

BRIDGING COMMUNICATION GAPS

Ideas from the Field

A healthcare facility has a surprisingly large number of constituents. These include not only patients, physicians, and staff but also sponsors, trustees, patients' family members, local leaders of business and government, and the public at large.

In the past some facilities may have tended to take certain constituents for granted. But now, in a time of shifting needs and priorities, neglecting their "publics" is a luxury care givers can no longer afford.

The five articles in this month's special section highlight some of the innovative ways healthcare organizations can improve communications with various

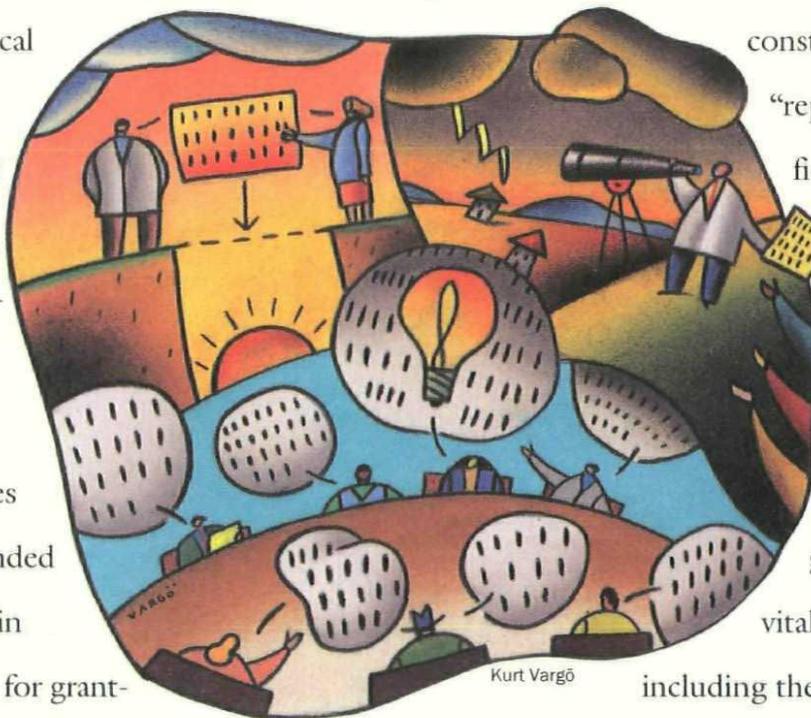
constituents. These

"reports from the field" show how

providers can target audiences and develop programs to get across their vital messages—

including the healthcare

facility's mission and values, community benefit activities, healthcare reform information, and response to a crisis.



Kurt Vargö



COMMUNICATING WITH THE BUSINESS COMMUNITY

As healthcare and healthcare reform issues grew increasingly complex in the early nineties, those who work at Saint Francis Medical Center in Peoria, IL, began to sense a need within the community for more in-depth information on these topics.

To fill this need, in 1991 the hospital launched a series of monthly meetings, called the Leadership Roundtable, with community leaders. Our outreach effort was extended in 1993, when a Saint Francis administrator began writing a healthcare column for an area business publication.

THE ROUNDTABLE MEETINGS

The Leadership Roundtable was created by the Community Advisory Board (CAB), a group of 23 laypeople who provide input on hospital policy. The idea was to bring decision makers in the Peoria area together once a month for a discussion of healthcare issues. It took several weeks to develop a plan.

Decision Makers and Others Our first question was: Who were the area decision makers? With input from the CAB and Saint Francis administrators and personnel from marketing, public relations, and managed care, we decided to invite leaders in business, finance, government, education, reli-

A Hospital Launches Two Outreach Efforts to Educate Community Leaders

BY CHRIS LOFGREN &
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gion, and the media. It later occurred to us that the managers of benefit plans also would be interested in hearing about healthcare issues.

Such a project in the Peoria area would obviously involve hundreds of persons. We made it somewhat more manageable by creating breakfast roundtable groups for the decision makers and luncheon groups for benefit managers. We decided to avoid evening programs, believing they would be poorly attended.

How Big a Group? The Leadership Roundtables were designed to be forums, with formal presentations followed by comments and questions. Small numbers were important to facilitate interaction. Besides, we had decided to hold the roundtables in the hospital's boardroom, which accommodates only 24 persons. With hosts and

Summary Several years ago the management of Saint Francis Medical Center in Peoria, IL, decided that, with healthcare issues becoming increasingly complex, the hospital needed to find ways to share information with its community.

Saint Francis's outreach effort began in 1991 with the launching of a Leadership Roundtable. Under its auspices, local leaders in business, finance, government, education, religion, and the media gather once a month to hear hospital staff members outline some aspect of healthcare or healthcare reform. A question-and-answer period follows.

In 1993 James Moore, a Saint Francis administrator, began writing a monthly column on healthcare reform for a business publication that serves central Illinois. Moore's column explains to businesspeople how various healthcare reform proposals could affect them. With the column, as with the Leadership Roundtable, Saint Francis has strengthened its communication with the community.



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presenters, there was room for only 12 to 14 guests at each roundtable.

We quickly learned that we needed to send out about 30 invitations to turn up the dozen or so persons whose schedules would permit them to attend a roundtable session. (Once reservations are confirmed, we have few no-shows.) This size of group seems to be ideal, striking a balance between the formality of a presentation and the informality of a discussion.

Hosts and Speakers Representatives of Saint Francis's CAB act as official hosts of the breakfast roundtables. The director of our Managed Care Department serves as host of the luncheons.

Hospital staff members present the actual roundtable programs. They can answer specific questions raised during discussions; they also showcase Saint Francis's expertise.

The Roundtable Format The format is essentially the same for both the breakfast and luncheon meetings. The host welcomes the guests and introduces them to each other; the speaker then makes his or her presentation, after which the guests join in for a question-and-answer period.

Breakfast sessions are held from 7 to 8:30 AM and the luncheon sessions from noon to 1:15 PM, with the programs beginning during the meals. Because our guests' time is at a premium, we make every effort to conclude the programs on schedule. If discussion *does* continue beyond the session's scheduled conclusion, the host briefly interrupts, thanks all guests for their interest, and encourages those who want to remain to continue the conversation.

We originally offered guests a tour of the hospital, led by Saint Francis's manager of public relations, at the end of each roundtable session. However, time constraints prevented guests from taking the tour, so later roundtables have not included that option.

Healthcare Issues Discussed James Moore, Saint Francis's associate administrator, presented the first series of roundtable programs, beginning in May 1991. He showed slides as he discussed such issues as the costs of sophisticated medical tech-

nology, the differences between U.S. and Canadian systems, and the effect of social and life-style factors on healthcare costs.

Following Moore's inaugural talks, Don Rager, MD, the hospital's director of medical affairs, and Michael Gulley, MD, a primary care physician, gave a series of programs on healthcare issues facing physicians and their patients, including utilization review, reductions in the length of patients' stays in hospitals, and the differences between Peoria healthcare costs and those in other areas.

In our most recent series of roundtable programs, Moore has returned to present updates on the status of healthcare reform legislation.

Our progress through these series of talks has not been as smooth as expected. We had hoped that each guest could attend a new series every six to nine months; however, conflicts in various guests' schedules have made that plan impossible to carry out. As a result, 12 to 18 months may elapse before some guests find time to return to the roundtable.

Roundtables Are a Success

Despite inevitable scheduling conflicts, attendance at the sessions has been excellent. In the three years since the Leadership Roundtable was launched, 200 different guests have attended the breakfast meetings and 150 have come to the luncheon sessions.

Evaluation forms given to participants have been returned with uniformly positive feedback. Incidentally, none of our guests is added to a mailing list or asked to attend a planned donation program; we avoid any suggestion of "payback." On the other hand, each guest does receive a thank-you note at the end of a series of talks and an invitation to the next series.

TALKING TO BUSINESSPEOPLE

James Moore is also involved in Saint Francis's other current effort to share healthcare information with the community. Since February 1993, he has been writing a monthly column about

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BUSINESS COMMUNITY

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healthcare reform proposals for a business magazine.

The magazine, *Inter-Business Issues*, which has a circulation of 20,000, covers matters affecting the business community in central Illinois. Dave Wright, its publisher, recognized that healthcare reform could have both a personal and a professional impact on his readers. He says: "[Moore] was knowledgeable about the healthcare crisis and passionate about what needed to be done about it. He was not afraid to say what he thought. So when I decided to start a regular column on healthcare reform, it was only natural to choose him."

In his introductory column, Moore provided his readers with an overview of the healthcare crisis, describing its origins and evolution. Subsequent columns examined factors contributing to the crisis, including consumer demand for healthcare, changes in the insurance industry, changes in how government entitlement programs pay healthcare providers for services, and the high costs of malpractice insurance and defensive medicine.

More recently, Moore has written about President Clinton's healthcare reform plan and rival plans proposed by congressional opponents.

Publisher Wright says Moore's column is popular. "With healthcare reform being on the front burner," he says, "the column is something people look forward to reading, whether or not they agree with Jim point by point."

An independent survey of 400 Peoria-area residents was done recently. Of those who said they receive health-related information from a hospital, more than three-fourths named Saint Francis as their source. The Leadership Roundtable and Moore's column have no doubt contributed to this result. □

 For additional information on roundtable meetings, call Chris Lofgren, 309-655-2777; for information about the healthcare column, call Theresa Schieffer, 309-655-2322.

CATHOLIC VALUES

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urveys of our patients reveal satisfaction with the compassionate attitude of Timken Mercy's staff.

Committee could do to better assist them in carrying out our mission. Participants were also given a sticker with the philosophy statement printed on it, to remind them of their experience in the dialogue groups.

At the next quarterly employee meeting—an update on hospital developments held every four months or so—the executive team summarized the dialogue sessions and discussed some of the issues raised in them. Many of the concerns have been addressed, although we are still working on ways to improve communications. Workers said they were pleased to learn that someone was listening to their concerns and trying to resolve them.

PHASE THREE

In fall 1993 we conducted a third series of dialogue sessions. This time we decided to hold a session in each of the hospital's departments, so that employees would have more control over the hours of presentation and could build relationships within the departments themselves. After the first few sessions, staff members asked that managers and supervisors not be present. In most instances I was the group leader.

For the opening prayer at these dialogue sessions we watched a video produced by the hospital. The video, called *Holy Ground* and set to a piece of music of the same name (Thomas Michael Talbot, Sparrow Corporation, Chatsworth, CA, 1986), shows Timken Mercy employees performing various duties. It is very popular with staff members; it helps them "put things in perspective," some have said.

As a basis for the discussion, participants were given cards bearing Timken

Mercy's five values, which are an extension of the philosophy and mission statements. Later, after the dialogue sessions, each department selected a value it would focus on during the coming year. For example, the Intensive Care Unit pledged to focus on charity by treating others with respect and kindness and strengthening their functioning as a team. Department managers are currently monitoring how closely their staffs approach the chosen values. Success, or lack of it, will be discussed during each employee's annual review.

FUTURE PLANS

The employee meetings ended early this year. At present, we are considering ways to make the dialogue sessions available to the volunteers of the medical center. These sessions will focus on the philosophy statement, employing a format similar to that used by managers during the first round of sessions. Still another series of sessions for volunteers will use Timken Mercy's five values as the basis of discussion.

The fruits of the 1992-93 sessions are already apparent throughout the medical center. Employee morale has significantly improved, according to department managers. When staff members are working on committees or planning programs, they frequently ask themselves: "How does our philosophy apply here?" Best of all, surveys of our patients reveal satisfaction with the quality of care provided by and compassionate attitude of Timken Mercy's staff. □

 For more information about dialogue sessions, contact Sr. Mary Lois Phillip, CSA, 216-489-1000.