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Spotlighting the Patient Experience

By Jacqueline Fellows

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HEALTHCARE MARKETING ADVISOR

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Studer Group coach Lynne Cunningham explains why internal communication is a cornerstone to boosting patient experience and satisfaction scores.

MARIANNE AIELLO

HOW HOSPITALS ENGAGE SENIORS ONLINE



When healthcare marketers talk about using online vehicles to reach out to patients, the typical vision is of young adults downloading an ER wait time app or BlackBerry®-toting professionals visiting a hospital microsite from their offices. What healthcare marketers almost never think of is grandma and grandpa logging onto their EHRs.

Americans over age 65, whose health might benefit the most from modern digital technology, are the least able and least likely to use it.

Here are some simple steps to get more seniors active on your site:

» **House a senior-friendly computer lab.** Set up public-use computer kiosks. Make them senior-friendly by adjusting the screen ratio so that the text is larger than normal, and tape up a user's guide.

» **Create senior-specific Web pages.** Sacred Heart Health System in Pensacola, Fla., has a Senior Health Library with links to topics such as hearing loss and pneumonia.

Similarly, Overlake Medical Center in Bellevue, Wash., has an Online Senior Resources page detailing senior-specific services and informing them of high-tech options.

The Senior Health Web page for Virginia Hospital Center in Arlington features upcoming lecture topics.

These hospitals' senior-gear pages also use dark text that is displayed clearly on light backgrounds, with no ads or flashy graphics nearby, as suggested by the National Institute on Aging.

» **Integrate the Web into other popular programs.** Sacred Heart also offers an online complement to its Senior Spirit healthy aging program, which is free to join and rewards members with discounts and other benefits.

» **Advertise senior-specific web services.** Use simple URLs that are easy to remember, possibly printing them on business cards and handing them out with other materials at senior-specific events.

Most importantly, let seniors know that managing their health online can help them improve their well-being. *hna*

CAMPAIGN SPOTLIGHT

NIH SHOWS HOSPITALS HOW TO CONNECT WITH SENIORS

by Jacqueline Fellows

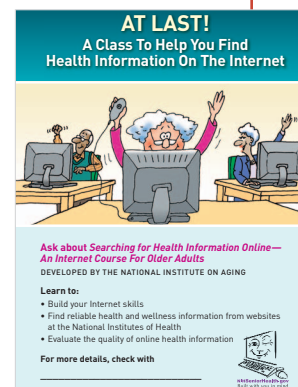
In 2012, seniors' use of the Internet grew significantly. The Pew Internet & American Life Project estimated that more than 50% of people aged 65 and older became Internet users, with even more using mobile devices.

Seniors are frequent healthcare consumers, and with more of them spending time on the computer, NIHSeniorHealth.com, shows how to engage with this previously overlooked population.

The dedicated website is maintained by the National Institutes of Health (NIH). Its most striking feature is its simplicity. It doesn't feature fancy graphics or colors, which isn't to say seniors don't want or appreciate such features, but it focuses on what seniors value most in websites: large text and easy navigation.

The site also offers something called a Trainers Toolkit that is a gold mine for healthcare organizations wanting to increase their engagement with seniors. The tools are free, all downloadable, and include lesson plans, a checklist to evaluate health websites, and tips on setting up a senior-friendly classroom. There is even a flyer healthcare organizations can use to promote a class teaching seniors how to use the Internet.

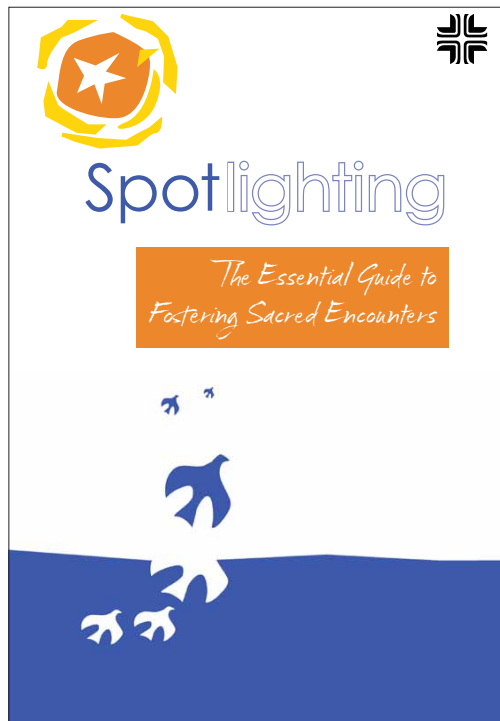
At first glance, NIHSeniorHealth.com might not seem to meet a healthcare organization's standards for graphics, but the site has been consistently honored by senior organizations, including the International Council on Aging, which awarded the site its Industry Innovation award. *hna*



Spotlighting the Patient Experience

by Jacqueline Fellows





A STEP-BY-STEP

guide shows Covenant Health System employees how to foster a sacred encounter with patients that feels natural and not scripted.

Props. Scenes. Designers. Spotlights. All of those terms sound more fitting for a Hollywood movie set than for a hospital, right? But they are the exact words Covenant Health employees hear when they are picked for the hospital's unique internal communication training program called spotlighting. Developed in conjunction with design consultants at IDEO in 2010, spotlighting aims to fulfill the hospital's strategic goal of fostering sacred encounters with every patient.

"We seek to both manage and improve the way we take care of others, but the root of that is this human encounter," says **Jeff Thies**, interim executive vice president of mission integration and vice president of the Leadership Institute and governance support at St. Joseph Health, which owns Lubbock, Texas-based Covenant.

Making sure every patient encounter is sacred also honors the health system's Catholic tradition, says **Cayce Kaufman**, regional patient experience director for Covenant's four West Texas area hospitals.

"You want to make sure that you're serving in a certain way and [that] you help people feel a certain way that reflects our values, what we believe in, and what our first heritage was all about: 'We will serve our dear neighbors

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ORGANIZATION

Covenant Health System

LOCATION

Lubbock, Texas

SIZE

Four hospitals, 977 licensed beds

WEBSITE

www.covenanthealth.org

CONTACT

Cayce Kaufman

Regional Patient Experience
Director

without distinction.’ It’s how we make people feel,” says Kaufman. “It’s not just to increase our patient satisfaction. It’s also to say that we believe that every encounter can be sacred, and this [spotlighting] is how you help foster that.”

The hospital’s first step was to define the term sacred. Thies says a text-mining analysis of internal documents related to sacred encounters produced 16 keywords. A team of patients, staff, physicians, and trustees then identified which of the 16 words they would use to define sacred.

“Over 50% of them selected four attributes: dignity, care, connection, compassion,” says Thies.

Those terms are now the cornerstones Kaufman leans on during spotlighting training.

Behind the scenes

At its core, spotlighting is about identifying opportunities that can become sacred encounters between a nurse, caregiver, or doctor and a patient. These opportunities are called scenes, and they can take place anywhere, but IDEO found three main opportunities that lend themselves to being a scene, or a moment when a sacred encounter can happen: admitting, resting, and discharge. In spotlighting lingo, says Kaufman, it’s warm welcome, sweet dreams, and thoughtful goodbye.

Though the scenes sound standard, they aren’t. Each department, or design team, creates its own scene during a brainstorming session that Kaufman leads. She first has the design team pick a moment that can be singled out as a potential sacred encounter, then she asks the team to pick a tone or a word that helps define how staff want their patients to feel on their unit.

For example, says Kaufman, one of the day surgery units chose a tone of *motherly*.

“Once you get the tone, you can decide, what does that look like? What are the gestures? It’s not scripting. It’s real different than saying, ‘You need to say this, and you need to do this.’ We say, ‘What types of things did your mom do?’ ”

To find out how the team defines its tone, Kaufman has them go through magazines and cut out images that demonstrate the tone they picked. For *motherly*, the staff clipped pictures of hot chocolate, a fireplace, and a cup of tea. When Kaufman asked why those pictures represented a *motherly* tone, she says the staff told her it was because those things reminded them of their moms tucking them in at night.

From there, the team is asked: “What can happen at the beginning, in the middle, in the end of a scene that’s very imperceptible to your patient?” Kaufman notes the importance of a seamless, organic

communication that comes naturally and does not appear rehearsed.

At this point in the scene design process, Kaufman has the team practice certain gestures that convey a motherly tone. She also encourages staff to think of a prop—something tangible a patient can have that’s a reminder of what, hopefully, is a special moment they shared with a Covenant nurse or another staff member.

“I always equate [gestures and props] to, it’s a whole lot like a lollipop in a pediatrician’s office. Was there value in that? Probably not, but how did it make the child feel?” says Kaufman.

For the day surgery unit that picked the motherly tone, the gesture was tucking the patient’s sheets around them. The prop was a pair of fuzzy socks. The final completed scene, says Kaufman, was nurses “tucking [patients] into a bed, saying, ‘This is where your care begins with me today,’ pulling out a pair of warm fuzzy socks, [saying] ‘Just in case you need some socks for your feet, we want you to be warm and comfortable.’”

Lights, camera, action

Once the scene is designed, the team members try it out with a set of fresh eyes. It could be a patient, or it could be someone from a different unit. There’s lots of feedback and modifying the scene before it’s rolled out to the entire department.

“It takes a long time to do this,” says Kaufman, who estimates that start to finish, the process of spotlighting a single department can take as long as three months.

Since Covenant began spotlighting 18 months ago, nine departments have gone through complete training. Kaufman picks units with already high satisfaction scores for spotlighting first, which she acknowledges is a departure from the typical strategy of fixing what’s broken.

“We had to start somewhere,” she says. “It’s had a big impact. We recognize a lot of times departments that are doing well don’t always get a lot of attention.”

Kaufman explains that it’s easier to take a service that is already working well to the higher level of creating a sacred encounter. “You really want to work with high-performing teams that don’t have issues,” she says, noting that other departments in need of process improvement

are receiving help to fix deficiencies, and will eventually be spotlighted as well.

After settling on a department, Kaufman assigns roles to each team member. There’s the design lead, who is usually the department champion; it could also be the formal or informal leader of the department. Then there are the designers, a mix of clinical and nonclinical staff within the department.

Examples of other scenes at Covenant include a warm welcome during admitting at all four of Covenant’s hospitals. When this scene was developed, it required a member from the executive leadership going to visit every patient who had been admitted that day, handing the patient a business card with his or her direct number on it in case the patient needed anything. Kaufman says senior leadership was not convinced initially.

big ideas > big egos

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EXPLAINING SACRED ENCOUNTERS TO THE COMMUNITY

is done through commercials stating a simple message that every moment matters at Covenant Health hospitals.

“When I had to train every single leader and say, ‘This is part of your work now,’ I got so much pushback because it was one more thing they had to do,” says Kaufman.



Troy Thibodeaux, chief operations officer for Covenant, admits to being one of the doubters.

“I was certainly skeptical because I’ve seen so many types of campaign spins on patient experience initiatives, and at that time I felt like this was another one,” he says. “It also seems ... when you hear all the lingo of scene development, props, and all that, it sounds kind of hokey when you first hear it.”

But Thibodeaux’s mind was quickly changed after his first day of rounding with newly admitted patients.

“It was one of those days. I was running crazy, I was in a bad mood, and [Kaufman] said, ‘Troy, just come up and let’s do one patient.’ And, long story short, I did one patient and ended up finishing the entire list of patients that were admitted that day, and it was the best day I’d

had in months here just because that’s why we work here. And in administrative roles we lose sight of that sitting behind a desk, behind papers all day long.”

Thibodeaux is now one of spotlighting’s biggest cheerleaders, according to Kaufman, and he agrees.

“It was so energizing to me,” says Thibodeaux. “As senior leaders, we never spend enough time on the floors interacting with patients. This is a very concise way to do it on a regular basis, and it also gives us a way to make sure that patients who are new, coming into the hospital, who are fearful, that they’re going to have contact with a senior leader of the organization right along with their initial arrival.”

Thibodeaux says senior leadership’s more visible presence has increased employee morale as well.

Thies says the impact on employee morale, patient satisfaction, and staff engagement is systemwide.

“From an employee engagement standpoint, we see it profoundly impacted in terms of the reporting experience with spotlighting that staff expresses in the focus groups.

What's been significant is a real reawakening of the call to the healing arts," says Thies.

Ratings

Covenant's use of the spotlighting program has also had a profound impact on Kaufman's patient feedback reports. The hospital monitors the success of its spotlighted departments through patient and staff focus groups, which are held quarterly.

"What we're seeing is surveys will come back and you'll honestly see patients writing to us, 'It was so motherly on that unit,' and ... we never told them this is an area that's been spotlighted. The patient has no knowledge about it, and that's when you know it's successful," says Kaufman.

The patient satisfaction scores bear out what Kaufman is reading as well. For the day surgery unit that chose the tone of motherly, Kaufman says the patient satisfaction scores went from 88.3% of patients reporting "always" being treated with respect and compassion in fiscal year 2011 to 93.8% to date.

HCAHPS scores for Covenant's overall hospital rating in the Texas region have also increased over the same time period from 69.13% to 73.52%, but Kaufman and Thies aren't ready to make a concrete link to the increase as a result of spotlighting.

"It doesn't always shake out with HCAHPS because HCAHPS is a frequency measure," says Kaufman. "It measures the percent[age] of time that you saw me doing certain behaviors, whereas spotlighting is more about I can concur that I felt a certain way."

Thies adds that attributing the increase in HCAHPS score solely to spotlighting may discount other work the hospital does that contributes to that metric.

"There [are] so many elements that contribute to successful improvement in HCAHPS scores, and we're very clear that spotlighting is a profound experience in support of [a] sacred encounter. There is deep belief that it is profoundly supportive of the work we seek to advance from a patient experience standpoint, but in terms of the specific metrics that demonstrate impact ... that's something we're trying to understand more fully ourselves," says Thies.

Thibodeaux says he believes the link between HCAHPS and spotlighting will become clearer when the program is rolled out in all the system's hospitals.

"In the long run, that is going to have an impact. In a market like our market, which is Lubbock, a community of about 200,000 people and service area of about a million, there's really a handful of competitors in town and so, in a town this size, it really can become a differentiating factor," says Thibodeaux.

"Lubbock's a town where you get feedback from the community on a pretty regular basis on how good you're doing or how bad you're doing. And I have heard so many people out in the community tell me stories about how they've seen the transformation of Covenant over the past two years. They're very specific stories and they really ring true with everything that we're doing in spotlighting." *huma*

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Pediatric Podcast Broadcasts Nationwide's Brand

by Chelsea Rice





"DR. MIKE"

combines his skills as a radio disc jockey and training as a pediatrician to talk to parents and caregivers about childhood medical issues on his popular weekly podcast.

A music bed featuring an upbeat saxophone and a child announcer introduce "PediaCast, the pediatric podcast for Moms and Dads" every week, featuring its host and founder **Michael Patrick, MD**, a pediatrician and emergency medicine physician at Nationwide Children's Hospital in Columbus, Ohio. PediaCast debuted on iTunes in 2006 and has since become an institution known for its devoted audience, and is a pillar of Nationwide Children's marketing strategy.

Patrick, a former disc jockey in high school who worked at two radio stations in college, saw podcasting as a solution to the frustrating limits on time in a pediatric exam visit.

"In primary care you have to see a large number of patients in a relatively short period of time," says Patrick. "There's a lot of educational type of things that would help parents understand a child's condition in terms of preventive measures and the path of physiology behind a condition. If you know why a kid is sick, it's a little bit easier to understand why prevention measures are important, and it makes it easier to understand the disease. There really isn't enough time in the exam room to do that adequately."

Patrick's friendly personality comes through when he's hosting the nearly hour-long podcast. The audience knows him as "Dr. Mike," and his colloquial delivery of medical topics during PediaCast establishes an intimacy with his audience. He discusses parents' concerns and their children's medical issues with not only respect for his audience, because he himself is a parent, but also with a calm understanding of what those issues might involve, adding the skill of a pediatrician who has treated patients for years. "If these terms sound complex or confusing, never fear: We always break it down so moms and dads can understand!" says Patrick in Research Round-Up episode, "Concussions, Appendicitis, Forearm Fractures."

PediaCast's early popularity grew so quickly that in a few months, according to Patrick, downloads were crashing its Internet hosting provider. The company

collaboration = satisfaction

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NATIONWIDE CHILDREN'S TOOK THE OPPORTUNITY

to partner with PediaCast in 2007. Now the partnership is more than five years running and the audience is even bigger, giving the hospital another channel to build its brand awareness.

emailed Patrick with a 24-hour notice to remove the podcast from its servers. Patrick, searching for someone to support the bandwidth he needed, turned to Nationwide Children's Hospital, where he had trained after medical school.

When Patrick approached Nationwide about sponsoring PediaCast in 2007, the podcast was already generating an average of 15,000 downloads per month, says **Stephanie Cannon**, director of Web communications and eBusiness at Nationwide Children's Hospital. "We saw the sponsorship as a way to have visibility in that audience, which was very loyal. That was a great channel to be part of at that point for Nationwide."

The hospital's association with PediaCast started out small. The only thing Nationwide asked for in exchange for hosting the podcast on its server was a brief mention as a sponsor of the show. That partnership continued

when Patrick moved to Florida in 2008 for a career opportunity. Producing a show and working full time took its toll though—the frequency of the show went from weekly to new shows popping up every two or three months; however, PediaCast still averaged 10,000 downloads per month.

By 2010, Patrick realized he had to make a choice between PediaCast and his career. He approached Nationwide with the idea to create a position for him where he could work at the hospital in the emergency medicine department and devote two days a week to producing PediaCast.

Nationwide accepted Patrick's offer, seizing the opportunity to put PediaCast under its larger brand. While the only pediatric hospital in Columbus, Nationwide Children's competes with 10–12 major hospitals within a 200-mile radius for pediatric patients. Despite the regional competition, the hospital stands out nationally, and promotes its standing online as the "fourth-largest pediatric hospital" and "fourth-busiest," according to data from the Children's Hospital Association. According to the marketing department, PediaCast has helped drive Nationwide's national brand over six years, with the only costs being a portion of Patrick's salary and some minimal equipment costs, such as a new microphone and a new computer. Patrick is also a one-man operation. He writes and edits his scripts, and records and produces every episode.

"Without him we would have to outsource much of the production to a group of different people, and the lag time to produce the show would become cumbersome and expensive," says Cannon.

For Nationwide Children's, patient education is becoming more important as consumers are pushed to make more healthcare decisions. The hospital wants to make sure, through their patient education efforts and content production, that they are top of mind for consumers. PediaCast helps Nationwide align its goals because of Patrick's passion to also educate patients.

"He's really good and just like the way he answers these questions in his medical practice every single day, he understands what the families' needs are, but he can deliver it in such a conversational way; it's really all him, he's brilliant," says Cannon.

Patrick moved back to Ohio and moved the production of PediaCast out of his home office to a studio space in Nationwide Children's marketing department, where he works as medical director of interactive marketing.

The marketing department has since built *www.PediaCast.org* so the show could live on its own website, added social media channels to Patrick's existing Facebook page, and incorporated PediaCast into the hospital's larger promotional materials. Elevator posters, postcard mailings, call-outs in patient and staff email newsletters, and the larger Nationwide Children's social media channels, such as Facebook, have all incorporated regular promotion of PediaCast episodes into their content calendars. The hospital has more than eight Facebook pages representing different service lines and 100,000 followers on its main Nationwide Children's page.

"All the while Dr. Mike's had PediaCast, and really since he's been back on staff full time, PediaCast has become an entity of Nationwide Children's, a product as it were," says Cannon. "We can repurpose it for other channels, and frankly it saves us time and money. We repurpose it for newsletters and our own social media for Nationwide Children's. We also create Web content from his topics as well."

By collaborating with PediaCast on editorial content, Nationwide Children's also broadcasts the hospital's services and physicians' expertise nationally. But they know to not mess with success. Patrick does a lot of the editorial work himself, aggregating questions and topics to figure out which stories his audience wants to hear.

"Patient education is first in all that [Patrick] does versus promotions. That's the strength of having a physician in the marketing department. For the rest of us, we still have to think about the needs of the hospital, but he puts all of the consumer's questions and needs, from an education perspective, first," says Cannon.

Throughout PediaCast's history, downloads have split evenly between archived shows and new material, a strength Patrick attributes to the long shelf life of the topics he covers.

"So many parents need more than just a message. They're looking not only for advice around medical things, but to make their lives easier, and because it's from a physician, it's from a trusted source," says Cannon.

The screenshot shows the website for Nationwide Children's Endocrinology, Metabolism & Diabetes. The header includes the hospital's logo and navigation links. The main content area features a large image of a child and the text "endocrinology, metabolism & diabetes". Below this, there is a "Diabetes Clinic" section with a description of the clinic's focus and a list of services. There are also social media links and a "Download diabetes resources for parents and teachers" button. The right sidebar contains a "looking for diabetes resources?" section and a "podcast interview with dr. david repaske" section.

NATIONWIDE'S SERVICE LINE PAGES

also feature a relevant PediaCast episode to show parents the depth of resources at the hospital as well as promoting the podcast to new potential listeners.

Once Patrick geared up to producing weekly shows again in February 2011, downloads doubled to 20,000 per month. Today, PediaCast's audience spans 150 countries and all 50 states and Canadian provinces. The area with the highest number of downloads is surprisingly not PediaCast's local community of Ohio—it's Texas. Ohio actually ranks fourth, after California and Illinois. After the United States and Canada, the country with the largest audience is Australia, followed by the United Kingdom, China, Singapore, Japan, the Philippines, Saudi Arabia, and South Korea.

"Nationwide Children's has a national reputation," says Cannon, noting the hospital's ranking as seventh this year in *U.S. News & World Report's* annual Honor Roll for Children's Hospitals. "And PediaCast's audience helps to build that national and international brand."



PEDIACAST STUDIOS ARE HOUSED

within the hospital's marketing department, which allows PediaCast the opportunity to promote marketing projects that will resonate with the weekly podcast's audience.

Listening to the audience

PediaCast holds the attention of a weekly audience for an average of 40–50 minutes, an opportunity Patrick takes to not only educate parents and patients' families, but to regularly mention events and campaigns going on at Nationwide Children's. For one conference—"A Healthy You and 22q"—hosted by Nationwide Children's in 2012, Patrick was involved in a more strategic marketing coordination, where he built the topic into an episode titled "All About 22q" to discuss the 22q11.2 deletion syndrome with the two cofounders of the 22q Center at the hospital. The episode highlighted Nationwide Children's comprehensive care team, which is one of the top two in the country, according to Cannon.

"Because it's such a niche condition, and it was actually our first 22q event here, we had almost no dollars

for promotion, so that's where we leveraged Dr. Mike's audience," Cannon says. "We could track links back from the listeners—who did listen to it, and if they trafficked back from PediaCast to the registration page for our families. Through our tracking, we were able to find that his audience did make a difference in our awareness for that conference and led to registration. Our goal was to have 100 people there, so he drove seven to 10 of those to the conference. So that was 10%."

PediaCast's show topics are also timely, mirroring the types of conditions the hospital is treating. Since 2011, Patrick has addressed febrile seizures, asthma, perinatal conditions, appendicitis, issues around short gestation and low birth weight, tonsils, epilepsy, colic and bronchiolitis, and skin infections like cellulitis or abscesses, which cover all of the top 10 inpatient diagnoses at

Nationwide Children's.

The podcast audience's download behavior also follows Nationwide Children's overall marketing calendar, which, according to Cannon, is usually more aggressive in the spring and fall when parents are more likely to pay attention.

"There's a seasonal shift. We see less downloads in the summer and often around the holidays we take a little bit of a hit, too. People are outside or doing things and just not listening to podcasts," says Patrick. "Once school starts back and when illness starts, and we start getting busier in the emergency department or with urgent care, at that point usually is when the numbers go up as well. Kids are also back at school, and there's more time for people to listen to podcasts."

Patrick picks topics that correlate to seasonal conditions, such as concussions. He dedicated an episode to the heightened awareness of this common sports injury in August 2011, which coincided with sports starting back up during back-to-school season.

Through PediaCast, Nationwide Children's is able to put its specialists on a national and international platform, in front of a dedicated group of listeners, discussing its highly ranked service lines. Patrick contributes to Nationwide Children's service line marketing efforts most directly when he features the hospital's specialists on his bimonthly interview-style shows. Every year Patrick aims to cover each of the 10 service lines ranked by *U.S. News & World Report*. This year, Nationwide Children's ranks in the top 10 for cardiology and heart surgery, gastroenterology, pulmonary, nephrology, and neurology and neurosurgery. The hospital's marketing team helps Patrick select the appropriate service line physicians and coordinate the interviews.

"We'll also post that podcast on the physicians' bio pages on our site because it gives another opportunity to show their expertise to our potential patients and their families. It's great to have them discussing their topic of expertise in a different medium," says Cannon.

Patrick also helps coordinate videos of the physicians discussing their areas of expertise, which get posted on bio pages, YouTube, and other marketing platforms.

Cannon says PediaCast is "absolutely" part of the hospital's service line marketing strategy. "While we

don't define ourselves by being on the *U.S. News* list, we certainly are aware that these service lines are key national marketing opportunities for both families and physicians," she says.

"I try to cover all the service lines and find topics that would be of interest to a general pediatric-type audience, parents with kids, so not too much high-tech research type stuff, just topics that I think would be good for a general audience," says Patrick. "I also try and avoid topics we've already covered in the past couple of years so they don't overlap."

Building an Internet presence

Patrick says his social media boards serve as a platform to share more of the news he would be discussing on his show if he could be with his audience all day. On Twitter, Patrick schedules three tweets a day for more than 260 followers on topics relevant to that week's show—either news stories or facts about the topics he will discuss.

Facebook, where PediaCast has more than 400 followers in the mostly 34–44 age group, serves as more of a weekly promotion of the show for PediaCast, to reach an audience that might not get updates from Nationwide Children's or other platforms.

Nationwide Children's marketing team encouraged Patrick to join Pinterest, so he launched a Pinterest page in October 2012. It highlights a "News You Can Use," "PediaCast Episodes," and "Blog Posts" board. After just one month, he reached 85 "pins" and 49 followers, who are mostly mothers with young children.

On iTunes today, no other podcast with a pediatric focus has the longevity or audience of PediaCast. Since 2006, there have been a handful of pediatrician-type shows that have tried to do similar things, says Patrick, but they usually only last a few months. Now the show has become a bit of a podcast institution, and Patrick says he often hears from fellow podcasters with questions about setting up their own shows. He's even been on other parent-focused podcasts and has a following in the mommy blogger community.

"It's one of a kind and trusted content that we know consumers not only need but they want, which is key. So we know they will truly listen," says Cannon. *huma*



Social Media

Four Stories About Social Media's Awesome Power

by Scott Mace



A LOCAL NEWS AFFILIATE USED

just eight seconds of this 22-minute video of Mayo Clinic physician Philip Fischer, MD, explaining a complex medical problem for its newscast. The video, which is five years old, has turned into a surprise social media driver.

Speaking at November's annual meeting of the Association of American Medical Colleges in San Francisco, **Farris Timimi, MD**, a cardiologist and medical director of the Mayo Clinic Center for Social Media, brought social media strategies to life with four stories.

The first story involved Philip R. Fischer, MD, a Mayo physician and expert on postural orthostatic tachycardia syndrome (POTS). Fischer's administrative partner, Lee Aase, made a 22-minute video of Fischer speaking about POTS.

A news station used eight seconds of the footage. "If you don't have POTS," Timimi says, "eight seconds is all you really need to hear. But if you have this disease, or have someone you love and care about who has it, you're missing out on some deeper conversation that has value."

To reclaim what the TV station hadn't used, Mayo's social media team turned the entire 22 minutes into a podcast. Five years later, that podcast, posted on Mayo's website, has been hit 60,000 times. It required no additional effort on Fischer's part, merely 90 minutes of edit-

ing work by staff.

To optimize search engine discovery of Fischer's expertise, Mayo created a blog post with a four-and-a-half-minute video of Fischer telling the viewer what he tells his patients every day: "Your child has POTS, here's what I can offer you, here's what you can expect." That video has been viewed 44,000 times and helped numerous patients who never visited Mayo Clinic.

Timimi's second story about social media concerned Dick Berger, MD, who helped identify UT ligament split tears, where the ligament tears along the long axis like a stalk of celery. Many who suffer from it are not diagnosed properly at first, but once diagnosed, can be effectively treated.

Berger's most famous patient is Jayson Werth, a Major League Baseball player who suffered a broken wrist in 2006. His UT ligament split tear went undetected, and although he played again, Werth was thinking of quitting baseball because of the pain.

A friend suggested seeing Berger for a second opinion. After being diagnosed correctly and having the ligament



ABC NEWS ONLINE

used video from the Mayo Clinic's blog to help tell the story of a 13-year-old girl, Hayley, who was suffering from postural orthostatic tachycardia syndrome, known as POTS. When scores of doctors couldn't diagnose Hayley, her mother spent countless hours searching the Internet for an answer and found it in Dr. Fischer's five-year old video blog post explaining the condition.

repaired, Werth signed an \$850,000 contract with the Philadelphia Phillies.

The Mayo marketing department tried to share the story with local media, but in Timimi's words, "We threw it and no one swung at it." Then, using a consumer-grade video camera, Mayo made a recording of Werth telling his story in his own words and posted it to the Mayo Clinic blog.

A few years later, Werth hit two home runs for the Phillies in the World Series. "We had the video, we had the blog post, and we had the transcript," Timimi says. A Rochester, Minn., newspaper did a splash story on Werth's recovery, and a local TV station used Mayo's relatively poor-quality video for an on-air broadcast.

"It's not how it's captured," Timimi says. "It's the message that's the issue."

USA Today picked up the story and featured it in its health section, but the next twist was a social media one. "We had *USA Today* embed a Twitter widget, so for one hour you could talk to Dick Berger on Twitter about

wrist pain, UT split tears, and how they're diagnosed and treated."

Erin Turner, a resident of Washington, D.C., had been living with wrist pain for about five years. Her mother spotted the *USA Today* Twitter chat with Berger and told her daughter to get online and follow it.

"She felt during that conversation on Twitter that she understood enough about Dick Berger, about the disease, about its management, to come and make an appointment to be seen at the Mayo Clinic," Timimi says. A successful treatment followed.

Timimi's third social media story highlights the e-patient phenomenon. Spontaneous coronary artery dissection (SCAD) is a rare syndrome where people develop a spontaneous tear in the coronary lumen. "The tear propagates, a blood clot forms behind the torn flap and occludes the artery," he says. "It could lead to debility, heart failure, or death."

Until recently, few studies had been conducted on SCAD. Katherine Leon received the diagnosis, and joined an



PRO BASEBALL PLAYER JAYSON WERTH'S

recovery from a ligament injury at Mayo Clinic was pitched as a story to the media, but when no one seemed interested, the marketing department posted Werth telling his story on Mayo's blog. The video found new life two years later when Werth hit two home runs in the World Series.

Inspire.com community of more than 7,000 female heart patients hosted by "WomenHeart: The National Coalition for Women With Heart Disease." Soon, Leon and another SCAD sufferer, Laura Haywood-Cory, decided it was high time someone in healthcare studied the syndrome. They discovered a women's heart conference in Rochester and went there in person.

Mayo set up a (SCAD) clinic and an Institutional Review

Board (IRB)-approved pilot study involving 12 women. Before Mayo researcher Sharonne Hayes could post a recruitment notice, Leon and Haywood-Cory had already identified 18 candidates.

Within six months, Hayes had collected full medical records, including angiograms and echocardiograms, from subjects from around the world. She is now on track to develop the first DNA biobank of 200 SCAD patients worldwide, plus 400 of their relatives.

"None of them came to Rochester for primary care," Timimi says. "Now this occurred because they made it happen, not because we made it happen. We were available and interested in the opportunity, but they drove this research. We didn't." The program has since been featured in *The Wall Street Journal*.

The final story is a reminder that social media can continue to pay dividends years later. Timimi shared the story of Hayley, a 13-year-old who suffered symptoms of nausea, vomiting, and diarrhea. Hayley saw more than 50 physicians, "none of whom were able to yield a diagnosis that made sense to her or her mother," Timimi says.

In desperation, Hayley's mother, Christine Lairmore, turned to the Internet and found a blog post describing a child who looked just like Hayley, who at that point was down to 76 pounds. In that blog post was a link to Phil Fischer's four-and-a-half-minute video about POTS, four years after it was shot. Lairmore found Fischer's contact information and scheduled an appointment for treatment.

Social media turned out to be a resource that's scalable, requires little labor, and still has value to patients years after being produced, Timimi says. Mayo filmed Lairmore telling her story, again using a simple Cisco flip camera, and the footage this time ended up being used by ABC News Online.

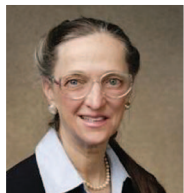
"I think we have a moral obligation to do this," Timimi says. In an age of too much information, less time for direct patient care, and patients spending more time than ever online, providers can use social media to shape the conversation.

So grab a video camera, find some engaged e-patients at your facility, and jump into the Twitterverse and the blogosphere. Even if you're not Mayo Clinic, you never know where it might lead. [huma](#)

THIS
Month's
Topic

The Missing Ingredient in the Patient Experience: Effective Internal Communications

by Lynne Cunningham, Studer Group



Are you feeling barraged by the onslaught of information, articles, tools, and tactics that need to be in place if you are to be a winner in this value-based purchasing era? As we know, the value-based purchasing formula is based on an organization's process of care (clinical quality) and HCAHPS (patient satisfaction) scores. Combined, these components are the foundation of what is being called the patient experience.

I'd like to ask you to take a deep breath, take a step back, and "Think Strawberries." One of my favorite stories is told by James Lavenson, who was president of the Plaza Hotel in New York—long before the Donald Trump era. Mr. Lavenson wanted all the employees at the Plaza to talk about the attributes of the hotel and *sell*. It's a long story, but the crux of the message came when he got the waiters in the fancy restaurant to start selling strawber-

ries for dessert. He knew that even diners on diets will have strawberries for dessert. Waiters are really smart people and they know that if you have dessert, two things will

"If our organizations are to be successful long term, they must practice flexibility and agility and be excellent at internal communications across the healthcare continuum."

—Lynne Cunningham,
Studer Group

happen: the bill will go up and so will the tip. The waiters quickly caught on and the campaign became known as "Think Strawberries"—a reminder that your internal audiences are your most important marketing resources.

This same message is true today in our current environment of dimin-

ishing reimbursement and data transparency. If our organizations are to be successful long term, they must practice flexibility and agility and be excellent at internal communications across the healthcare continuum.

Internal communications must-haves

Building on my over 35 years in healthcare strategic planning, marketing and communications, I've identified five "communications must-haves" that I think will help organizations succeed in our new value-based purchasing environment. Let's take a look:

- » **Cascading communications.** Adopt a consistent, organizationwide plan to ensure communications cascade across the healthcare continuum and include inpatient, outpatient, and physician practices. The plan must take into consideration timing of communications from the executive team to all leaders and on to staff in each of the organization's divisions.
- » **Measuring results.** What is

EDITOR'S NOTE: Beginning this month, we are replacing HMA's monthly "Ask the Advisor" question with a truer description of what HMA's editorial board offers: "Advisor Insight." Answering specific questions about marketing issues and trends was very helpful to many readers, but we hope you'll gain even more insight from our advisors with their increased scope of analysis on healthcare marketing trends. We hope you continue to enjoy reading HMA.
—Jacqueline Fellows, Editor

measured can be improved. What leaders are held accountable for *will* improve. Setting measurable goals is merely the first step. Progress toward goals needs to be discussed with each leader on a monthly basis and action plans put in place to ensure success. The foundation for these monthly meetings is the individual leader's "monthly report card" summarizing progress toward each goal. The monthly discussion gives the leader an opportunity to talk through next steps and get their higher-ups support for the action plan.

- » **Listening.** Studies show that we spend 9% of our time writing, 15% of our time reading, 35% of our time talking, and 40% of our time listening. As effective communicators we need to listen to and share not only patient satisfaction and community research with our internal audiences, but we also need to listen to those internal audiences about how we can

improve the patient and family's perception of care. Patient satisfaction surveys, voice of the customer focus groups, patient advisory groups, and community needs assessments are all ways to listen to our external audiences. Internal focus groups are an excellent way to expand on the typical employee engagement survey.

- » **Transparency and no-secrets communication.** The Centers for Medicare & Medicaid Services has ushered in a new era of transparency with the public release of clinical quality and patient satisfaction data. We need to ensure that our internal constituents have early access to this information through publications, team meetings, huddles, employee forums, and departmental communications boards.
- » **Recruiting and retaining.** We've got to have the right people on the bus and then retain them. That involves selecting the right candidates for the job,

then devoting proper energy to the on-boarding of these folks. Retention tactics must begin immediately. Effective internal communicators have a key role to play in consistently positioning the organization internally and externally so candidates want to work for us and our employees are familiar with our services and the great work we are doing. Narrating care at the bedside is critical, but stories need to be regularly shared with all staff to reinforce organizational culture.

Taking a strategic approach to internal communications is critical if all of our employees, physicians, and volunteers are to stay focused on our mission: providing the best possible care and service for our patients. The strategy starts with your plan to ensure consistent communication of messages and continues as you provide keywords that enable internal audiences to "Think Strawberries" and truly become your most important marketing resources. *hmc*

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