

CAH/FLEX

National Tracking Project

FINDINGS FROM THE FIELD

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From Wisconsin: Strategies for Hospital Communication With The Community

Background

Critical Access Hospitals (CAHs) are dependent on their communities for long-term survival. First and foremost, community residents are the primary consumers of hospital services. They are also the most likely source of charitable contributions and support for any tax-based funding initiatives supporting the hospital.

Due to their deteriorating financial condition, many hospitals considering CAH conversion have been forced to adopt strategies that erode public confidence in their services. Financially compromised hospitals often reduce staffing levels, terminate services, and postpone needed capital repairs. These actions can lead to concerns about quality of care and fears that the hospital will close. Not surprisingly, this loss of confidence can result in reduced utilization and decreased public support.

The potential exists for the public to view CAH conversion as yet another step in a hospital's downward spiral, particularly if conversion involves making difficult decisions about the viability of desired services. The public may come to view the newly designated CAH as a lesser institution. On the other hand, conversion also presents an opportunity to engage the community in a discussion regarding the hospital's future and to take charge of the message that it (the hospital) wishes to communicate.

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To take advantage of this opportunity, a hospital considering conversion must clearly think through its communication strategy and prepare a clear and consistent message. Wild Rose Community Memorial Hospital in Wild Rose, Wisconsin, has developed a communication strategy that can serve as a model for other rural hospitals considering conversion.

Previous Findings from the Field

- Vol. 1, No. 1: The CAH Start-Up Kit
- Vol. 1, No. 2: Strengthening Billing Systems for Rural EMSs
- Vol. 1, No. 3: The RHFP as a Vehicle for State Policy
- Vol. 1, No. 4: "Right Sizing" – Matching the Scope of Services to the Population
- Vol. 1, No. 5: SORH and Hospital Association Partnerships

Project Website: <http://www.rupri.org/srhf-eval/>

Key Decisions in Wild Rose Community Memorial Hospital's Communication Strategy

Early in their consideration of the CAH program, the Board of Directors of Wild Rose Community Memorial Hospital recognized that many of the operational changes resulting from CAH conversion would be relatively small, occur "behind the scenes," and be difficult to communicate clearly through brief, written press releases. The Board also acknowledged that the culture of the Wild Rose community necessitated that key constituencies be given opportunities to ask questions and voice their concerns regarding CAH conversion. Finally, the hospital realized that its communication needed to be consistent and targeted to the unique concerns of each constituency.

The board and the hospital administration took several key steps that would guide and define the hospital's communication with the community:

- **Designate two senior administrators as the primary individuals responsible for communicating with key constituencies.**
- **Identify the key constituencies within the community.**
- **Use group and personal meetings to communicate the hospital's message, supplemented by press releases and other written materials.**
- **Develop a consistent core message for all communications. The message is that the hospital has been identified as "critical" to the local health system and that CAH conversion is an opportunity to ensure that the area's health care needs are met.**

The Board was aided in the development and implementation of its communication strategy by the Community Relations Department of the Community Health Network, a health care system based in Berlin, Wisconsin, with which the hospital is affiliated.

The Rationale Behind Wild Rose's Communication Strategy

Early in the process, the President and Vice President of Operations of Wild Rose Community Memorial Hospital were charged with the responsibility for communicating with the hospital's constituencies around CAH issues. These individuals had inside knowledge of the conversion process, an understanding of the CAH program, and the respect of the key constituencies. They would also ensure that the hospital's message was clearly and consistently communicated.

The Board targeted its communications to three groups whose support was critical to the future of the hospital: the hospital's referral base (e.g. medical and consulting staff, local emergency medical service providers, and local health departments), the general public who are the primary consumers of its services, and hospital employees.

Acknowledging the need for these constituencies to have input into the process, the Board developed its strategy around group and personal meetings. During these meetings, the communication team explained the CAH program, discussed the impact of CAH conversion on the stability of the hospital and its ability to deliver services, and encouraged the participants to air their concerns and ask questions. The feedback received during these meetings allowed the communication team to tailor future messages to the specific concerns of these groups. Using the

input obtained through these meetings, a series of news releases was prepared and distributed to local newspapers as well as newsletters for the Auxiliary, hospital employees, and the Waushara County Department of Aging. The releases announced significant events in the conversion process such as the submission of the hospital's application for CAH designation and its eventual licensure. These releases also reinforced the hospital's core message. Using the same strategy, letters were also sent to local emergency medical service providers.

In order to reach the general public, the communication team used the hospital's 102-member Auxiliary, which has broad community representation, as a sounding board. After meeting with this group and receiving its input and approval, the communication team went on to meet with the Kiwanis, school board, county board, and other community groups. Wild Rose (as well as other hospitals we visited) recognized that its employees are not only a crucial constituency group, but also an important information link to the rest of the community.

Finally, the Board developed a very simple core message regarding its CAH application. The message was that the federal government had determined that Wild Rose Community Memorial Hospital was "critical" to the community in meeting the health care needs of citizens and that the CAH program provided an opportunity to ensure that the hospital could continue to fulfill this role in the community. This theme was at the heart of all communications with the hospital's key constituencies.

The Results of this Communication Strategy

Key points in the development of an effective communication strategy:

- **Designate primary individuals to manage the communication process.**
- **Identify key constituencies within the community and listen to their concerns.**
- **Develop the hospital's core message tailored to those concerns.**
- **Recognize the role of the hospital's employees as a link to the community.**
- **Identify the primary modes of communication.**

Based on its early key decisions, Wild Rose Community Memorial Hospital was able to effectively deliver its core message to the three key constituencies that comprised its community. Wild Rose managed the communication process in a way that prevented its message from becoming diluted by excess detail and peripheral issues. As a result, each of the three key constituencies supported the hospital's conversion decision, and they continue to participate in an ongoing dialogue that is crucial to maintaining long-term community support.

Where Can I Get More Information?

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About this project: Check our website: <http://www.rupri.org/srhf-eval/>

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Background

The Rural Hospital Flexibility Program is a federal initiative to strengthen rural health. The Program:

1. Allows small hospitals the flexibility to reconfigure operations and be licensed as Critical Access Hospitals (CAHs).
2. Offers cost-based reimbursement for Medicare acute inpatient and outpatient services.
3. Encourages the development of rural-centric health networks.
4. Offers grants to states to help implement a CAH program in the context of broader initiatives to strengthen the rural health care infrastructure.

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