OPPORTUNITY MAP

Session 2

1. How We Operate

Before we dive into the strategy, here's how our campaigns work:

Everything In Is Tracked, Everything Out Is Tracked

We define all variables upfront (industry, company size, job title, geography, etc.) so that when results come in, we can analyze exactly what's working. We do not guess, we let the data tell us where to double down.

Industry-First Segmentation

We segment campaigns by vertical/industry. Within each campaign, we reach out to all relevant job titles, all geographies, all company sizes. We then review the data we collect to find which combinations performed best.

Test-Then-Scale

Month 1 is about getting signals across multiple segments. We run enough volume in each to know what's working. Month 2-3, we scale what wins, cut what doesn't, and test new segments.

Tracking Variables (Defined Upfront)

- Industry/Vertical (the primary segmentation)
- Geography (country/region)
- Company Size (employee count bands)
- Revenue Range (where available)
- Job Title / Seniority Level
- Disaster Proneness
- Signal/Trigger (what made them worth reaching out to now)

2. Tier 1 Campaign Segments

Segment 1: Private Surgeons & Specialty Clinics

Wound Care Clinics, Podiatrists, Dermatology Procedures, Minor Surgical Practices

The Pain

- Paying $300-400/hour for OR rental when procedures take 10-15 minutes
- Wasting time traveling to surgical facilities
- Rushing procedures to fit rental windows
- Paying for cleaning/prep time they don't control
- Limited scheduling flexibility—OR availability dictates their calendar

The Value Proposition

Perform procedures in your own office. 3-4x more efficient. See more patients. Keep more revenue. No OR rental, no travel, no waiting.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• Surgeon (Private Practice) • Physician Owner • Practice Owner • Medical Director • Podiatrist / DPM • Dermatologist (Surgical) • Wound Care Specialist • Plastic Surgeon (Private) • General Surgeon (Private) • Orthopedic Surgeon (Private)	• Practice Manager • Office Manager • Clinical Operations Manager • Head Nurse / Nurse Manager • Surgical Technician (Lead) • Business Development Manager

Potential Signals (To Validate)

- Recently opened new practice location
- Hiring additional surgeons/physicians
- Expanding service offerings (adding surgical procedures)
- Located in area with high OR rental costs
- Recently received funding or investment
- Practice growth indicators (new website, marketing spend, job postings)

Segment 2: Ambulatory Surgical Centers (ASCs)

Same-Day Surgery Centers, Outpatient Surgical Facilities

The Pain

- Revenue constrained by OR capacity (demand exceeds throughput)
- Adding new ORs requires major CapEx ($1M+ per OR)
- OR prep/turnover time creates scheduling bottlenecks
- Turning away patients/procedures due to capacity limits
- Competing ASCs expanding faster

The Value Proposition

Expand surgical capacity without building new ORs. Transform any room into a surgical environment for low-risk procedures. More procedures = more revenue. Zero CapEx.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• ASC Administrator • ASC Owner • CEO / Executive Director • COO / Operations Director • CFO / Finance Director • Medical Director • Chief of Surgery • Managing Partner (Physician-Owned)	• Procurement Manager • Director of Nursing • OR Manager • Perioperative Services Director • Clinical Director • Quality Director • Supply Chain Manager • Business Development Manager • Surgeon

Potential Signals (To Validate)

- Recently opened new location or expanded facility
- Hiring surgeons or OR staff
- Adding new surgical specialties
- Located in high surgical delay geography (per Lancet data)
- Private equity investment or acquisition
- Announced growth plans or revenue targets
- Competitor ASC opened nearby (competitive pressure)

Segment 3: Hospital ICUs

Hospitals, Critical Care Units, Surgical Departments

The Pain

- Transporting ICU patients to OR creates 70% adverse event risk
- 2+ hours of OT time spent on transport logistics
- Staff required for transport, OR prep, and coordination
- OR cleaning/prep time adds delay to critical interventions
- Patient monitoring disruption during transport
- Risk of adverse events (lines disconnecting, falls, infections)

The Value Proposition

Perform surgical procedures at bedside in the ICU. Zero transport risk. Faster intervention. Less staff coordination. Reduced OT costs. Better patient outcomes.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• Hospital CEO • Hospital COO • Hospital CFO • Chief Medical Officer (CMO) • Chief Nursing Officer (CNO) • VP of Operations • VP of Clinical Services • Chief of Surgery	• ICU Director • ICU Medical Director • Critical Care Director • Perioperative Services Director • Director of Surgical Services • OR Manager • Nurse Manager (ICU) • Quality & Safety Director • Supply Chain Director • Infection Control Director • Procurement Director

Potential Signals (To Validate)

- Hospital expansion or renovation announced
- ICU capacity expansion
- New surgical services being added
- Hiring ICU or surgical staff
- Quality improvement initiatives announced
- Patient safety focus (press releases, awards)
- Located in geography with long surgical wait times

Segment 4: Disaster Preparedness

Emergency Preparedness, Mass Casualty Planning, Disaster Response

The Pain

- Mass casualty events overwhelm OR capacity
- Natural disasters can destroy hospital infrastructure
- Mobile surgical trailers take 2-3 days to arrive
- Need immediate surgical capacity during surge events
- Regulatory requirements for disaster preparedness

The Value Proposition

Instant OR expansion during crisis. Airdrop sterile surgical capability. Backpack-sized solution that can be deployed anywhere immediately. Part of your disaster preparedness kit. We have existing use cases—no business case to prove.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• Emergency Preparedness Director • Disaster Planning Coordinator • Emergency Management Director • Mass Casualty Coordinator • Director of Surgical Services • Safety & Compliance Director • Risk Manager •	•

Potential Signals (To Validate)

- Located in disaster-prone region (earthquake, hurricane, flood zones)
- Recent disaster event in region
- Disaster preparedness review or audit announced
- Accreditation renewal requiring disaster plans
- Hiring emergency preparedness staff
- Budget allocation for emergency equipment
- Border/conflict zone proximity

3. Tier 2 Campaign Segments

Segment 1: Extraction Industries (Oil & Mining)

Oil & Gas Companies, Mining Operations, Remote Extraction Sites

The Pain

- Remote locations—hours from surgical facilities
- Crush injuries, lacerations, and trauma are common
- Golden hour lost waiting for medevac
- Damage control surgery needed before transport
- Fasciotomies required for compartment syndrome from crush injuries
- Currently doing procedures in non-sterile conditions
- Worker safety and liability concerns

The Value Proposition

Enable damage control surgery on-site. Save limbs. Reduce medevac urgency. Sterile surgical field in a backpack. Immediate intervention within the golden hour.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• Medical Director • Chief Medical Officer • VP of Health & Safety • HSE Director (Health, Safety, Environment) • VP of Operations • Site Manager / Site Director • Regional Operations Director • Head of Occupational Health	• Site Medical Officer • Site Doctor / Camp Doctor • Paramedic Lead • Emergency Response Coordinator • Safety Manager • Procurement Manager • Supply Chain Manager

Potential Signals (To Validate)

- New extraction site announced or opened
- Expanding operations to more remote locations
- Hiring medical or HSE staff
- Recent safety incident reported
- Safety certification renewal or upgrade
- Contract wins requiring remote operations
- Operating in regions with limited medical infrastructure

Segment 2: Cruise Ships & Maritime

Cruise Lines, Commercial Shipping, Maritime Medical Services

The Pain

- Isolated at sea—days from port or surgical facility
- Ship doctors doing procedures out of necessity
- Non-sterile conditions for emergency interventions
- Crush injuries from hard rolls, equipment shifts
- Medical evacuations are extremely costly ($50K-100K+)
- Passenger safety and liability exposure

The Value Proposition

Enable sterile surgical procedures at sea. Reduce medevac costs. Improve passenger/crew safety. Give ship physicians the tools to handle emergencies properly.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• VP of Medical Operations • Fleet Medical Director • Chief Medical Officer • VP of Fleet Operations • VP of Safety & Compliance • Head of Marine Operations • COO	• Ship Captain • Ship Doctor / Physician • Senior Ship Nurse • Medical Center Manager (Ship) • Safety Officer • Procurement Manager • Supply Chain Director

Potential Signals (To Validate)

- New ships being launched or commissioned
- Fleet expansion announced
- Hiring ship medical staff
- Medical facility upgrade on ships
- Routes expanding to more remote destinations
- Safety or medical incident reported
- Operating expedition or adventure cruises (higher risk profile)

Segment 3: Medevac & Air Ambulance Services

Air Ambulance Operators, Medevac Services, Medical Transport Companies

The Pain

- Transport time to surgical facility is critical
- Some patients need intervention before/during transport
- Limited surgical capability in aircraft
- Non-sterile environment for damage control procedures
- Differentiation from competitors on capability

The Value Proposition

Enable damage control surgery at point of pickup or during transport. Extend the golden hour. Differentiate your service with advanced surgical capability.

Job Titles to Target

Primary Buyers (Decision Makers)	Champions / Influencers
• CEO / Managing Director • Medical Director • Chief Medical Officer • VP of Operations • Director of Clinical Services • COO	• Flight Physician • Flight Nurse Manager • Paramedic Lead • Base Manager • Clinical Training Director • Procurement Manager • Equipment Manager

Potential Signals (To Validate)

- Fleet expansion (new aircraft)
- New base locations opened
- Contract wins (especially for remote areas)
- Hiring medical crew
- Service coverage expanding to remote regions
- Capability upgrades announced

4. Geographies

All campaigns include all approved geographies. We track performance by geography to identify where to focus.

Tier 1: Registered + Not Price Sensitive + Strategic Priority

Geography	Why
Saudi Arabia	Registering (almost done), wealthy, not price sensitive
Turkey	Registered, good market potential
UAE	Registered, wealthy, not price sensitive
Jordan	Registered, evidence of OR rental pain point
UK	CE-marked, high surgical delays (1+ year wait times)
EU (all CE-marked)	Registered via CE mark
Poland & Baltics	Disaster prep priority—Russia threat, mass migration, military preparation
Finland	Disaster prep priority—Russia border threat
Ukraine	Active conflict zone, existing pilots
Taiwan	Disaster-prone (seismic + geopolitical), wealthy, actively preparing
Thailand	Recent earthquake, border situation with casualties, disaster prep focus
Japan	Disaster-prone (expecting major earthquake), wealthy
Australia	Wealthy, vast remote areas (outback), good for extraction/medevac

Tier 2: Registered + Good Potential

Geography	Why
Malaysia	Registered, Surgeon General interest
South Africa	Registered, long surgical wait times (2 years)
New Zealand	Wealthy, remote areas
Qatar	Registered, wealthy
Bahrain	Registered

Tier 3: Can Sell + Less Certain

Geography	Why
Botswana	Low registration barrier
Rwanda	Low registration barrier
Kenya	Potential market
Chile	Low registration barrier
Philippines	Keep in pocket—Ministry of Health route in progress
Nigeria	Keep in pocket—oil sector potential, but complex

Deprioritized

Geography	Why
Egypt	Price sensitive
India	Too price sensitive
Iraq	Logistically difficult—medical device delivery challenges
Libya	Logistically difficult—medical device delivery challenges

Off Limits

USA (not registered), US-sanctioned countries (Iran, etc.)

5. Company Size & Revenue Tracking

We will track responses by company size to identify patterns in who converts best.

Employee Size Bands

- 1-10 employees (Solo/Small Practice)
- 11-50 employees (Small Clinic/Facility)
- 51-200 employees (Mid-Size Facility)
- 201-500 employees (Large Facility)
- 501-1000 employees (Hospital/Enterprise)
- 1000+ employees (Large Enterprise)

Revenue Bands (Where Available)

- Under $1M
- $1M - $5M
- $5M - $20M
- $20M - $50M
- $50M - $100M
- $100M+

6. Social Proof Inventory

Confirmed Available (Karen to compile in Google Doc):

- 3 case studies
- Testimonials and quotes from KOLs
- 3 journal publications
- CE certification
- Press coverage and awards
- Notable pilots: Myanmar, Ukraine (hospital pilot coming)
- Bundeswehr (German military) interest
- Malaysian Surgeon General / military interest
- Vascular surgery president quote on cost savings (LinkedIn)

Known Data Points:

- 70% adverse event risk during ICU patient transport
- 2+ hours OT time saved per ICU procedure
- Lancet Commission data on surgical capacity gaps
- Harvard/MIT origin story

7. Campaign Architecture

Volume: 30,000 emails/month = 10,000-15,000 unique prospects (2-3 emails per prospect per quarter)

Segment Distribution: ~7,500 emails per segment (4 Tier 1 segments)

Month 1 Launch (Starting Feb 9)

Campaign	Segment	Volume
1	Private Surgeons & Specialty Clinics	~7,500 emails
2	Ambulatory Surgical Centers	~7,500 emails
3	Hospital ICUs	~7,500 emails
4	Hospital Disaster Preparedness	~7,500 emails

Month 2 (Based on Month 1 Signals)

- Scale winning segment(s) from Month 1
- Add Extraction (Oil/Mining) test campaign
- Add Cruise Ships/Maritime test campaign
- Add Medevac test campaign

Month 3

- Scale winners
- Introduce PR/Conference campaigns (if events scheduled)

8. Events & Conferences

Hassan requested: List of conferences/events SurgiBox team is attending in 2025. Opportunity for pre-event outreach campaigns to set up meetings.

(Kelly/Karen to provide list)

9. Next Steps

1. Karen: Compile social proof Google Doc (case studies, testimonials, quotes, certifications, press, pilots) + 3 journal publications by email
2. Sash: Send logo + new information deck
3. Kelly/Karen: Provide list of 2025 events/conferences
4. Monday 10:30am ET: Sash + co-founder backend setup call (Slack, Calendly, CRM integration)
5. Wednesday 11am ET: Session 3 - Message Mapping (Karen, Sash, Kelly)