

# Maryland Hospital Launches "Second-Generation" Website

BY THOMAS C. LAWRY

**A**s consumer demand for online health services grows, many hospitals are dropping their "first-generation" websites and replacing them with sites that give consumers access to more complete health information. Holy Cross Health (HCH), Silver Spring, MD, is one such hospital.

What HCH wanted was a site that would not only give consumers information but would also let them interact usefully with the hospital. Located just outside Washington, DC, HCH serves a diverse population, residents of some of the area's most affluent neighborhoods and some of the poorest as well.

HCH launched its original website in 1997. "We saw the Web as an emerging opportunity and created our first site to provide the hospital with a general presence," says David Simpkins, HCH's vice president for marketing. "It provided basic information but served no *strategic* purpose. As the dynamics of the Web changed, we realized that we were missing an opportunity to extend our mission and reach into the community. We also recognized that making a website strategic meant starting from scratch rather than reworking the old site."

## PLANNING BEFORE PROGRAMMING

HCH's marketing department led the creation of the new site. Planning for it began a year before the actual launch. "The first thing we did was form a Web steering committee," says Simpkins. "The committee, which included members of the hospital's key departments, was asked to determine the new site's goals and a strategy for reaching them. In the end, the committee decided that the site should support HCH's five key service lines: maternity care, cancer therapy, women's health care, and senior services."

Having done that, the committee hired a Web development firm to create the site and a vendor to equip it with a full range of content. "Our goal at HCH is to create and sustain lifelong relationships," says Simpkins. "Great health content is important if



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you want to attract people to a site. We concluded that buying content from a vendor was more cost effective than trying to develop our own."

This was made easier and less expensive by HCH's parent system, Trinity Health, Novi, MI. Trinity, which had researched various Web vendors, selected one to work with its member hospitals, enabling them to license site content at a discount.

## THE NEW WEBSITE

The new site—[www.holycrosshealth.org](http://www.holycrosshealth.org)—was implemented in January. When visiting it, one immediately notes the focus on HCH's five key service areas. Each area is prominently listed on, and easily accessible from, the home page. Indeed, a special feature brings one to a different key area each time one returns to the home page.

The site makes effective use of its prepackaged health content, which is well integrated and allows users to move easily from general information concerning a particular medical condition to specific information about the services HCH provides for that condition.

Actually, the site has two faces. [holycrosshealth.org](http://holycrosshealth.org) greets the user with information about the hospital, physicians, health content, and other hospital-specific content. A variation of the site, [www.healthyside.com](http://www.healthyside.com), focuses more specifically on health content.

The site's two faces enable HCH to meet both its outreach and marketing objectives. Through the site primarily focused on content, the hospital has formed online partnerships with other local organizations, including a newspaper. HCH provides online health content for the newspaper's older readers; indeed, HCH's vice president for senior care serves as the paper's editor for online services. In using such information, the paper helps promote both the site and HCH.

By licensing and promoting [healthyside.com](http://healthyside.com), the hospital has integrated its Web effort with

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## REFLECTIONS

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# Rural health care bears a significant burden because of the Medicare wage index.

on the community. And that impact can cause the community to become alienated from the hospital.

By the same token, rural people are often more aware than their urban counterparts of the hospital's value to the community. They will be quick to protest any proposal to "downsize" the rural health care mission.

### Staffing Problems Can Affect Everyone

Because rural hospitals are so vital to their communities, staffing shortages that result in either short-term or long-term service reductions are likely to turn into community health status issues.

**CHA Must Pay Attention to Rural Health** Just as we have given a high priority to advocacy efforts on behalf of disproportionate share issues, we must work similarly on equivalent rural issues.

In closing, let me offer two images:

At one point during my visit to Mercy Cadillac's newly relocated and renovated obstetrics unit, my hosts and I happened to find ourselves standing just outside the doors of an operating room. The doors opened for a gurney bearing a woman who had just delivered a baby by C-section. Behind the gurney came a man in scrubs carrying the child. I, who was then unaware of OB practice, assumed that the man in scrubs was a staff member. Admiring the care with which he held the newborn, I thought, "What a picture of mission!" Just then, I heard the "staff person" ask a nurse if he could show the baby to "the kids." As we passed by, I saw him showing this new life to its siblings—and heard one of them, a six- or seven-year-old, remark: "The head looks funny." This is Catholic health care: rural, urban, and suburban.

My second image is of a hospital door shattered by the deer that has just crashed through it. I'll bet that few in the urban and suburban health care ministry have problems like that. □

For further information on rural health care, contact the following:

• *The Rural Information Center Health is a joint project of the U.S. Office of Rural Health Policy and the National Agricultural Library. It provides free customized assistance (such as performing database searches on rural health topics and funding resources), refers users to sources for additional information, furnishes selected publications, and posts on the Internet funding resources, conference announcements, bibliographies, directories, and the full texts of documents. See <http://www.nal.usda.gov/ric/richs/>*

• *The National Rural Health Association is a not-for-profit group composed of people who share a common interest in rural health. Headquartered in Kansas City, MO, the association also has an office in Washington, D.C. See <http://www.nrharural.org>*

• *The Rural Policy Research Institute conducts research and facilitates public dialogue to help policy-makers understand the impact of public policies and programs on rural areas. Many policies, though not explicitly "rural," nevertheless have substantial implications for rural areas. The institute is dedicated to comprehending and articulating these implications. See <http://www.rupri.org>.*

## NOTES

1. Unless otherwise noted, the statistics cited in this article are taken from Charles W. Fluharty, "Refrain or Reality: A U.S. Rural Policy? Implications for Rural Health Care," working paper, SIH-SIU Health Policy Institute, Rend Lake, IL.
2. Fluharty, p. 13.
3. Illinois Department of Public Health, "Illinois Rural Health Plan: Rural Health Access and Critical Access Hospitals," March 1998, p. 27.
4. Illinois Department of Public Health, p. 27.
5. "2001 Health Assessment Project," North Central Council, Michigan Health and Hospital Association, Petoskey, MI, June 2001.
6. The Lewin Group, "The Impact of the Medicare Balanced Budget Refinement Act on Medicare Payments to Hospitals," a report prepared for the American Hospital Association, February, 2000. Although Congress intended to cut federal expenditures by \$118 billion, the actual total will turn out to be twice that figure.

## NET GAINS

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more traditional marketing. For example, the hospital calls its quarterly health information publication *Healthyside*. Reports from focus groups showed that *Healthyside* has strong brand recognition and is well regarded in the community.

Since the new site was launched, overall use has increased by 30 percent. In the future, Simpkins says, the hospital plans to integrate its telephone call-in line with the site and to add other interactive features.

### TIPS ON STARTING A SIMILAR SITE

To those planning a similar, second-generation website, Simpkins offers some advice.

**Develop a Strategic Web Plan** Every great website is based on a plan that spells out, first, what the planners hope to accomplish with the site, and, second, how they intend to develop it. Make sure your plan is linked to the objectives envisioned in your hospital's strategic plan. A good plan will go beyond the site's launch, including recommendations for its maintenance and future use.

**Involve the Right People in the Project** Cast a wide net when forming a team to plan and develop your Web services. Although information services specialists are necessary, recruit nontechnical leaders as well. Select one of your organization's top leaders to make sure that your efforts will be strategic and get the support they need.

**Look for Experience When Selecting Vendors** In both developing the site and providing content, choose vendors who have solid track records—and experience in working with health care organizations. (Simpkins initially considered engaging several vendors who later went out of business.) Ask for references from organizations similar to your own.

**Focus on Building Your Own Brand** Make sure that all your new site's elements—and especially its main design elements—are fashioned to match your organization's branding and identity standards. □

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