

Strategic Communications Spells Success for New Obstetrics Program

BY RHODA WEISS

When the leaders of Robert F. Kennedy Medical Center (RFK), Hawthorne, CA, decided to bring back its maternity services unit after a 25-year hiatus, they set conservative goals for the program's first year of operation. Even so, the unit delivered 40 babies within eight days of its September 1999 opening. The program currently averages about 100 births a month, more than twice the number projected. Why is it so successful? Could other hospitals launch similar programs?

When RFK opened in 1926—as Hawthorne Community Hospital—it was primarily a maternity home serving the surrounding communities of west Los Angeles. Over the years, the hospital evolved into a full-service facility; in 1984 it was renamed to honor the late senator. In the 1970s, RFK, like a number of other U.S. hospitals, closed its maternity department; RFK did so because its community's population was aging. That decision left Hawthorne without obstetrical services, although two hospitals a few miles away maintained active maternity units.

When RFK became part of Catholic Healthcare West (CHW), San Francisco, in 1996, its new leaders began talking about reopening the obstetrics unit. In the past 20 years, the hospital's community had become younger and more ethnically diverse. CHW's leaders believed that RFK must offer childbirth services in order to fully serve its community.

TARGETING AN AUDIENCE

In early 1999, after determining that an obstetrics program was viable, RFK's leaders began to comprehensively research its target audience: physicians, their office staffs, and women of childbearing age. They conducted dozens of focus groups and individual interviews to:

- Determine whether the proposed obstetrics unit was likely to be used
- Glean ideas that might contribute to the unit's development

The research also identified strengths and



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weaknesses in other hospitals' childbirth services, pinpointed those RFK features likely to attract patients and physicians, and recruited people to serve on the committees and advisory groups that would help develop and implement a new obstetrical service.

"The research was not a one-time effort," said Carla Singleton-Turner, RFK's director of marketing and public relations. "We continued the dialogue through each phase of the unit's development so that doctors, their office staffs, and women in the community would feel that they had a stake in the outcome. These people guided our every decision—from the number of birthing rooms and how they were decorated, on one hand, to family involvement in the birthing process and the range of parenting classes offered, on the other."

PROMOTING THE SERVICE AGGRESSIVELY

After deciding to open the obstetrical unit, RFK's leaders promoted it aggressively. "Since competition for childbirth services is strong in our market, and since opening a unit of our own would be expensive, some people were skeptical about developing the service from the ground up," says Singleton-Turner. "It took not only a major financial investment but also a commitment to making it work. But when everyone finally realized that adding a new childbirth program would both help ensure the long-term viability of the hospital and perform a critical community service, they gave us support we needed."

Among the many challenges, the most important were:

- Persuading physicians to bring their patients to RFK
- Persuading parents-to-be that the hospital would provide a safe and comfortable environment in which to deliver their baby

RFK employed a number of communications vehicles in building and strengthening relationships with physicians. Two obstetricians attached to RFK's emergency department helped lead the

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effort, as did a medical director hired to recruit new doctors into the program. RFK had to convince local obstetricians that the unit would offer both the latest obstetrical technology and a birthing experience their patients would fondly remember. An initial mailing to physicians featured a yellow rubber ducky toy. In a follow-up letter, RFK's CEO described the program, promised access to advanced technology, and assured doctors that their patients would be treated with the greatest care.

RFK also worked hard to reach women of childbearing age. "We knew it was critical for new moms to visualize themselves giving birth here," says Singleton-Turner. "Looking at a picture just doesn't do it for new mothers. They have to see *themselves* here." Toward that end, RFK constructed a demonstration childbirth room that visitors could examine during tours of the facility.

RFK also hired consultants to help develop a comprehensive communications plan that addressed current and prospective physicians, their office staffs, employees, and consumers. The consultants came up with "Babies First" as a name for the new unit. An accompanying tag line was "A loving start for every baby, loving care for every mom."

The marketing communications campaign began four months before the unit opened. Promotional materials included upbeat illustrations of flowers, rubber ducks, and other symbols likely to appeal to women and their families. The campaign's centerpiece was a giant rubber ducky balloon on the roof of the hospital. "The ducky intrigued not only community members but also the hospital's own employees," Singleton-Turner says. "Word of mouth from the hospital family—employees, volunteers, medical staff, board members and vendors—is critical to the success of all the programs we offer."

Within 24 hours of the giant duck's


appearance on the roof, some 75 people called to inquire about it. The duck also generated articles in the news media. Soon after that, RFK was hung with a banner that said: "We're expecting in September, are you?" The banner brought more phone calls and generated more talk in both the hospital and the community, thus building a sense of excitement about the new program's formal introduction.

In an attempt to reach newly pregnant women and their families, RFK sponsored and aggressively promoted maternity teas and baby showers. The hospital gave the women "preadmission kits" containing information about the new service and about the kind of care families could expect from RFK. Newspaper and radio advertisements helped publicize the program in its first several months.

ENLARGING THE CAMPAIGN

Because the number of births in the unit's first year exceeded expectations, the hospital's leaders have set higher goals for the second year; they suspect that many area people do not yet equate childbirth with RFK. The hospital is aiming a continued "Babies First" promotion at such people.

CHW has been so pleased with the RFK results that it has extended the "Babies First" brand to eight of its Los Angeles area hospitals. To reach the large Hispanic population, CHW is promoting its campaign on KMEX, the area's heavily watched Hispanic television station. Included in the KMEX ad is a toll-free number that, when called, is answered by Spanish-speaking personnel who answer questions, promote CHW hospitals, and send additional materials to the callers. □

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NET GAINS

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Employ staff physicians as a sounding board for new ideas.

And physicians' office staffs could download information from the site and use it as patient handouts.

LET PHYSICIANS HELP DEFINE WEB SERVICES

The site team should also employ staff physicians as a sounding board for new ideas for its Web strategy. For example, doctors could help evaluate proposals for using the Web to improve information sharing among consumers, hospitals, and physicians' offices. Allowing patients to register for services or schedule an appointment online might be one idea. Another—sure to be popular with office staffs—would be creating a site area where patients could request referrals and get answers to commonly asked health care questions.

Most Catholic health care organizations have already committed themselves to using the Web to extend their healing mission deeper into the community. Most have invested many resources in creating a site to support their goals. If, in the end, these organizations are successful in making their Web sites the local online source of health information, physicians will very likely turn out to have been their most important allies. □

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NOTES

1. Chahners In-Stat Group, April 2000.
2. Find/SVP, 1999 Report.
3. *American Medical News*, April 24, 2000.
4. WebSurveyMD.com, reported in the July 12, 2000, e-newsletter of the American Hospital Association.