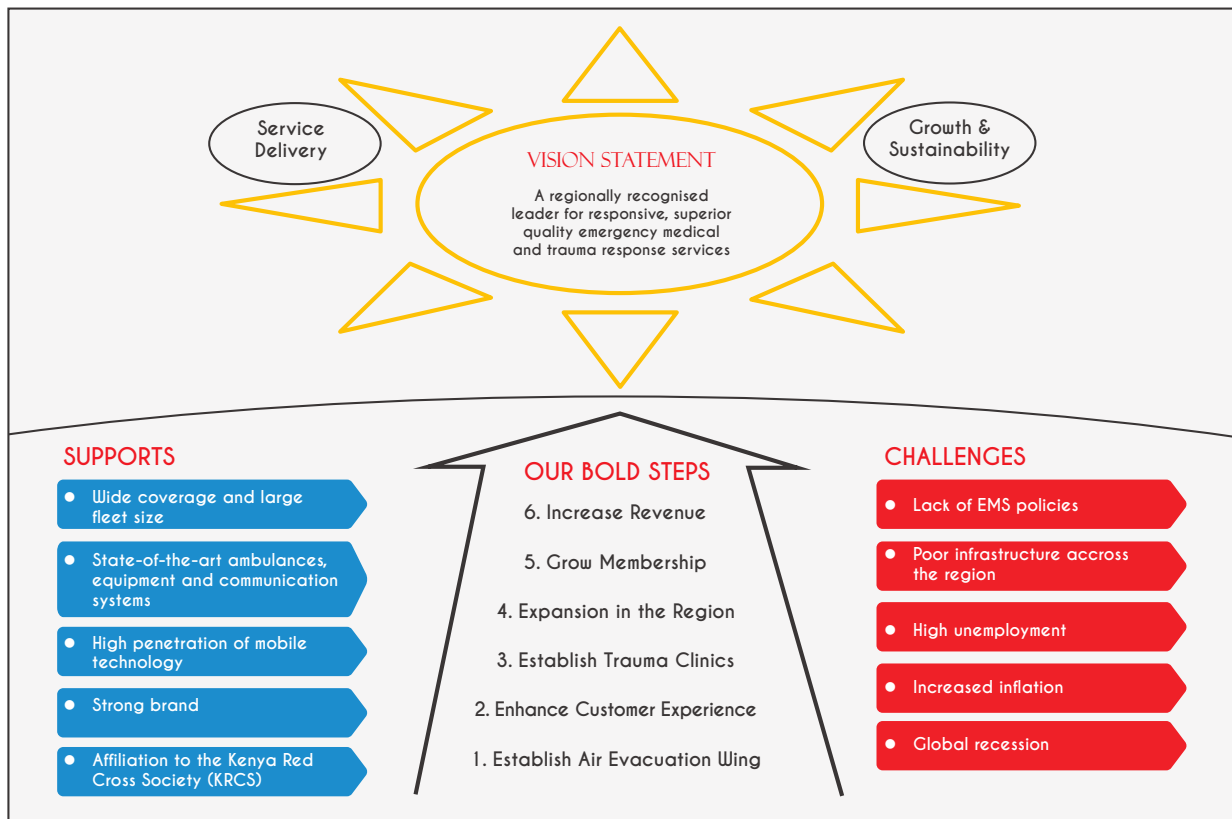
THE HIGH PENETRATION OF MOBILE TECHNOLOGY ACROSS THE REGION WILL ALSO HAVE A POSITIVE BEARING ON THE IMPLEMENTATION OF THE STRATEGY.



### 3.4 OUR VISION CHART










The chart presented in Figure 5 summarizes the new strategic direction of the company, while Table 4 captures the revised business model.

FIGURE 5: THE EPLUS VISION CHART.



## 3.5 OUR BUSINESS MODEL

TABLE 4: THE EPLUS BUSINESS MODEL.

<p><b>Key Partners</b> </p> <ul style="list-style-type: none"> <li>+ KRCS</li> <li>+ National Governments</li> <li>+ County Governments</li> <li>+ Regional EMS Providers</li> <li>+ Insurance Firms</li> <li>+ Media Houses</li> <li>+ Communities</li> <li>+ NGOs</li> <li>+ Air Charter Companies</li> <li>+ Suppliers</li> </ul>	<p><b>Key Activities</b> </p> <ul style="list-style-type: none"> <li>+ Emergency Response</li> <li>+ Inter-Facility Transfers</li> <li>+ Event Coverage</li> <li>+ Dispatch Coordination</li> <li>+ Sale of Membership</li> <li>+ Health Education</li> <li>+ Training of EMTs Community Medical Volunteers</li> <li>+ CRM</li> </ul>	<p><b>Value Propositions</b> </p> <ul style="list-style-type: none"> <li>+ Ground Evacuation</li> <li>+ Air Evacuation</li> <li>+ Medical Escorts</li> <li>+ Medical Taxis</li> <li>+ Continental Coverage</li> <li>+ Quality EMS Response</li> <li>+ Enhanced Patient Experience</li> <li>+ Quality EMT &amp; EVOC Training</li> <li>+ Customized Services (incl. sourcing appropriate protective gear)</li> </ul>	<p><b>Customer Relationships</b> </p> <ul style="list-style-type: none"> <li>+ Empathy</li> <li>+ Trust</li> <li>+ Reliability</li> <li>+ Integrity</li> <li>+ Discount (Incentives)</li> <li>+ Confidentiality</li> <li>+ Consistency</li> <li>+ Free First Aid Kits (customized)</li> <li>+ CSR</li> <li>+ Automated Wearable Health Monitors</li> <li>+ Continuous Engagement</li> </ul>	<p><b>Customer Segments</b> </p> <ul style="list-style-type: none"> <li>+ Individuals</li> <li>+ Group Membership</li> <li>+ Residential Estates</li> <li>+ Hospitals</li> <li>+ Insurance Companies</li> <li>+ Learning Institutions</li> <li>+ Corporates</li> <li>+ NGOs</li> <li>+ County Governments</li> <li>+ Tourism &amp; Hospitality Sector</li> <li>+ International Business Travelers</li> <li>+ Private Security Firms</li> <li>+ Mining Sector</li> <li>+ Airline Companies</li> </ul>
<p><b>Key Resources</b> </p> <ul style="list-style-type: none"> <li>+ Super-Brand Status</li> <li>+ State-of-Art Ground &amp; Air Ambulance Fleet</li> <li>+ Advanced Medical Equipment (incl. drones)</li> <li>+ State-of-Art Dispatch Centre</li> <li>+ Trauma Centre</li> <li>+ Training Institute for EMTs</li> <li>+ EVOC Training</li> <li>+ Strong Brand</li> <li>+ Skilled Staff</li> </ul>		<p><b>Channels</b> </p> <ul style="list-style-type: none"> <li>+ Ground &amp; Air Ambulances</li> <li>+ Trauma Centre</li> <li>+ Outpatient Clinics</li> <li>+ Drones</li> <li>+ KRCS App</li> <li>+ Training Institute</li> <li>+ Media</li> </ul>		
<p><b>Cost Structure</b> </p> <ul style="list-style-type: none"> <li>+ Ambulance Fleet Acquisition &amp; Maintenance</li> <li>+ Staff Remuneration</li> <li>+ Administration Costs</li> <li>+ Consumables</li> <li>+ Outsourced Services (utilities)</li> <li>+ Professional Indemnity</li> <li>+ Counselling Services</li> <li>+ Staff Capacity Building</li> <li>+ Marketing</li> </ul>		<p><b>Revenue Streams</b> </p> <ul style="list-style-type: none"> <li>+ Cash Calls</li> <li>+ Ground &amp; Air Evacuation</li> <li>+ Membership subscriptions</li> <li>+ Training</li> <li>+ Consultancy Services (incl. EMS)</li> <li>+ Events Coverage</li> <li>+ NHIF</li> <li>+ Lease of Ambulances</li> <li>+ Sale of Automated Wearable Health Monitors</li> </ul>		

## 3.6 IMPLEMENTATION MATRIX

The implementation of the strategic objectives will be done by executing the strategic initiatives presented in Table 5. The strategic initiatives are shown against the respective strategic objectives that they relate to. Also shown are the key performance indicators (KPIs) and performance targets for each strategic objective.

TABLE 5: CORPORATE SCORECARD

Strategic Objective	KPIs	Performance Target(s)	Strategic Initiatives	Budget (Kshs. Millions) p.a.
Grow Membership (in Kenya)	Increase in members p.a.	10,300 families	Partnerships with the service industry (families)	24.30
		30 corporates	Customer Incentives e.g., personal Kits (200 families)	
		10 schools	Medical Caravans/Camps -Celebration days e.g., WHD (100 families) members)	
		5 hospitals	Customer incentives e.g., Occupational Kits (20)	
			Structured CSR activities (20 corporates & 10 schools)	
			Introduce Discharge Medical Taxi Cards	
			Enhance Sales/Marketing Team	
Discounted rates on renewal memberships				
Expansion in the region (Africa)	Number of countries covered by 2025	5 (Rwanda, Gambia, Mozambique, Madagascar & Equatorial Guinea)	Feasibility study & business proposal	150.00
			Marketing Strategy	
			Government lobbying	
			Explore alternative ambulance leasing prospects	
			Create a pool of qualified personnel	
			Consultancy Services	
			Capacity building through EMS Trainings	
Seeking partnerships with financial investors				



Strategic Objective	KPIs	Performance Target(s)	Strategic Initiatives	Budget (Kshs. Millions) p.a.
Enhance Customer Experience	Service Design & Delivery (SDD) Index	Minimum Score of 3 out of 4 per SDD attribute	Increase customer engagement through use of instant feedback technology tools	56.00
			Giveaways to customers	
			Regular updates to customers on product knowledge	
			Conduct Mystery Customer engagement exercise	
			Client appreciation through various forms e.g., ads, impromptu visits, issuing awards, ambassadorial roles, etc.	
			Conduct staff training on the Customer Experience	
Establish Air Evacuation Wing	Date of Acquisition through Outright Purchase	December 2022	Establish an air wing base through fully owned unit	250.00
			Aeronautic Expert to establish viability of project	
			Conduct market research on the Air evacuation services industry	
	Date of Acquisition through Leasing	December 2022	Hiring and skill development of personnel	
			Establish an air wing base through leasing	
			Contract aeronautic expert to establish viability of project	
	Date of Acquisition through Partnership	December 2021	Conduct market research on the air evacuation services industry	
			Hiring and skill development of personnel	
			Establish an air wing base through partnership	
Establish Trauma Facilities and Outpatient Clinics	No. of Clinics	Two (2)	Allocate Trauma Clinics in strategic places	129.00
	No. of Trauma Centres	One (1)	Target new market opportunities/untapped opportunity	

Strategic Objective	KPIs	Performance Target(s)	Strategic Initiatives	Budget (Kshs. Millions) p.a.
Increase Revenue	Revenue collected from sources other than NHIF and county business	Kshs. 600,000 Million p.a.	Marketing campaigns	30.00
			Engage Sales agents & distributors	
			Strategic partnerships	
			Customized costings to suit client needs	
			Acquiring of event calendars and strategically positioning EPlus	
			Target corporate members to air EVAC packages	
			Offering value adding incentives to membership package	
			Improve client experience	
			Target motor vehicle companies for first Aid kits and membership	
			Lobby govt for inclusion of EMS service in their activities	
			Strategic positioning of the ambulances	
			Staff empowerment regarding different products and services	
			Customization of products and services for NHIF	
Creating value for county business through Regional Economic blocks				
Innovation of products and services				
Reduce Operational Costs	% reduction in expenditure	20% p.a.	Optimization of available resources	8.50
			Strengthen internal controls	
			Monitor resource utilization	
<b>Total Strategy Expenditure Budget (Kshs. Million p.a.)</b>				<b>647.80</b>

The various departments of the company will contribute in different ways toward the implementation of the strategic objectives captured in the corporate scorecard presented in Table 5. These contributions by departments are presented in the cascaded departmental scorecards included in Annex 2.





STRATEX AND  
FINANCIAL  
PROJECTIONS



## 4 STRATEX AND FINANCIAL PROJECTIONS

The total Strategy Expenditure (STRATEX) budget is estimated at Kshs. 647.80 Million per annum, over the plan period. This is expected to be financed mostly debt/loan facility supplemented by revenue. Table 6 presents the financial projections over the plan period.

**TABLE 6: FINANCIAL PROJECTIONS FOR THE PLAN PERIOD**

Year	2021	2022	2023	2024	2025
Expected Cash Flows In	1,906,986,859	2,002,336,202	2,002,336,202	2,102,453,012	2,207,575,662
Expected Cash Flows Out	9,004,345,432	8,689,563,614	8,248,892,111	8,363,849,992	8,287,239,535
Current Debt	-	-	-	-	-
<b>Envisaged Debt/Loan Facility</b>	<b>7,097,358,574</b>	<b>6,687,227,412</b>	<b>6,246,555,909</b>	<b>6,261,396,980</b>	<b>6,079,663,873</b>
Turnover- Normal Operations	1,698,710,888	1,783,646,433	1,872,828,754	1,966,470,192	2,064,793,702
Turnover - Regional Expansion	3,000,000	402,240,000	801,480,000	819,480,000	1,019,480,000
Turnover - Air Evacuation	7,200,000	7,920,000	8,712,000	9,583,200	10,541,520
Turnover - Trauma Centre/ Outpatient Clinic	-	10,000,000	11,000,000	12,100,000	13,310,000
<b>Total Annual Revenue</b>	<b>1,708,910,888</b>	<b>2,203,806,433</b>	<b>2,694,020,754</b>	<b>2,807,633,392</b>	<b>3,108,125,222</b>

## ANNEXURE: CUSTOMER JOBS-TO-BE-DONE

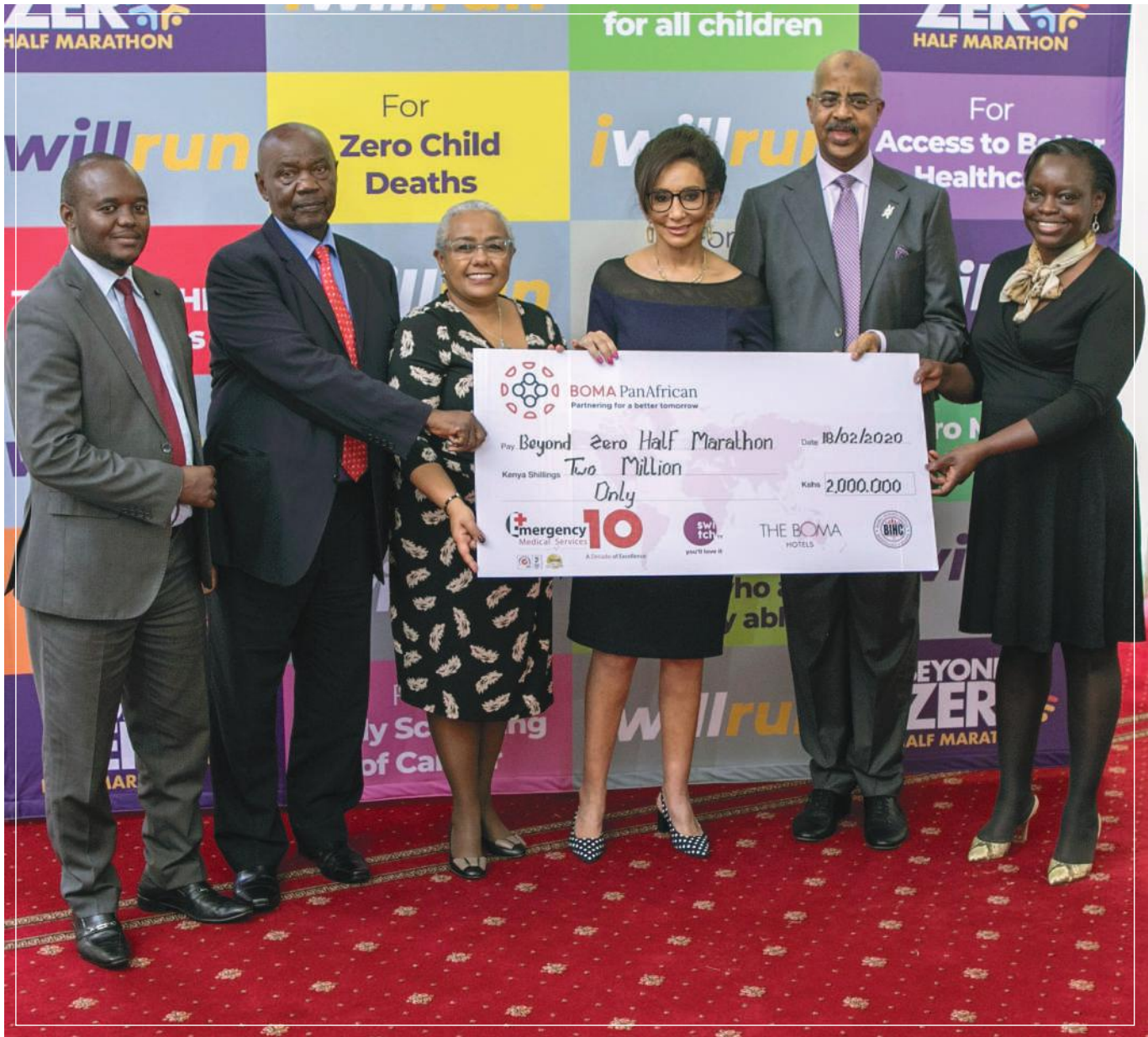
Customer Segment	JTBD (needs, felt pains, sought-after gains)	Relationship	Evaluation	Decision
<b>Corporates</b>	<ul style="list-style-type: none"> <li>Formal contracting</li> <li>Quality products and services</li> <li>Diverse range of products</li> <li>Health talks</li> <li>Visits and showcasing</li> <li>Consistency</li> <li>Additional complimentary ambulance services</li> <li>Affordable premiums</li> <li>Late response</li> <li>Faulty equipment</li> <li>Unavailability of service</li> <li>Service breakdown</li> </ul>	<ul style="list-style-type: none"> <li>Brand association</li> <li>Partnerships</li> <li>Appreciation tokens</li> <li>Formal reports</li> </ul>	<ul style="list-style-type: none"> <li>Service experience</li> <li>Online feedback and reviews</li> <li>Prequalification based process</li> </ul>	<ul style="list-style-type: none"> <li>Price verses product design features</li> <li>Brand awareness</li> <li>Accessibility</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>Formal contracting</li> <li>Visits and showcasing for consistent service delivery</li> <li>Constant engagements</li> <li>Trainings</li> <li>Additional complimentary ambulance services</li> <li>Affordable premiums</li> <li>Late response</li> <li>Unavailability of service</li> </ul>	<ul style="list-style-type: none"> <li>Brand association</li> <li>Partnerships</li> <li>Constant visits</li> <li>Appreciation tokens</li> <li>Prompt action towards reimbursements</li> </ul>	<ul style="list-style-type: none"> <li>Service experience</li> <li>Product offering</li> </ul>	<ul style="list-style-type: none"> <li>Price verses product design features</li> <li>Brand awareness</li> <li>Accessibility</li> </ul>

Customer Segment	JTBD (needs, felt pains, sought-after gains)	Relationship	Evaluation	Decision
<b>Family &amp; Individual Membership</b>	<ul style="list-style-type: none"> <li>• Effective trauma management</li> <li>• Reduction of bureaucracy (formal &amp; informal communication)</li> <li>• Continuous update of services</li> <li>• Value-added benefits to enable annual renewal</li> <li>• Prompt response</li> <li>• Consistency</li> <li>• Late response</li> <li>• Unavailability of service</li> <li>• Recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Brand association</li> <li>• Timely and constant reminders on membership status</li> <li>• Easy payment methods/structures</li> <li>• Appreciation tokens</li> </ul>	<ul style="list-style-type: none"> <li>• Service experience</li> <li>• Word of mouth</li> <li>• Feedback from friends and peers</li> </ul>	<ul style="list-style-type: none"> <li>• Perceptions</li> <li>• Peer influences</li> </ul>
<b>County Governments</b>	<ul style="list-style-type: none"> <li>• Effective trauma management</li> <li>• Quality service</li> <li>• Timely Reports</li> <li>• Reliable service</li> <li>• Delayed response</li> <li>• High cost ambulance service</li> <li>• Inefficiency</li> <li>• Negligence</li> <li>• Satisfy residents</li> <li>• Increase political mileage</li> <li>• Compliance with Devolution Agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Brand</li> <li>• Quality service</li> <li>• Integrity</li> <li>• Professionalism</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-to-peer county feedback</li> <li>• Health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Perceived deal</li> <li>• Business model</li> </ul>



Customer Segment	JTBD (needs, felt pains, sought-after gains)	Relationship	Evaluation	Decision
NGOs	<ul style="list-style-type: none"> <li>Welfare of their staff</li> <li>Reliability</li> <li>Wide coverage</li> <li>International compliance</li> <li>Poor services</li> <li>Inefficiency</li> <li>Value proposition</li> <li>Trust</li> <li>Staff satisfaction</li> <li>Breach of contract</li> <li>Negligence</li> </ul>	<ul style="list-style-type: none"> <li>Integrity</li> <li>Professionalism</li> <li>Reliability</li> <li>Brand association</li> </ul>	<ul style="list-style-type: none"> <li>Service delivery (for return business)</li> <li>Research</li> <li>References</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to deliver</li> <li>Reference reviews</li> </ul>
Insurance Companies	<ul style="list-style-type: none"> <li>Timely evacuation</li> <li>Effective trauma treatment</li> <li>Competitive pricing</li> <li>Professionalism</li> <li>Wide coverage</li> <li>Delayed response</li> <li>Poor service</li> <li>Inefficiency</li> <li>Brand association</li> <li>Negligence</li> </ul>	<ul style="list-style-type: none"> <li>Brand</li> <li>Reliability</li> <li>Competitive price</li> </ul>	<ul style="list-style-type: none"> <li>Peer to peer</li> <li>Industry</li> <li>Service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Perceived deal</li> <li>Business model</li> <li>Capacity to deliver</li> </ul>









Emergency Medical Services (E-Plus)

South C Bellevue, Off Popo Road,

P. O. Box 407 12 - 00 100, Nairobi.

Tel: +254 20 2655250/1/2/3 | Cell: +254 7 17 7 14938

Toll Free No: 1 199 | EMERGENCY NUMBERS: 0700 395 395, 0738 395 395

Email: info@eplus.co.ke | www.eplus.co.ke

 @EMS\_Kenya  @EMS\_Kenya  Emergency Medical Services

 E-Plus Medical Services  E-Plus Medical Services