

# Don't Forget Hospital Visitors

BY RHODA WEISS

**T**he hundreds of thousands of individuals who walk through hospital doors each year present us with an enormous opportunity to communicate our message and promote our services.

Although employees and physicians remain key internal audiences for public relations and marketing activities, many more untapped markets are too often not considered. And even when we do consider them, we tend to pay little more than lip service to their importance or to their current or future roles in the health care organization.

In earlier columns, in addition to giving advice on reaching employees and physicians, I discussed promotional and partnership opportunities with clergy, board members, paramedics, employers, and health plans, among others. But what about the enormous numbers of family members and friends who visit our patients or accompany them to diagnostic tests or procedures? How about vendors (who may, for example, be developing relationships with our physicians) and members of other community or business groups and who might share our stories of good works with others? Does it occur to us to interact and follow up with participants at educational sessions or events, even in cases where we know we are not the participants' current health care organization of choice?

## MARKETING IS RELATIONSHIPS

Stop and ask yourself this question: Are all these audiences aware of your organization's strengths, history, mission, accolades, and services? We know that the majority of referrals to health care organizations are through word-of-mouth conversations. How, then, can we go about crafting messages and displaying informational materials so that all those walking through our doors will leave sharing the same favorable picture of the organization that we have? How can we encourage them to enthusiastically return as clients and customers or act as a referral source to others?

This is my 15th year of writing this column for



*Ms. Weiss is a Santa Monica, CA-based health care consultant and speaker.*

*Health Progress.* I hope that it has become apparent that for me (a consultant, speaker, writer, and college instructor in these areas) marketing and communications are primarily about relationships, not about spending big dollars on printed and electronic messages. In fact, I strongly believe that the smaller the marketing budget, the better the outcome of our communications efforts and relationship building.

Take visitors, for instance. What are we doing to bring them into our organization's "family"? Visitors are not only potential patients; they are also potential employees, volunteers, targets for fund-raising, blood donors—and word-of-mouth marketers.

To ensure that the experience is one that they share positively with others, we need to examine every point of contact before, during, and after their visits. How are they greeted when they call or enter your facility? Do they hear a long recording or a human voice over the phone? Is there someone greeting them at the "front door"—and I really mean *all* public entrances—a la the Wal-Mart greeter experience? My own preference is for positioning the greeter just outside the facility, so that people can be welcomed before entering the building (this positioning also allows the greeter to determine early whether the customer might need a wheelchair or other assistance).

Do your website and switchboard greeting provide simple directions for locating your facility? Is ample parking available? If the parking lot is some distance from your main buildings, do you provide optional valet parking and/or a mobile cart for pickup and dropoff at visitors' cars? Is there a security guard willing to walk people to their vehicles? Is the signage between parking area and the facility clear and easy to understand?

## MARKETING CAN BE INEXPENSIVE

Some organizations provide visitors with a printed guide that contains—along with visiting and cafeteria hours, directions for parking, and important

*Continued on page 55*

## We Provide . . .

Compensation philosophy and strategy development • Total compensation audits and best practices • Executive, physician, and staff compensation design and benchmarking • Incentive/variable compensation design • Base pay (administration, pay structures, job analysis, job evaluation, and salary increase planning) • Market analysis and benchmarking • Performance measurement and management

# IS YOUR TOTAL COMPENSATION STRATEGY ON TARGET IN TODAY'S ENVIRONMENT?



## sullivan cotter

AND ASSOCIATES, INC.

Atlanta • Chicago • Detroit  
New York • Westport

Toll-free: 888-739-7039  
www.sullivancotter.com

## COMMUNICATION STRATEGIES

*Continued from page 12*

telephone numbers—information on how to:

- Become a volunteer
- Apply for a job
- Give a donation
- Contact the patient's nurse
- *Summon a taxicab (or use public transportation)*
- Secure a facility map that describes which services are located on each floor (this information should also be in elevators)
- Find the gift shop
- Request an escort back to the lobby and/or to the visitor's car

These guides can also include marketing information on the organization's history, mission, and services, with perhaps mention of some of the superlatives it has earned along the way.

Hotels advertise their other services (restaurants, fitness centers, and salons, for example) in and around elevators. Health care organizations can follow suit by placing promotional materials; favorable media articles; and announcements of new and current programs, services, and other activities in the same locations.

Reception/waiting areas, information desks, emergency departments, pharmacies, and other similar locations should have a display offering visitors a brochure describing the organization's services, educational offerings, and events. These are also good places to station volunteer nurses and others to conduct health screenings. Parking lot attendants and mobile cart drivers can offer visitors promotional materials and community education schedules.

These activities should not be limited to patients' family members and friends of patients; they should also be extended to vendors, participants in classes or events, and everyone else who walks through our doors. Just think: If we were to effectively develop and implement low-cost strategies like these to reach our hundreds of thousands of visitors, we might greatly reduce the number of dollars we spend in the much more expensive areas of marketing and communications. □

## THE "NEXT GENERATION" MODEL

*Continued from page 30*

stant temptation of people of faith—to derive their religious security from a structure, to lean upon it. St. Paul attacked it vigorously in his letter to the Galatians. Faith, however, is something we must recover and deepen daily.<sup>2</sup>

If we are to be successful as leaders in ethics we need to keep focus on the source of all moral life. How many of our ethics meetings focus on spiritual nurturing? How often do we reflect communally on the Gospel to help set the ethical agenda for health care? The work of Sr. Carol Taylor, CSFN, PhD, on organizational integrity is very applicable when considering leadership that will aim at ethical excellence. Sr. Carol writes, "It doesn't 'just happen' as a function of good people doing good things in health care. It requires an intentional, persistent focus."<sup>3</sup>

This is an old and oft-repeated message. It is oft-repeated because most of us need the repetition: We are called to constant conversion. If leaders in Catholic health care ethics are to effectively promote ethical excellence, we need to be committed to a life of constant conversion. Focusing more on God than on ourselves and, with the help of the Spirit, courageously reflecting on our Catholic identity for guidance as to what deserves our greatest attention, we will be better prepared to serve as the leaders needed to advance the ethical agenda in today's health care environment. □

### NOTES

1. Richard A. McCormick, "Theology and Ethics," *Hastings Center Report*, May-June 1989, p. 6.
2. Richard A. McCormick, *The Critical Calling*, Georgetown University Press, Washington, DC, 1989, pp. 9-10.
3. Carol Taylor, "The Buck Stops Here," *Health Progress*, September-October 2001, p. 5.