

Communications audit performed by Gail Terry Grimes for a major American medical center. Names and other identifying information are withheld.

X Medical Center (XMC)

Communications Study

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For the Board Communications Task Force of XMC Foundation

(All XMC identifying information withheld)

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Project Summary

Background Three years have passed since the hospital mergers that created XMC. Emotions are still raw, the financial picture is still shaky, and unsettling changes continue to unfold.

In September of this year, the consulting firm known as (Name withheld) recommended, and the X Medical Center (XMC) Board of Directors approved, the merger of XMC's Community Relations Department with XMC Medical Center Foundation, a reduction of community relations personnel from 7.5 FTEs to 3, and the creation of a new four-person Department of Marketing and Business Development.

In November, the staff reductions and merger took place, creating one four-person community relations team for the medical center and foundation. Heading this team is the vice president for development and community relations, who oversees the work of the director of public affairs, the associate director of communications, and the communications coordinator.

Meanwhile, a representative of the (Name withheld) Consulting Firm had already begun serving as interim vice president for marketing and business development; by November, a nationwide search was underway to fill the position permanently. The plan called for the new vice president to participate in the hiring of a new director of marketing, a director of managed care, and a director of business development.

These changes transformed the communications team at XMC in ways designed to contain costs and better position the medical center for changes in the evolving healthcare marketplace. The transition occurred at a time when the medical center as a whole was also undergoing a major restructuring for the same purposes. Recognizing the magnitude of these changes, their significance to the community, and the key role effective communications would play in the future success of the organization, the leaders of XMC resolved to make the final weeks of this year a time for reflection and planning. Thus, they commissioned this study of the organization's communications function.

Purpose The purpose of this study is to improve the ability of XMC's leadership to make informed decisions about the allocation of resources for communications. The project was designed to:

- 1) ensure that key individuals feel involved in the decision making process
- 2) inform them of the challenge presented by reductions in resources
- 3) gather their knowledgeable opinions about current communications and the best use of future resources
- 4) obtain their help in laying the foundation for a strategic communications plan.

In general, the study was an opportunity to organize the collective thoughts of XMC's family on the subject of communications and thus provide decision makers with a perspective for the work that lies ahead.

Assumptions This survey took place within the context of the following assumptions:

- 1) XMC Medical Center has a message worth conveying
- 2) the people of (name of city and region withheld) are interested in hearing that message
- 3) in the coming months, the medical center's message must be especially clear, positive, and consistent
- 4) an integrated and coordinated communications strategy will enhance the medical center's image, expand its base of support, and, most importantly, improve its ability to serve the community
- 5) the budget for publications and other printed materials must be reduced without jeopardizing XMC's overall mission and current strategic intent.

Procedure The survey was conducted as a series of individual telephone interviews carried out between November 2 and December 2. All participants were told that their remarks were being recorded and would be reported anonymously and that their names would be included in a list at the end of this report.

Study Director All interviews were conducted and this report was written by Gail Terry Grimes, who has many years of professional experience in communications and a 15-year consulting relationship with XMC.

Participants (See Attachment I) Thirty-four individuals were polled in conversations that ranged in length from 30 minutes to three hours. Five other individuals declined to be interviewed. All participants were selected for their association with XMC. All participants cooperated fully and, indeed, were eager to express their opinions.

Participants came from the following groups: XMC board members (9), XMC Foundation trustees (5), community relations and Foundation employees (5), physicians (7), donors (2), the medical center's chief executive officer, other XMC employees (4), volunteers (2), one employee of XMC Management Service Organization (XMSO) and one public relations consultant associated with XMC. Some individuals represented more than one group. In addition, the study director polled two representatives from the local media using an abbreviated set of questions.

Questionnaire (See Attachment A). To ensure that all relevant topics were covered, a list of specific questions was prepared in advance, with input from senior management. In addition, participants were invited to address other concerns of particular interest to

them. Physicians, for example, were asked to recommend the best methods of communicating with the medical staff. Because of the diversity of the participants and their frequently limited time, some questions were only posed to those individuals most likely to have an opinion on a given subject.

Planning Early in the study, XMC's director of public affairs, the Foundation communications coordinator, and the new associate director of communications met with the study director to draft preliminary lists of possible XMC audiences and messages. This was the first step toward shaping a new communications plan. In subsequent interviews, study participants were invited to discuss these lists and expand upon them until the lists were thought to be comprehensive. In addition, the study director compiled a summary list of current publications (Attachment F) and a preliminary organizational chart for XMC's overall communications team (Attachment G).

Study participant (Name withheld), chairman of the Foundation Board Communications Task Force, was invited to apply his professional expertise in communications to the task of organizing the large list of XMC audiences into more manageable subgroups. His excellent work is reflected in Attachments C and D. The study director's list (organized by internal/external groupings) is presented in Attachment B.

Results The 34 interviews produced 167 pages of single-spaced typewritten comments. An analysis of the comments appears on the following pages, followed by general observations, recommendations, and the study leader's own personal reflections. Actual participant comments appear anonymously in Attachment H.

Summary of Findings The study revealed a desire by participants for far greater clarity and consistency in the way XMC communicates with them and others. They want to see a plan. Because 30 of the 34 participants are "insiders," the results indicate far more about what physicians, employees, board members and volunteers think than about anything the public may have in mind. Given the major transitions currently underway at XMC, a focus on internal audiences makes sense at this time. Insiders see themselves as a single audience, not as separate interest groups, and they want a single, frequent, inexpensive, factual newsletter they can all share. They want prompt information about changes, full disclosure, more opportunities to air concerns, and a greater sense that their concerns are heard.

Participants believe that clean facilities, friendly people and a hassle-free experience do far more to communicate a sense of confidence to patients and visitors than any brochure or advertisement could ever do. They believe that most information should be conveyed without expensive production. They do see a need for attractive brochures to market a few "shoppable" services. They seldom see or read anything produced by Community Relations, other than internal newsletters. What they do see they find relatively attractive but not remarkable. What concerns them most is the lack of a unified image. Most feel

that (names of competing institutions withheld) are doing a far better job of communicating who they are.

Most participants in this study consider XMC's greatest assets to be:

- the distinction of XMC's medical staff
- the quality of its women's services
- a fundamental respect for the individual.

Although they think the community still has confidence in XMC, they worry. They want to be proud when they see XMC in the news and they want the public to believe that the many changes happening here are part of a courageous, decisive plan.

Analysis of Responses

What follows is an analysis of the 34 participants' responses to specific questions asked during the interviews:

1. What should be XMC's primary message at this time?

This question is closely linked to Question #3; the two should be studied together.

Participants want consistency. Although no one said so directly, the impression was that almost any reasonably appealing message would do, so long as everyone knows clearly what it is. A lack of clarity and consistency in the message, and in the graphic look of printed materials, emerged as major themes of this study.

Participants mentioned "quality patient care" more often than any other message. Twelve participants (35%) suggested some variation on this theme. Six mentioned the "excellence of our physicians," which could be seen as an extension of the theme of quality. Words like "stature" and "reputation" also emerged. Six participants opted for a more immediate message: "We're still viable."

Participants suggest numerous messages; disagree strongly on some. Responses were all over the field. In addition to the open-ended question about messages, most participants were invited to respond to possible messages suggested by others. One participant said "I don't know if I feel compelled" by any of the suggested messages. Most, however, had strong opinions and there was much disagreement. These messages emerged as the front runners:

- **A distinguished medical staff.** As already discussed, most participants responded positively to this message. One, however, agreed only "with reservation. It's 1980s (thinking) How is this any different from (name of competing institution withheld)?" Only one participant said this message "doesn't resonate at all." Her reasoning was that most referrals for community-based programs do not come from XMC physicians and that therefore the many patients served by these programs do not identify XMC with its medical staff.
- **A long tradition of service to (name of city withheld).** One participant would like to see XMC follow the lead of (name of corporation withheld) in taking advantage of its history. Another suggested this theme: "Taking pride in our past as we prepare for our future." But another found that approach "a little tricky, because we don't want to be seen as part of the fabric of the town when the town is changing." Another says: "History is interesting but not relevant. It doesn't matter how old you are if you're having economic problems."

- **A reputation for humanistic care.** When reminded of XMC's avowed commitment to "fundamental respect for the patient," all participants agreed that this is an effective and true message. In fact, this was the only message with no disagreement. Even so, few participants identified this concept as a key message without prompting, although during the course of the interviews many did employ such words as "respect," "compassion", "humanistic," and "empowerment."
- **An especially broad continuum of services.** Several participants mentioned this concept at some point during their interview, although seldom when asked to suggest key messages. One expressed concern that, with the restructuring, the message might no longer be true. Two or three others, however, saw XMC's "cradle-to-grave," "full-service" care as an important message.
- **A pioneering spirit and a track record of innovation.** One participant said, "That gets my first vote." Two others feared seeming too "entrepreneurial" and thus prone to "doing things with people's money that are speculative." Another cautioned that innovation might be "better left to (name of competing institution withheld)." Another wasn't sure the message was true ("it's sort of like advertising a product and then you get to the store and it isn't there.") Another agreed, saying that XMC's reputation as a pioneer "may be ancient history." In general, however, most participants liked this message.
- **A commitment to keeping the community healthy.** Two participants saw this as the key message. Preventive care generated strong positive and negative opinions and is discussed in greater depth later in this report.
- **A convenient location and easy accessibility.** One participant saw the medical center's location as a viable message, but another saw it as "a very dangerous track to go down, with sociological implications."
- **(Proprietary information withheld)**

2. Do you think XMC is currently doing an effective job of conveying its message(s)?

Most participants think the medical center is not communicating effectively. Fifteen answered: "No" or "Absolutely not." Ten others took a somewhat softer but still negative stance, with responses such as: "I've been concerned," and "Not enough," and "We need to do a better job." Two said they just didn't know. Only two participants responded with an unequivocal "yes." The rest said that communications with internal audiences was effective, but that the medical center was definitely failing to convey its message to the community or the media.

No one faults the communications staff. Not a single participant implied that the communications professionals on staff lacked the competence or commitment to do an effective job. On the contrary, several marveled at how well they were doing "given the resources" or "under the circumstances."

Many point to the lack of a clear message. Fully a third of the participants volunteered the opinion that no effective communication is possible because XMC does not know "who we are" or "what our key messages are."

Others say the problem rests with a "reactive" approach by senior leadership. As one participant said, "We've been trying to plug holes once the levy is broken, rather than taking control." Another said, "What has been lacking is a plan."

3. What sets XMC apart from its competition?

Half of all participants see the medical staff as XMC's strongest asset. This represented one of the highest percentages of agreement in the study. Participants responded more quickly, with greater conviction, and with more unanimity on this point than on almost any other.

Breadth of services was also mentioned. In response to this question, five participants used words such as "full-service," "whole package," and "cradle to grave." Two others referred to "outstanding specialty services." Throughout the interviews, only two or three participants mentioned either medical research or education, a departure from what might have been expected as little as a year ago.

4. Do you have a clear understanding of the medical center's strategic intent at this time?

Most participants can clearly articulate their perception of the strategic intent. Sixteen participants said that, yes, they did have a clear understanding. Six others said, "No," but then proceeded to make a clear, simple statement that hit on important key points.

Most understand that the strategy is one of major change in response to market forces. In response to this question, four participants used the word "change," nine used the words "managed care," and four referred to primary care and/or preventive care—and most others used these words elsewhere during their interviews. Six talked about the need to "hang onto our reputation for high quality." Only four referred to "red ink," "fiscal responsibility" or "cost containment" without indicating that they understood the role of market forces in the transition. Six used the word "survival," implying that XMC's leaders were not looking beyond that immediate concern.

5. In the community at large, what health care communications materials have caught your eye?

Participants do notice health care information. In all, 14 different medical centers were mentioned. Most participants said they receive one or more community newsletters

at home. Most have noticed billboards. At least two participants mentioned never having received anything in the mail from XMC ("except Foundation mailings").

(Names of two competing institutions withheld) were mentioned most often. And with the most favorable reaction. Twenty participants mentioned (Name withheld), usually in connection with its recent advertising campaign. Sixteen of these mentions were positive; in fact, several were glowing ("out of this world."). Four negative mentions were equally strong ("... sucking up to the neighbors. It makes me laugh.") Ten participants mentioned materials from (Name withheld.), never unfavorably. It is interesting to note that several were impressed by efforts at (Name withheld.) to establish a more "personal" image. Six participants mentioned (Name withheld.), four mentioned (Name withheld.), and there were two mentions each for (Names withheld.). (Three names withheld) were each mentioned favorably once. Materials from (Two names withheld) were mentioned once as looking "old fashioned."

6. What do you look for from XMC in all its communications efforts?

Participants want consistency, permanency, and quality. Of the 20 participants who answered this question, eight used one of these three words. There was no other pattern in the answers to this question.

7. How can we make the experience of being a patient easier through improved communications?

Personal service is seen as far more important than any written communication.

Almost all participants used a broader definition of communication than was anticipated. They seldom mentioned written materials. Instead, they focused on the patient's personal interactions with employees and volunteers. They talked about signage, registration, in-house television, cleanliness, and courtesy, as if these were an integral part of the communications task. The usual organizational boundaries that separate these functions meant nothing to them. As one participant said: "Service means everything and correspondence means nothing." In all, 13 participants ranked "courteous people" as the best way to ease the experience of being a patient through improved communication. Two spoke with admiration of hospitals where employees and volunteers are instructed to call patients by name. Several suggested special training. Several used the word "hotel." Four mentioned in-house television as an appealing source of information.

Participants want simplicity. Eleven participants mentioned the importance of hassle-free registration, signage, billing, and access to information. One participant said, "(Registration) should be as easy as booking for United Airlines." Some mentioned the difficulty of navigating around the XMC campus. "It's like a human maze," one said. "Once you get in, you're lucky to get out alive."

Participants want clean facilities. In response to Question #7, , four participants mentioned cleanliness as their top priority and several others, elsewhere during their interview, ranked this as important. Many see this as the strongest non-verbal way of conveying XMC's message of quality.

8. To what extent do you think external audiences are interested in the internal changes taking place at XMC?

Most people care only if it affects them directly. Seventeen participants said that public interest was "zero" or "minimal." Usually they then modified their answer to say that people care "to the degree it affects their service." One participant took a philosophical approach, saying: "Our internal problems are nothing compared to the rest of the world." Only one participant mentioned the "gossip" value of XMC's many changes, but four others felt that people see the changes as deep and serious, and therefore have "a good deal of interest." "I get asked by cab drivers," said one.

Employers and insurers are the most interested. Six participants pointed to the professional community as watching the changes most closely. The large payers were said to have the greatest interest. Several participants found reassurance in the support of corporate leaders who see XMC's changes as just one part of a much larger, systemic change affecting many sectors of our national life. At least one participant felt that other medical centers must surely be interested, in particular because of possible future alliances ("Some of our former and present competitors may be our partners around shared programming.")

Some participants said donors are interested. Four participants mentioned donors as one audience with an interest in the specific changes, because of the potential impact on the gifts they have given or hope to make.

9. On a scale of one to ten, how would you rate public confidence in XMC at this time?

According to most participants, public confidence stands in the mid-range. Twenty-three of the 31 respondents (74%) ranked XMC between 4 and 7. Of these, nine (29%) suggested a ranking of 5. One said "below 5," one said "4 or 5," one said "5 or 6," one said "6 or 7," and one said "between 4 and 7." Six gave a ranking of 7 or 7.5, and three gave a ranking of 4. There were no twos or threes. At the far ends of the spectrum, one participant said that public confidence was as low as 1; one suggested as high as 7.5 or 8; one said "below nine," one said 8, maybe 9, and one gave an unqualified 9. Four participants declined to respond with a specific number.

Some participants see public confidence as fragile. Several expressed their own continuing confidence in the medical center but tempered their ranking with a concern about the possible effects of recent internal changes.

Confidence may depend on where you stand. Participants closest to XMC were the most critical and tended to rank public confidence lower than those less involved. As one participant put it: "The world still wants to like this place."

10. How important do you think the quality of graphic design and printing are to the communications process for XMC?

Most participants want a middle ground on graphics quality. Although eight participants said that the quality of graphic design is "important" or "very important," many felt that "content is what counts" and some expressed concern that "expensive printing and paper are more likely to produce a backlash." One participant went so far as to say, "It's a waste of money," and another said, "It's more important to have clean rooms." Proponents of quality graphics argue that design "creates the first impression," and can be "confidence inspiring." No participant requested a greater financial investment in design. Most felt that the medical center's current financial situation called for very careful use of resources for print production. Most felt that material for internal audiences could do its job with a minimum of design and no photographs, while material distributed outside the medical center should have a greater investment without being "glitzy." Although physicians seemed the least interested in graphics, they were also the most likely to express a need for ease in reading, which is often a function of good, clean design.

11. Do you think the medical center's current offerings are generally attractive and effective?

Participants find the graphics attractive but not exceptional. Fourteen participants has a response to this question, and all but two said yes, the materials is generally attractive. No one raved and no one was heavily critical about the materials overall. Individual pieces received both favorable and unfavorable mention. Favorite document: Women and Infant Center brochure ("Gorgeous.")

Participants want a more consistent look. Eleven participants expressed concern about the wide range of graphic treatments. As one person said, "They look like they came from five different places." Apparently, this is an intuitive, generalized opinion, since most participants could not recall seeing any recent publication aside from the internal newsletters.

12. Do you find the language that is used to convey the medical center's message(s) to be clear and effective?

Most participants find the language "generally effective." Of the 19 participants who responded to this question, 12 (63%) responded with an unqualified "yes." The remainder expressed concern about some particular aspect of the language. Three participants would prefer a less "wordy" mission statement. Two saw a need for more multi-lingual material. Two thought the signage still needed work. Two mentioned that written material in general was "too internally driven," too focused on the inner workings of the institution and not enough on "Joe Public." One wished the Q&A section of the employee newsletter could be more "straightforward. It's the gobbledegook of politics."

13. Do you prefer a more formal or less formal writing style for XMC?

Most participants want a balance. One said: "It has to convey expertise but it should also reflect the human dimension." Another said: "Caring but professional." Two expressed a preference for a somewhat formal style ("We're not selling garden supplies." "We're not a gee whiz business.") But the remaining eleven (85%) participants who responded to this question were more inclined toward words such as "warm," and "friendly."

14. What familiarity do you have with XMC publications?

Despite being primarily XMC insiders, few participants are familiar with most of the medical center's publications. Most could not name a single piece they had seen recently, although what they had seen they said they liked. When asked their opinions of specific publications, many said, "I haven't read it." The internal newsletter *This Week* is the most widely known and read publication, followed by the employee newsletter. Aside from Foundation staff members, few participants had seen its newsletter. In general, familiarity was so limited as to render questions about specific documents pointless with many participants. As one participant said about XMC program brochures: "They don't register." Opinions that did emerge on specific publications are summarized below. A more complete list of remarks on the various publications appears in Attachment H.

(Proprietary information about XMC publications deleted here.)

15. Should XMC produce a community newsletter?

Participants disagree about the value of such a vehicle. Of the 15 participants invited to discuss this possibility, four were opposed to the idea ("There are probably more efficient ways ") and the remainder (73%) found the idea worth considering, but only if it would attract patients and/or promote wellness. Six participants were especially enthusiastic. One felt that there were already plenty of sources for preventive information and that yet another would be superfluous.

16. If you had to make the tough choice of allocating limited resources for communications, where would your priorities lie?

Participants want a communications plan. "Before another penny goes out the door."

Participants want to reach both internal and external audiences. Among the 31 participants who attempted to set priorities for funding, no major theme emerged. Eight saw internal audiences as most in need of communications, but many of these and others cautioned against neglecting external audiences. Four mentioned physicians, three mentioned donors, three suggested women as a target audience, and one mentioned nurses.

17. Would you consolidate any of the existing periodicals?

Participants want a single in-house newsletter. At some point during their interview, almost all "insider" participants expressed interest in a unified periodical that would reach all physicians, nurses, employees, board members and volunteers. As one participant said: "Each group would have a better understanding of what's going on with the others. To me, it would be a plus. Maybe we could build some bridges."

Participants want one flexible vehicle for patients and the public. Every participant who was offered this suggestion expressed favorable support for a presentation folder with general information about XMC and an inside pocket to hold inserts for variable information.

18. Do you think the media has been fair and accurate in reporting news about XMC?

Most participants feel the media has been accurate. Of the 29 participants who responded to this question, 18 (62%) saw the media as either "fairly" or "remarkably" accurate in its reporting of news about XMC. Five saw the media as decidedly unfair and inaccurate. One said "fair but not accurate," another said "accurate but not fair."

XMC has not been singled out. Although nine participants called the press less than fair, most saw nothing unusual in this, and most shared a decidedly jaded opinion of the media in general. "They're no worse to us than to anyone else," one person said. The one exception might be the (local business journal); five participants cited that newspaper as having "an ax to grind."

19. What changes, if any, would you hope to see in media coverage in the future?

Showcase XMC's leadership position in the changing healthcare environment.
(Proprietary information withheld.)

Accent the affirmative. Eight participants hoped for more "positive" stories. One participant urged XMC leaders to intervene with local publishers, but three others warned against such tactics ("Right up there with pushing back the sea." "Cultivate and maintain excellent relationships with journalists ... so that when there is challenging news we can at least give it a context To control it beyond that is unethical.")

20. What did you think of XMC's recent ad campaign?

Participants almost unanimously voted "Thumbs down!" Of the 27 participants who responded to this question, 20 (74%) shared strongly negative opinions ("A disaster." "A stupid message." "So patronizing.") Five others (18.5%) had not noticed the campaign. One "liked the bus kiosks." Another said health care media campaigns "all look alike."

21. Physicians: How do you want XMC to communicate with you.

Keep it short. The seven physicians who participated in the study all said they need information to be concise. They like bullets, headlines, and summaries. Six of the seven favored a brief handout with bullets, summarizing medical center developments, to be distributed at quarterly medical staff meetings and in physician lounges. All expressed interest in being kept up to date on new developments.

Make physician news available to other internal audiences. No physician advocated for the continuation of a separate medical staff newsletter. Rather, they all favored a regular "medical staff update" in a newsletter that would also be seen by nurses, other employees and volunteers.

22. Nurses: How do you want XMC to communicate with you?

Responses from nurses are presented in Attachment H without analysis here. Communication with nurses is addressed later in this report, under Recommendations.

23. Board Members: How do you want XMC to communicate with you?

Responses from XMC board members are presented in Attachment H without analysis. Communication with this group is addressed later in this report, under Recommendations.

General Observations

XMC has loyal friends among the study's participants. Every participant wants to see the medical center succeed, and most feel passionately about the place.

Few questions elicited strong agreement. Participants almost unanimously disliked XMC's recent ad campaign, but otherwise disagreed dramatically with one another on almost every subject and expressed a remarkably wide range of preferences.

Internal audiences feel frustrated and ill-informed. Participants from every internal group said they often don't know "what's going on," that they feel as if huge forces are moving beyond their control, and that often they don't learn what's happening until they read about it in the newspaper. Although the XMC town meetings were universally praised, these sessions don't come soon enough, or provide enough detail, for some board members, physician leaders, and department directors who are being asked for guidance and information by others.

The lack of consistency is a major concern. Participants want much more planning. One said: "People need to slow down and catch their breath and quit just throwing things at problems." Another said: "We need to slow the process down and do more research." (Name of external media rep withheld.) said: "Sometimes I think hospitals tend to be all over the map. It's confusing. You need to be consistent about your message and go after (just a few markets)." Another participant said: "We do a great job with crisis management but we never get back to basics."

No plan governs publications. One participant said, "Now everybody has their own thing or they don't have anything." Another said: "There are too many dukedoms acting independently." Some programs have expensive brochures, while others have no written materials at all for patients. Inpatients receive no general information about XMC either upon admission or in their rooms, while outpatient surgery patients receive an expensive marketing brochure that contains no basic information about hospital procedures. Nurses have prepared pre-written discharge instructions for certain groups (back surgery, total hip) but not for others; often, discharge instructions are individually handwritten by the nurse, but not always. Program employees produce their own patient materials without consulting Community Relations about style or appearance. XMSO alerts Community Relations when a news release goes out, but otherwise has no structured communication with the in-house team. Also, too many XMC brochures are quickly out of date. Some recent publications are out of date almost immediately, because programs have moved, staff has left, and institutional priorities have shifted.

Distribution of publications is uneven. Too many key people never see key documents. The volunteer who oversees the (Location withheld.) desk has never seen brochures for the Center for Outpatient Surgery, the Women and Infant Center or the Breast Health Center. One employee reported: "The Women and Infant Center brochure was so

expensive to print that we (were told) to dole these things out carefully. (They were given) only to a few people, many of whom are already committed. We (were told we) can't have these in the lobby; they're too expensive to use as an advertising tool. Excuse me, but I thought that was the idea!"

The merger of Community Relations and the Foundation poses a special challenge.

The Foundation's role is to motivate donors, while the Medical Center must satisfy a wide variety of audiences in ways that might not directly serve the Foundation's purpose. One participant said: "It would trouble me, given the complicated nature of XMC, if (all) communications were seen from a fund-raising perspective." Although more than one participant identified problems in this regard with the most recent annual report, no other specific concerns came to light during the study. The delicate balance of the new arrangement simply needs to be kept in mind.

Audiences have not been segmented. This study identified more than 50 separate internal and external audiences at XMC, so many that some participants expressed concern about the difficulty of reaching them all with limited resources. Most think in terms of one large, undifferentiated internal XMC audience and two external audiences: the lay public (patients, donors, and potential patients and donors) and the professional public (corporate benefits managers, the insurance industry, the media, and government and accrediting agencies). Several participants (not necessarily physicians) saw physicians as XMC's "single most important constituency, because they have the decision to admit or not." Another participant saw five basic audiences: physicians, employees, donors, healthcare buyers, and the general public.

Participants want XMC to assist physicians in communicating with their patients about the medical center. Several participants knew of patients who felt inadequately informed about what to do, what to expect, and what was available to them at XMC. As one said: "When people come to the desk and they don't know what they should be eating or drinking and they're having surgery, somebody dropped the ball." On a related subject, one participant mentioned that the (Program name withheld.) had moved to a new location but that at least one physician was still handing out forms directing patients to the old address. Two participants said that many physicians seldom if ever refer patients for education, counseling, home care, social services, or other non- medical support.

Among all XMC programs, (Program name withheld.) was mentioned most often. And always with great pride. One participant sees this program "as a real differentiator." Multi-lingual services, especially for the (stakeholder group name withheld) , were also mentioned. Here the topic was usually one of concern, as in: "They are such a big population for us; we really should be doing more to address their needs." Another said: "Something like that has the ability to set us apart."

Participants disagree dramatically on ...(Proprietary information withheld.)

Some participants fear that the public does not identify all XMC programs with XMC. (Proprietary information withheld.)

Most members of the communications team have only been at XMC a short time. (Names withheld) ...This situation presents both a challenge and an opportunity. Although at first the newness of the staff may result in occasional omissions and errors, it can also mean a fresh start. In particular, the new staff will be less likely to cling to the seemingly endless state of transition and uncertainty that has been gripping the XMC family and instead will embrace the future in all its possibilities.

Recommendations

Slow down. Invest wisely in market research as soon as possible. Spend little or nothing on advertising or publications (except for internal newsletters) until the findings are in. For now, invest in graphic design only for documents with a short shelf life or with information that will not change for at least two years.

Embrace the future. Assume the mood of desire fulfilled. Act as if you are what you want to be and you will become it. XMC does help keep people healthy. The medical center does have a strong partnership with physicians. Primary care is an important part of what goes on here. And, this is a well-run organization. These things are all true. Speak and write of them not as part of some future plan but as today's emerging reality.

Simplify. Use the master lists at the end of this report to set priorities for no more than six key audiences and three key messages. Identify and address only a few key initiatives. Produce only one internal newsletter, one master brochure (with pockets for inserts) and no more than three or four carefully chosen program marketing brochures. Shorten the list of fund-raising priorities. People feel overwhelmed.

Define communications. Does it include just community relations, public affairs, and marketing, or does it also include admissions, sign age, patient relations, media services, volunteers, and other functions? Define the team.

Work together. The Medical Center and Foundation communications professionals should meet regularly with the new vice president for marketing and business development, that department's three new directors (not yet hired), a communications professional from the MSO, and representatives of all other departments included on the communications team. Consultants for direct mail, public relations, and other communications should also be part of the team. Every effort should be made to cooperate, keep one another informed, and coordinate the plan together.

Be clear about the division of responsibility. A discussion of roles should be the team's first priority, especially regarding who is responsible for communicating what to Medical Group (XMG) physicians, physicians who are not members of XMG, third-party payors, potential enrollees, employers, and other external audiences. Also, who is responsible for producing preventive educational material? What is appropriate to share with physicians who are not members of XMG? And who is empowered to address rumor control? Every effort should be made to avoid what one participant called "duplications, contradictions, and gaps."

Treat patients like customers and guests. One participant said that XMC needs to "demonstrate our humanity in ways that people immediately sense." Another said, "If Macy's can do it for headbands and gloves, we owe it to (our patients) to have that human contact." Find new ways of being caring, friendly, welcoming. Train employees to use

friendly, welcoming words. Consider valet parking at the (main) entrance....
Occasionally offer music in the lobby. Give every departing patient a file folder, imprinted with XMC logo) for storing bills and records, with a tab ("Eye Surgery 11/94") for easy retrieval.

Showcase only a few high-profile services. Decide what they will be and don't get sidetracked. Some participants have said that XMC has been "trying to be all things to all people."

Produce fewer publications but widen distribution. Writing, design, and art work are expensive and time consuming. If they are worth that initial cost, they are worth a broad distribution. When you do go "all the way," make sure you print enough to justify the effort. Place copies of all brochures in the main lobbies and selected waiting rooms. Give every employee a copy of the annual report with a cover letter expressing gratitude for dedication, loyalty and hard work.

Establish a firm policy for program brochures. Make certain that program directors understand they can no longer produce their own written material independent of the Community Relations Department. Help them buy into this new approach. Anything that will be read by patients or the general public must follow XMC guidelines and be reviewed by Community Relations at the draft stage, before production begins. Visuals as well as words must meet standards. Announce the new policy, with explanatory handouts, at regularly scheduled meetings of senior management, department heads, and medical staff. Reinforce the policy with a reminder every six months.

Find a "look" and stick with it. While XMC is striving to clarify its place in the world, don't depart too far from one simple, clearly identifiable image. Brochures and newsletters scattered on a table should all look as if they came from the same drawing board. The medical center's logo and basic colors should be featured.

Adopt a consistent editorial style. Hold one brainstorming session and then assign one person to draft guidelines. Create standards for grammatical usage (capitalization, abbreviation, etc.). Establish a policy for the style of the in-house newsletter: Will it be objective and crisp or informal and "schmoozy"? Decide and adhere.

Streamline and centralize the approval process for written material. Establish procedures and stick to them. Seek broad input at the earliest stages only, rather than waiting until the final draft or mockup when changes become expensive. Eliminate multiple layers of approval that cause costly delays. Trust the communications professionals on staff to make competent decisions on language, style, and design.

Support the director of public affairs. In the past couple months, XMC has received positive coverage on the five o'clock news several times a week. This kind of attention may be the best investment XMC can make right now in terms of reaching external

audiences. Securing these stories and building positive relationships with professional journalists is time consuming, complex work. Give the director of public affairs as much autonomy and support as possible. Her efforts not only reach literally millions of people but also save the medical center the expense of outside crisis management. This is not the place to cut corners. Invest in whatever clerical, volunteer, or other support will further her work.

Feature the "stars." The director of public affairs has compiled a list of XMC professionals who are prepared to speak knowledgeably on a wide variety of subjects. Use this list and other sources to identify physicians and others at XMC who "project a certain professionalism, high caliber, and compassion."

Differentiate by example. Which is more effective to say: that XMC has a commitment to preventive care or that we spearheaded the effort to immunize 2,000 children in the community last year?

Encourage physicians to make program referrals. In physician updates, include brief reminders that support groups, social services, pastoral care,...and other non-medical services are a valuable adjunct to their medical practice.

Court corporate audiences. Determine the division of responsibility in this regard. In appropriate written communications with corporate leaders, include a brief explanation of the benefits of membership in the XMC Foundation Corporate Council. Discuss appropriate ways to utilize local business groups and forums

Be proactive but not intrusive with the media. Give the director of public affairs additional support in cultivating positive relationships with professional journalists and in "pitching" positive stories.

Focus on education for patients and the general public. Many participants want to see a distinction between marketing materials and educational materials. Information for patients, they say, should have an educational focus.

Use outside resources for product-based purposes only. Outside consultants offer skills, tools, and a perspective not always available in house. However, XMC has apparently been paying monthly service fees that may no longer be affordable. Consider seeking outside "advice" more sparingly and reserve financial resources for more specific services and products.

Keep a perspective on change. (Name of program withheld) may have left XMC, but that program represents only 80 patients a year, compared with tens of thousands of other patients served in ways that are every bit as important to their lives. Remember: there is still a great deal to recommend at XMC.

Action Step Recommendations

Organize a crisis communications "tree" for internal leaders. When a rumor begins, external audiences receive a quick response from the director of public affairs. A similar approach needs to be set in motion for internal audiences. Use the Emergency Department as a model: Know ahead of time who will do precisely what when a crisis occurs. Give key leaders a pre-assigned group of people to contact. When the time comes, move decisively to define the message, fan out and spread the word. As one participant said, "We have to deal with rumors at the retail level."

Poll three key internal groups on their communications needs. Use the weekly employee newsletter and/or payroll envelopes to ask employees, nurses and physicians specific questions about how they want XMC to communicate with them. Ask how they feel about existing vehicles. Will a single internal newsletter meet their needs? How often is enough? Do they need additional communications? What information interests them? Reward participation. Follow up with one planning session each for the leaders of each group. Encourage people to submit news to Community Relations. Find out if any funds are available through the Department of Nursing and the medical staff office for special communications with these groups.

Prioritize XMC's messages. The list in Attachment E provides a starting point for further discussion. The prioritization of messages should be a top priority. Once established, only the prioritized messages should be conveyed.

Segment audiences. Determine who will receive what in the coming two years.

Select three to five key initiatives. Using the results of market research, determine the budget for events, paid advertisements, and other vehicles and move forward with a few carefully chosen initiatives. Plan ahead for the next two years to allow sufficient lead time.

Complete the inventory of existing publications. The list of XMC publications in this report (Attachment F) is almost certainly incomplete. For example, ... (Proprietary information withheld.) As soon as possible, a request should be circulated to all department directors to forward one copy of every publication currently in use to Community Relations.

Hold a series of employee pep talks. One participant close to the medical staff but not on staff has volunteered to meet with groups of employees at shift changes and to recruit other grateful patients and their families to do the same. The idea is to give XMC's most enthusiastic supporters a chance to say: "I'm grateful. Here's why. Keep up the great work." Their words could help rekindle pride and remind employees that a lot of people still think XMC is pretty terrific. Open discussions with Human Resources about how

Community Relations might assist with a "survivors' program" for employees who have not been laid off.

Promote name recognition. Send a friendly reminder with a simple map to all local florists, taxi dispatchers, delivery services, and any other vendors who serve XMC.

Enhance patients' point of initial contact with XMC. Patients and visitors want to be welcomed in a warm, personal way, and to feel secure and protected throughout their stay. This is their top priority, and it holds the potential of being an effective yet relatively inexpensive way of differentiating XMC from its competition. Possibilities:

- **Make the (location withheld) Information Desk more visible.** This vital desk is so inconspicuous that visitors coming from the (adjacent) building or the main elevators cannot find it. Consider extending this desk outward into a rounded shape that will be visible from all sides. At the very least, place "Information" signs so they extend outward from the wall, one facing toward the elevators, the other toward the entrance.
- **Recruit more young seniors as volunteers.** According to the director of volunteers, recently retired older adults who have been "out in the work world" are highly motivated and easily trained to serve as hosts and hostesses. Any marketing/community relations materials targeted at older adults should include an invitation to volunteer in this capacity.
- **Reconsider the decision to lay off XMC's paid "concierge."** Volunteers with the grace to circulate in the lobby and waiting rooms are apparently hard to find. According to the director of volunteers, only a few current volunteers have the appropriate skills or interest. Even a part-time position for peak hours is worth considering....(Proprietary information withheld.)
- **Discuss new ways to use volunteers.** The director of volunteers says she is "open" to new ideas for recruiting and using volunteers.
- **Train employees and volunteers.** Five participants suggested training employees and volunteers in "service excellence" to ensure that everyone who has contact with patients and visitors 1) understands the facts about the changes at XMC and in the health care industry; 2) has the social skills and attitude necessary to make people feel comfortable and welcome. Teach employees how to remember people's names and remind them to use them. As one participant said, "I want to know my blood isn't going to get mixed up with someone else's."
- **Take advantage of how much waiting people do in hospitals.** As one participant said, "People are killing time; why not let them learn something." Determine the highest traffic waiting areas and make absolutely sure that these areas have access to information about programs and services at XMC. Ditto physician offices....
- **Determine whether XMC's registration/admissions procedures are as streamlined and "user-friendly" as possible.** Although these procedures are beyond the purview of this study, so many participants linked ease of registration

with communications that this does seem to be an appropriate area for the communications team to study.

- **Give people a way to communicate with board members.** One board member suggested providing physicians and employees with a list of board (email) addresses "so they can write to them just like politicians."
- **Make absolutely certain the bathrooms are clean.** For participants in this study, cleanliness has a kind of symbolic relationship to the efficiency, safety, and quality of the entire institution. Pristine lavatories are as important to XMC's image and reputation as any formal communications program.

Publication Recommendations

Consolidate all internal newsletters into one. Discontinue all others. Distribute to all employees, physicians, volunteers, board members. Publish something every week or every other weeks....Use something akin to the employee newsletter's format.

Produce one flexible XMC presentation folder with a back pocket. Any information printed on this folder should be stable data unlikely to change for at least two years. Include welcoming words, a short history, maps, mission statement, and an invitation to give. A pocket in back will hold information targeted to different audiences. Use for press kits, patient information, all general uses. For patients, include a cover letter from (XMC's CEO). The graphics of this piece should be first rate. Produce a lot of copies and distribute widely.

Tailor inserts to specific audiences. Produce with a minimum of (fuss) all patient instructions for admissions/discharge/self-care, directions to specific locations, patient rights and responsibilities, complete listing of services, marketing information on the many programs that will not have their own brochures, and major gift proposals for fund raising. Community Relations should review these documents for clarity and assist nurses in preparing similar instructions for pre-admission and/or discharge on frequent diagnoses. All such pre-admission and discharge materials should be printed with the same type font and a similar format. Get consistent.

Limit marketing brochures to a few "shoppable" services. Reserve the expense of a printed brochure for a very few carefully selected programs where patients have a choice and may "shop around." Consider a speaker's bureau only around "concise, defined programs" such as the Breast Health Center, rather than for the institution as a whole. Programs that require some marketing material:

- Women and Infant Center. The existing brochure is twice as long and twice as expensive to reprint as it needs to be. Edit copy tightly before reprinting.
- Breast Health Center. There is no visual relationship between this program's materials and those of the Women and Infant Center. Both serve women. Both are "shoppable" services. Their materials should have some visual relationship to one another. Once again, tighten copy.
- Women's Services. An umbrella folder for the above two services, as well as (perinatal services) and others should be considered.
- Home care. According to staff members, more and more families are shopping for these services.

Broadcast a status report. Write a simple, two-page statement summarizing the outside forces at work on XMC, what the response has been, how the medical center is doing, and what the long-term destination will be. Include a two-paragraph cover letter from the CEO, board chair and chief of staff. Distribute to all physicians, board members,

department chairs and, if possible, volunteers. Place in payroll check envelopes for employees. Keep it very short and simple and clear. Do it, then let the subject go and move on.

Streamline all Foundation materials.

- **Annual Summary of Giving Opportunities.** Continue to produce this summary early in each calendar year and stick to the format of one page per fund raising need, but reduce the number of needs by at least half. You're spreading yourselves too thin. Also, don't staple the document; staff members want easier access to individual pages.
- **Major Gift Proposals.** Invest in short (2-8 page) proposals written specifically for one donor with a request for one specific gift. This is where the big money is.
- **Direct Mail.** Continue to use the current outside consulting firm for four acquisition mailings, one year-end letter, and one donor honor roll letter. Write and produce all other mailings independently, using a mail house for production. Make letters to board members no longer than one or two pages. Produce a series of targeted mailings to patients in a few carefully selected programs. Give serious thought to whether the monthly consulting service for direct mail is absolutely necessary at this time of economic challenge.
- **"State of the medical center" letter.** Continue to produce this annual report from the CEO for distribution to board members, senior managers and loyal major donors. Although one participant in this study found the letter "defensive," others have said it makes them feel "like a trusted insider."
- **"Commitment to Giving" Breast-Pocket Brochure.** Start over, updating text and making the design complement whatever look is established for the medical center. Upgrade the look a bit.

Include an "invitation to give" in every XMC publication. Except for documents produced especially for fund raising, this should be a simple, discreet "Here's how you can help" at the back.

Publish two annual reports in one folder. Make it look like one package, but allow the foundation and medical center to convey their own distinct messages and separate out their part of the package for certain recipients. Keep text short and to the point, eliminating vignettes and keeping just to the facts for now. Not enough people are reading the document to justify the time and money invested in the current format. In the medical center report, focus more on accomplishments and the strategic plan; prepare now for some analysis to be provided in the spring.

Test a quarterly physician fact sheet. On a trial basis, produce a single sheet of information on changes at XMC for distribution at medical staff quarterly meetings.

Shorten and warm up the mission statement. Look at the mission statement for (Name of rival institution withheld.): "Healing, grounded in learning, and supported by acts of personal kindness."

Hold off on a community newsletter for now. This is an expensive undertaking. Broach the subject in focus groups. Do nothing until the evidence is in.

Stick to the facts for now. Eliminate "feature" stories from publications. If program directors have not read articles about their own programs, and if board leaders do not know what is in the annual report, clearly the material is not being read. Keep stories very short and to the point. In the long run, heartwarming patient stories and inviting program profiles will enhance any hospital's communications. Just not now; bring them back later, after life at XMC settles back down.

Personal Reflections

This consultant has approached the present undertaking as a "study" of overall communications at XMC rather than as a critical evaluation of language or graphics. Passing judgment on existing documents hardly seems worthwhile or cost-effective during a time of such fundamental change. Nor is there any real value in second guessing those who have worked hard to serve the institution under extraordinary circumstances. Producing materials within a large organization is always challenging but especially so at times like these, when budgets are constrained and politics are even touchier than usual. Often, many voices are heard, resulting in compromises that diminish quality. To dissect the results would be folly.

Nevertheless, certain elements of the current communications program do lend themselves to personal examination, and, like everyone else involved in this study, the director, too, has opinions. Here, then, are random thoughts on random subjects:

XMC logo. It is elegant, uplifting and easily identifiable. Display it more prominently.

Mission statement. Cold and corporate and far too long. XMC Foundation's mission statement has a lot more heart, which every mission statement should have.

Employee newsletter. The study participant who called it "bland" in appearance is right.

Photography. There is an art and craft to composing the perfect picture to represent a special event. At XMC, and this is true of most hospitals, editors typically have to choose from dozens of poorly composed and poorly lit photos of people holding wine glasses and smiling broadly for the camera in a way that makes even the most formal gathering look like a Roman orgy. Finding a suitable picture is often frustrating, it lowers the standards of publications, and it wastes both the money spent on the photographer and the time spent scrambling for alternatives. Often, there is only room in a publication for one image to represent an entire event; decide in advance what that image should be and make it happen. Make certain the cost is justified before hiring a photographer in the first place.

History. A wonderful aspect to XMC, but probably not right as the main message for this particular moment. Save it for a future anniversary and play it up big then.

Graphics. In terms of visuals, (Name of publication withheld.) is by far the most distinctive and attractive publication at XMC. The content may not suit every audience but the appearance makes it a standout.

Influencing the media. One participant in this study suggested that XMC board members and senior managers personally intervene with local publishers to advocate for positive coverage. This is a dangerous and unethical practice. If journalists think we are

intervening with their bosses, they will tear XMC to pieces....(Proprietary information withheld.)

Story ideas. Employees mean well, but they tend to suggest subjects for coverage that are not actually news. "XMC Has An Excellent Breast Health Center" is not a story. "Senator Visits Breast Health Center" is a story. A little training in how to spot news and how to alert the Communications office to it would go a long way toward improving the content of XMC's newsletters and annual reports.

Rapid change in a complex system. XMC has been in such flux in recent months, and the institution is so large and diverse, that, like many others who are involved with the medical center, this consultant does not always have access to information about every initiative that may be unfolding. It is entirely possible that changes are occurring even now that could profoundly impact the observations and recommendation in this report. If this is the case, it is hoped that the reader will understand and still find value in these pages.

(All attachments are withheld.)