

**Generic Marketing Plan Outline
Health Care Provider Organization
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Introduction

- Purpose**
- Methodology**
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Market Audit

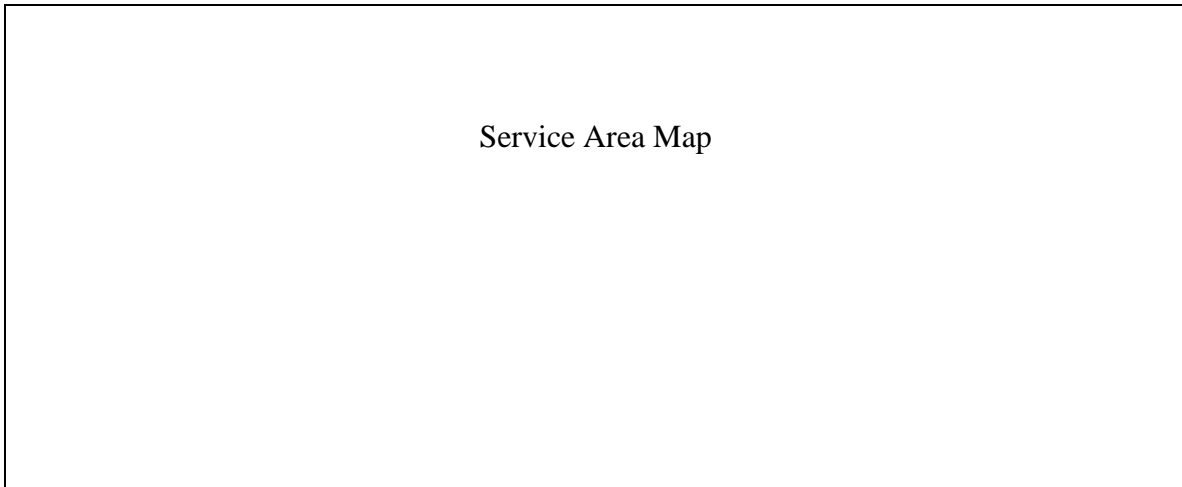
Note:

The following contains selected examples of Market Audit Sections. Areas where analysis should be considered for a Market Audit for a general acute care hospital include:

- **Strategic Plan Highlights**
- **Known organizational/service line/program initiatives for the upcoming year**
- **Service Area Definition**
- **Service Area Demographics**
- **Community development activities (new housing, roads, etc.)**
- **Historical Activity Patterns**
- **Market Share**
- **Medical Staff Profile/Activity/Shortages/Issues/Planned Recruitment**
- **Managed Care/ACO/Narrow Network/Exchange issues**
- **Facility Plans/Issues**
- **Finances – Payer Mix, Financial Profile, Pricing, Profit by Service Line, etc.**
- **Marketing Activity Profile – Staffing, Budget, Activities, Publications, Advertising, Web, Call Center, etc. (see Marketing Grid)**
- **Competitor Profile**
- **Patient Satisfaction**
- **Key Audience Research – Consumer, Physician, Employee, Local Employer, etc.**
- **Key Audience Interviews**
 - **Senior management**
 - **Physicians**
 - **Directors of service lines, programs, centers, key nursing units, etc.**

Service Area Definition

Community Memorial Hospital utilizes the following definition of its service area from the current CMH Strategic Plan. This Service Area is based on the pattern of overall inpatient admissions to the hospital.

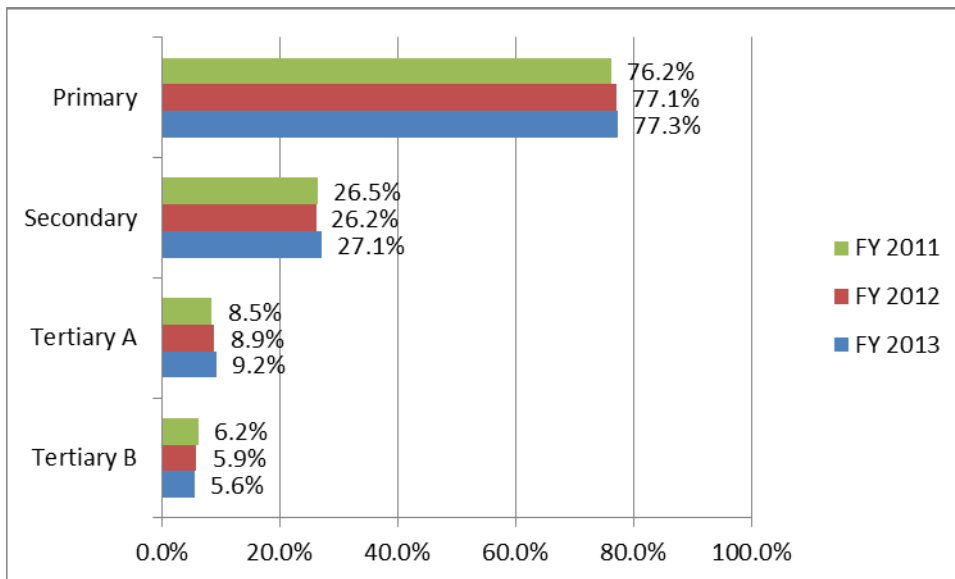


Area/Zipcode	CY 2011 Cases	CY 2011 %	CY 2012 Cases	CY 2012 %	CY 2013 Cases	CY 2013 %
Primary	5,871	72.2%	6,126	73.7%	6,372	74.3%
River Bend (13455)	2,529	31.1%	2,601	31.3%	2,749	31.2%
River Bend (13456)						
W. River Bend (13457)	Etc.		Etc.		Etc.	
Braddock (13460)						
Cass's Corner (13462)						
Timber Ridge (13466)						
Secondary East	862	10.6%	856	10.3%	866	10.1%
Sykesville (13488)						
John's Crossing (13490)	Etc.		Etc.		Etc.	
Lafayette (13499)						
Secondary West	1,008	12.4%	997	12.0%	1012	11.8%
Smithton (13405)						
Jenkins (13422)						
River Flats (13441)						
Other	391	4.8%	332	4.0%	326	3.8%
Total	8,132	100%	8,311	100%	8,576	100%

Market Share

The following represents a summary of inpatient market share for Western State Regional Medical Center for its Primary, Secondary and Tertiary Areas (Hospital Association Database) and Emergency Department visit share for the Primary Area (WSRMC Consumer Survey 2010 and 2012)

Part One – Inpatient Market Share (Hospital Association Database)



Inpatient Market Share Patterns (Overall)

Area/Hospital	FY 2011	FY 2012	FY 2013
Primary Area (1)			
Total Admissions	21,322	21,564	22,034
Western State Regional M.C.	76.2%	77.1%	77.3%
St. Joseph's Hospital	16.1%	16.3%	16.3%
Major City A Hospitals	5.5%	4.5%	4.3%
All Other	2.3%	2.1%	2.1%
Secondary Area (2)			
Total Admissions	12,455	12,312	12,552
Western State Regional M.C.	26.5%	26.2%	27.1%
St. Joseph's Hospital			
Valley Hospital	Etc.	Etc.	Etc.
Riverforks Hospital			
Major City A Hospitals			
All Other			
Tertiary Area A (3)			
Total Admissions	8,234	8,122	8,004
Western State Regional M.C.	8.5%	8.8%	9.3%
Cass County Hospital			
Bonita Hospital	Etc.	Etc.	Etc.
Major City A Hospitals			
All Other			
Tertiary Area B (4)			
Total Admissions	4,233	4,344	4,505
Western State Regional M.C.	6.2%	5.9%	5.5%
Crown County Hospital			
Major City B Hospitals	Etc.	Etc.	Etc.
All Other			

(1) Smith County

(2) Jones and West Counties

(3) Cass, Johnson and Ray Counties

(4) Crown and Spring Counties

Inpatient Market Share Patterns by Service/Primary Service Area

Service/Hospital	FY 2011	FY 2012	FY 2013
Cardiology			
Total Admissions	1,235	1,261	1,290
Western State Regional M.C.	69.2%	70.1%	70.5%
St. Joseph's Hospital	12.3%	12.1%	12.1%
Major City A Hospitals	17.3%	16.4%	15.9%
All Other	1.2%	1.4%	1.5%
Cardiac Surgery			
Total Admissions			
Western State Regional M.C.	Etc.	Etc.	Etc.
St. Joseph's Hospital			
Major City A Hospitals			
All Other			
Endocrinology			
Total Admissions			
Western State Regional M.C.			
St. Joseph's Hospital			
Major City A Hospitals			
All Other			
ETC.	ETC.	ETC.	ETC.

Part Two – Emergency Department Market Share (Consumer Survey)

Area/Hospital	CY 2011 Survey	CY 2013 Survey
Primary		
Western State Regional M.C.	72%	68%
St. Joseph's Hospital	26%	30%
All Other	2%	2%
Secondary		
Western State Regional M.C.	16%	14%
St. Joseph's	3%	2%
Valley Hospital	42%	46%
Riverforks Hospital	36%	34%
All Other	3%	4%

Marketing Function Profile

The following represents a summary description of the Marketing Function at River Bend Community Hospital:

- Function Title: Marketing and Public Relations Department
- Function Executive: Director of Marketing and Public Relations
- Reports To: Chief Executive Officer
- Areas of Responsibility:
 - Advertising
 - Collaterals/Publications
 - Community Events
 - E-Health (Web Site, Social Media, SEO)
 - Market Research
 - Marketing Plans
 - Media Relations

 - Note: The following areas often found in the Marketing function are located here for River Bend Community Hospital:
 - Call Center – Program not operating
 - Customer Satisfaction Tracking – Quality Management
 - Fund Raising – Foundation
 - Sales – See below
- Staffing:
 - Director – 1.0 FTE
 - Administrative Assistant – 1.0 FTE
 - Publications Specialist – 1.0 FTE
 - Community Relations Specialist – 1.0 FTE
 - Media Relations/Promotion Specialist – 1.0 FTE
 - Graphic Artist - .8 FTE

 - Staffing Total = 5.8 FTE

- Budget (FY 2014):
 - Total: \$670,000
 - Staff: \$245,000
 - Advertising: \$190,000
 - Collaterals/Publications \$106,000
 - Community Events: \$ 77,000
 - Research: \$ 31,000
 - RBCH Net Patient Revenues: \$130,425,000
 - Marketing Budget as a % of NPR: .51 of 1%
- Market Research Efforts:
 - Service Area Consumer Survey – CY 2012
 - ER Patient Focus Groups – CY 2011
 - Medical Staff Satisfaction Survey – CY 2012
- Sales Activities:
 - 1.0 FTE Physician Liaison – Reports to Vice President Medical Affairs
 - Occupational Health – Program Director makes sales calls to local businesses on a part-time basis (estimated at .1 FTE)
- Web Activities:
 - Organizational Web Site: www.riverbendch.org
 - Primary Content:
 - Organizational Capabilities, Hours, Awards
 - Medical Staff Roster
 - Hours, Locations
 - Key Staff contact information
 - Health content links
 - Construction update
 - Interactive Content:
 - Job Applications
 - Class/Screening Registration
 - Donations
 - Gift Shop

- Social Media:
 - Facebook site launched Fall 2009 (Currently has 1150 “Friends”)
 - Twitter site launched Summer 2010
 - YouTube site launched Spring 2010
 - Linked-In site launched Summer 2012

- E-Mail Databases:
 - Employees (Appx. 800)
 - Medical Staff/Area Physicians (Appx. 250)
 - Foundation/Donors (Appx. 600)
 - Area Consumers (Appx. 4,500 – sources include event participants, on line requests, donors, recent patients)

- Call Center:
 - At this time, River Bend Community Hospital does not have a Call Center operation. The contracted call center service was closed in June of 2005. A manual physician referral service is offered via the Medical Staff office.

- Publications:
 - “Healthy Tomorrow” – Quarterly publication (externally supported) distributed by mail to 22,000 households in the RBCH Primary Area and key parts of the Secondary Service Area. In 2013, added electronic distribution option.
 - “River Bend News” – Monthly publication for employees, volunteers, board members, physicians and other key audiences. Distributed by drop off points, mail and e-mail. Circulation of 1,400.
 - “RBCH Hot Issues” – Weekly single page news sheet for employees. Distributed a drop off points, internal bulletin boards, e-mail. Circulation of 800.
 - “Medical Staff News” – Bi-Monthly publication for members of the RBCH Medical Staff. Distributed by mail and e-mail (per physician preference) to 175 medical staff members and offices.

- Advertising Efforts – FY 2012 (See Media Plan for specific outlets):
 - Print:
 - Campaign for Obstetrics, Emergency Services and Cardiology
 - Health Fair announcements
 - New physician announcements

- Radio:
 - Campaign for Obstetrics, Emergency Services and Cardiology
 - Spot ads for Health Fairs
 - Spot ads for Nurses Week
 - Campaign to support Health Exchange sign-ups
- Outdoor:
 - 6 Boards in PSA for Obstetrics, Emergency Services and Cardiology
- Community Events:
 - Community Health Fair – Major sponsor, booth.
 - River Bend Festival – Major sponsor, booth
 - Smith County Fair – Booth
 - Heart Association Gala – Sponsor
 - Breast Cancer Walk – Sponsor
 - RBCH 5K Race – Organizer, Booth
- Other Activities:
 - Speaker’s Bureau – Average 4-5 requests per month
 - New Resident Contact Program – Direct mail, averages 130 new residents per month.
 - Currently in RFP process to secure an external CRM system.

Consumer Survey 2013

In March of 2013, Southern State University Medical Center conducted a telephone survey of consumers in its Primary and Secondary Service Area. The sample included 400 consumers in the Primary Area and 200 each in the Secondary East and Secondary West areas. The following represents selected highlights from that survey. (Note: SSUMC last conducted a service area consumer survey in 2006. Given the age of that study and the differences in the survey questions no attempt was made to compare the results).

Top of Mind Awareness

Area/Hospital	First Mention	Second Mention
Primary		
Southern State University M.C.	48%	Etc.
Community General	25%	
St. Mary's	15%	
West Side Hospital	9%	Etc.
All Other	3%	
Secondary East		
Southern State University M.C.	32%	
Suburban Memorial	41%	
St. Mary's		
Etc.	Etc.	Etc.
Secondary West		
Southern State University M.C.	29%	
West Bay Hospital	31%	
Community General	25%	
Etc.	Etc.	Etc.

Overall Preference

Area/Hospital	Overall Preference Share
Primary	
Southern State University M.C.	61%
Community General	21%
St. Mary's	12%
West Side Hospital	4%
All Other	2%
Secondary East	
Southern State University M.C.	43%
Suburban Memorial	
St. Mary's	Etc.
Etc.	
Secondary West	
Southern State University M.C.	45%
West Bay Hospital	
Community General	Etc
Etc.	

Preference by Service Line

Etc.

Overall Utilization Share

(Note: The survey measured overall hospital utilization including inpatient, outpatient, outpatient surgery and emergency services)

Area/Hospital	Reported Utilization Share
Primary	
Southern State University M.C.	49%
Community General	23%
St. Mary's	14%
West Side Hospital	9%
All Other	5%
Secondary East	
Southern State University M.C.	28%
Suburban Memorial	
St. Mary's	Etc.
Etc.	
Secondary West	
Southern State University M.C.	26%
West Bay Hospital	
Community General	Etc.
Etc.	

Preference Share vs. Market (Utilization) Share

Note: If preference share is greater than market (utilization) share it generally indicates that consumers want to use a provider but cannot due to any number of reasons (distance, lack of physician access, insurance requirements, etc.). This represents an opportunity for the provider in question. If preference share is lower than market (utilization) share it generally indicates that consumers are using the provider in question but would prefer to go to another provider – and will move if the opportunity presents itself. This represents a threat for the provider in question. In general, differentials of 10% or more warrant concern as an opportunity or a threat.

- Differentials for Southern State University Medical Center:

Area	Preference Share	Market Share	Differential
Primary	61%	49%	+12%
Secondary East	43%	28%	+15%
Secondary West	45%	26%	+19%

Factor Association

Etc.

Advertising Recall

Etc.

Perceived Quality

Hospitals in this study were tested on a scale of “perceived quality” where the scale used was Excellent (4), Good (3), Fair (2) and Poor (1). The following scores were reported for hospitals in the study area:

Area/Hospital	Perceived Quality Score
Southern State University M.C. (Total Area)	3.55
Community General (Total Area)	3.05
St. Mary’s (Primary Only)	2.88
Suburban Memorial (Secondary East Only)	2.78
West Bay (Secondary West Only)	2.31

Competitor Profile

The following represents an overview of key competitors for Western State Regional Medical Center. See sections on Market Share, Consumer Survey results and HCAPHS scores for other competitive information.

St. Joseph Hospital

- Location: East Pineville
- Type: Non-Profit
- Ownership: Catholic Healthcare North
- Distance: 10.5 miles from WSRMC
- Bed Size: 110 licensed; 95 currently staffed
- Volumes (FY 2013):
 - 5,725 discharges
 - 28, 127 patient days
 - 611 births
 - 21,234 ER visits
- Capabilities:
 - General Acute Care, OB, ICU
 - Fixed MRI and CT, no PET/CT
 - Freestanding surgery center JV with physicians
 - Level III Trauma (lowest)
 - Level III NICU (lowest)
- Physicians:
 - Active/Associate Medical Staff of 82 physicians
 - Employed group of 13 – 7 FP, 2 IM, 2 OB/GYN, 1 GS, 1 Pulmonary Medicine
- Financial:
 - FY 2012 – Reported loss of \$345,600 on operations
 - FY 2013 – Data not yet reported
- Other:
 - St. Joseph is known to be recruiting another general surgeon, an orthopedic surgeon and a pediatrician.
 - Work has started on a full renovation of the Emergency Department

Patient Satisfaction/HCAPHS Scores

Part A – Hospital Ratings/1-10 Scale/1= Worst Possible Hospital, 10 = Best Possible Hospital

Hospital	Rating of 9/10	Rating of 7/8	Rating of 6 or Less
Big City Hospital	79%	16%	5%
Plains Hospital	75%	18%	7%
University M.C.	74%	19%	7%
Beach Community	73%	21%	6%
McPherson Health	71%	21%	8%
Southway Medical Center	68%	24%	8%
Cooper M.C.	66%	25%	9%
Great Way Regional	62%	26%	12%
Samtown Memorial	61%	28%	11%

Source: Hospital Compare Web Site, data for 10/1/2012 to 9/30/2013

Part B – Willingness to Recommend Hospital

Hospital	Definitely Recommend	Probably Recommend	Would Not Recommend
Big City Hospital	84%	13%	3%
Beach Community	82%	14%	4%
University M.C.	81%	15%	4%
McPherson Health	80%	17%	3%
Plains Hospital	77%	19%	4%
Cooper M.C.	71%	23%	6%
Southway Medical Center	69%	27%	4%
Great Way Regional	67%	25%	8%
Samtown Memorial	62%	33%	5%

Source: Hospital Compare Web Site, data for 10/1/2012 to 9/30/2013

Marketing Plan

Key Factors from Market Audit

Note:

This section would contain key findings from the Market Audit – an “executive summary” that would form the basis for the determination of a market position and market strategies.

For example, refer to the data shown in the Service Area Definition section above. A possible key observation that could be drawn from this data is as follows:

- Over the past three years the percentage of Community Memorial Hospital inpatient admissions coming from outside the primary area has declined. Coupled with population growth patterns (see Demographic Section) and market share patterns (see Market Share section) this suggests that CMH is losing some of its influence beyond the Primary area and is becoming less “regional” in its market position.

In another example, refer to the Preference Share vs. Market Share data from the Consumer Survey 2013 section above. A possible key observation that could be drawn from this data is as follows:

- Southern State University Medical Center enjoys a fairly strong preference share to market (utilization) share differential in the Primary Area and both Secondary Areas. This suggests that area consumers want to use SSUMC and would do so if the access channels were structured to allow such usage.

Market Position

Note:

The following text describes the concept of a “market position”.

A Market Position is a statement of where your product or service or organization is “placed” in the minds of the key audiences. Establishing a position is not something that an entity can declare or even overtly do to itself. It is something that occurs in the minds of the desired audiences, usually through the long-term accumulation of direct experiences, indirect references, media coverage, advertising, etc. Organizational leaders can work to change or secure a specific position by their actions, but in the end only the audiences can determine that entity A is in position X.

Only one organization in a specific industry in a specific geographic market or area can occupy a position successfully. Thus only one hospital can occupy position X in the Quad Cities area – but another hospital can own the same position in Kansas City or El Paso.

Some key elements of a market position include:

- The position must be unique. If another service or organization already occupies the desired position (in the minds of the key audiences), the marketing process increases in complexity and costs. If multiple entities try to fight it out for the same position, there is a real risk of audience confusion – with no entity being successful.
- The position must be credible both internally and externally. For example, a general community hospital would not be credible to the public and the local physicians claiming the position as the leader in medical research and education.
- The position must be defensible. For example, a niche position (see below) based on lowest price can be matched by anyone willing to take the financial risk. In general, a position based on a long standing culture is much more defensible than one based on purchased assets (equipment, specialized staff, etc.).
- The position is not the advertising tag line. Ideally, the creative team designing the advertising will come up with messages and images that reinforce the position, but position statements usually do not translate directly to tag lines.
- The position should not change unless something very significant occurs. Once you determine the appropriate or existing position, you are committed to it for the long haul. Trying to change positions every couple of years will rapidly lead to total confusion both internally and externally.

- Most products, services and organizations never achieve a clearly defined position. This is not necessarily a problem, since many of these entities are viable businesses that make a respectable profit. Failure to secure a defined position, however, fairly well ensures that the product, service or organization will never achieve “brand” status in the eyes of consumers and other key audiences.

Whether the product/service/organization is a soda, airline, hotel or hospital, there are only five basic position categories to occupy. There may be some variations on the position (for example, various specialty medical niches such as cancer or OB or heart), but in the end there are five potential positions to be sought and secured in any industry and geographical segment. Here are some examples both outside and within health care:

Non-Health Examples

Position	Organization	Illustration
Best	BMW	The best engineered cars.
First	Coca-Cola	The first/original cola
Against	Avis	In contrast to the #1 supplier, they try harder to please customers.
Niche	Lifetime Television	TV programming oriented toward women
Combination	Jaguar	Best within the luxury niche of cars

Healthcare/Hospital Examples

Position	Organization	Illustration
Best Clinical – National	Johns Hopkins, Mayo Clinic	International reputations for cutting-edge medical capabilities.
Best Clinical – Local Market	University hospital in a metro area with eight general hospitals	University offers the best capabilities in the local market.
Best Care – Local Market	Large pediatric group with four offices, lat night and weekend hours. Only group with pediatric sub-specialists.	Best range of services and best access.
First	Not relevant for most health care situations.	First only lasts for a little while. It must convert to best or consumers soon stop caring who was first.
Against	Small acute care hospital competing with a tertiary teaching center.	Hospital A is “against” (in contrast to) the cold, impersonal care offered by major medical center X.

Niche	Acute care hospital with only open heart capability in the area.	The “heart hospital” for County X.
Niche	Physician group owns a chain of urgent care centers.	Niche of easy access to care.
Combination	Religious acute care hospital is also the capability leader for cardiac care.	Combination of against (warm, caring vs. cold, impersonal) and niche (heart hospital).

It should be noted that none of the positions described above are necessarily better than any of the others. “Best” is not better than “Against” or “Niche”. The right position depends upon the culture of the organization, the specific market situation and the current filling of positions by other organizations. Ultimately, it would be better for any entity to take a unique “Against” or “Niche” position rather than jumping into a muddled pool of 4 or 5 entities all fighting for the same “Best” position.

Note:

Based on the general discussion of Market Position provided above, the organization needs to use the findings of the Market Audit to determine the appropriate position for the organization (or program or service line) in question. The following is an example from a University-type of medical center (Southern State University Medical Center or SSUMC)

To get to the eventual recommended market position for Southern State University Medical Center it is probably best to look at positions that don’t work for SSUMC.

The market position of “first” is not viable for SSUMC (or any other health care provider) in the long run. Southern State has had a number of “firsts” in the market and undoubtedly will again in the future. However, first is a market position that has limited shelf life in health care. Being “first” needs to shift (in the consumer mind) to being “best” or else the position is in danger of being taken by another entity who brings in the next technical or clinical first.

The market position of “niche” is not really viable for Southern State since the organization provides what is probably the widest array of services available in the South State Region. While certain specialties perhaps have gained greater levels of regional or even national reputation than other components of SSUMC (Organ Transplant, Neurosciences, Pediatrics for example), this does not make the organization a “niche” provider.

It might be argued that SSUMC does own a “niche” position of being the only XYZ religion-related facility in the region. While this religious basis is an important part of the organizational culture, it is a market position that will have meaning to only a very limited portion of the service area population.

The market position of “against” (in contrast to) is also not viable for Southern State. Other organizations might argue that they stand in contract to SSUMC in terms of being more convenient and/or easier to use but the reverse is not a desirable position.

This leaves only one clear market position for SSUMC and it is a variation on “Best” – that being the **“Best Choice for Health Care in the Southern State Region.”** This is a position that is already significantly “owned” by SSUMC (though other organizations are certainly attempting to muddle the issue and take some of this position). It is also the position that fits best with the desired direction expressed in the 2013 Strategic Plan in the Future State Direction 2018 statement.

- Please note that this recommended Market Position is not meant to be a literal theme or advertising “tag line”. Marketing efforts conducted by the organization (including advertising and promotional projects) should be based on supporting this position.

Market Strategies

Note: The following represent example of possible Market Strategies. Note that some are clearly “marketing” issues but may not come under the direct responsibility of the organizational Marketing function.

(Small, Rural Community Hospital)

- Focus operational and staffing efforts on improving the patient experience with the Community Hospital Emergency Department.
- Develop a focused contact effort aimed at service area community leaders (business, civic, government and religious).
- Develop and implement a long term (1-2 year) consumer communications effort (paid advertising and media coverage). Focus this effort on the Primary Service Area and perhaps 1-2 zipcodes from the Secondary Service Area.

(Larger General Community Hospital)

- Work to strengthen the image of the organization and improve the health status of the community by partnering with other healthcare providers through participation in and sponsorship of community events in the PSA and SSA/TSA where practical.
- In light of limited growth potential in the PSA, expand efforts aimed at stabilizing and growing the Secondary and Tertiary market share by reducing the out-migration of patients to the Urban Center and attracting patient volumes from the Secondary and Tertiary markets.
- Provide support (research for facility planning, community opinion monitoring, wayfinding, etc.) for the Medical Center Phase II expansion and renovation project.
- Develop a consumer-friendly methodology to provide elective and outpatient testing services prices to consumers actively looking for such information.
- Support efforts to develop a regional ACO and/or Private Label Insurance Product including physician integration communications, population health management tools and communication and enrollment/re-enrollment marketing.

(Major University Hospital)

- Expand the “transactional interactivity” capabilities of the University Hospital web site to allow for appointment scheduling with Faculty physicians, registration for testing and treatment services and patient portals on line in CY 2014.
- Provide marketing and communications support to newly recruited physicians, new ambulatory care sites and affiliations with and/or acquisitions of other regional hospitals.
- Upgrade University Hospital familiarity with and service orientation towards key ethnic audiences in the Southern State area.
- Support the development of University Hospital managed NICU and specialty clinics at regional community hospitals.

Objectives

Note: The following represents examples of possible Quantifiable Objectives for a Marketing Plan for a general acute care hospital.

Objective	Baseline Measure (1)	Target Measure for CY 2014
Inpatient Market Share		
- Primary Area	62.5%	64.0%
- Secondary Area	35.8%	38.0%
Top of Mind Awareness		
- Primary Area		
- Secondary Area		
Overall Preference		
- Primary Area	Etc.	Etc.
- Secondary Area		
Preference for Heart Care		
- Primary Area		
- Secondary Area		
Preference for Neurosciences Care		
- Primary Area		
- Secondary Area	Etc.	Etc.
Preference for Obstetrical Care		
- Primary Area		
- Secondary Area		
Perceived Quality Rating (1-4 Scale, with 4 = Excellent)		
- Primary Area	3.10	3.20
- Secondary Area	3.05	3.15
Community event participation	6,500	6,500
Wellness Center paying clients (family units)	2,320	2,500
Total Clients at "A" Grade Level – Occ. Health Program (Defined as \$10,000 in business per year or more)	32	36
Active referring physicians (Defined as not on staff but referring 5 or more patients per year to CMH services or specialty programs)	65	85

Note: Fiscal Year for Community Memorial Hospital is Calendar Year.

(1) Baseline measures were determined as follows:

- Inpatient Market Share – CY 2012 (State Inpatient Database)
- Top of Mind Awareness – March 2013 Service Area Survey.
- Overall Preference – March 2013 Service Area Survey
- Service Line Preference – March 2013 Service Area Survey
- Perceived Quality – March 2013 Service Area Survey
- Community Event Participation – Number achieved for 12 month period January 2013 to December 2013. Measure by participation in a screening, event activity or class. No growth based on Executive Leadership determination not to expand community event costs.
- Occupational Health Clients – Number achieved for 12 month period January 2013 to December 2013.
- Wellness Center Clients – Number of paying clients as of December 31, 2013
- Active Referring Physicians – Number of active referring physicians for 12 month period January 2013 to December 2013.

Market Actions FY 2014

Priority Levels:

- Priority One – Actions that must be implemented in FY 2014 in order to achieve the objectives set forth in this Marketing Plan.
- Priority Two – Actions that would be helpful to have implemented during the Plan time period.

Strategy One: Maintain core marketing activities necessary to support day to day needs of Community Memorial Hospital.

Action	Description	Priority	Time Frame	Resources	Responsible
1A					
1B					
1C	Produce and distribute CMH Medical Staff News publication.	1	Ongoing (Monthly)	<ul style="list-style-type: none"> • Est. \$5,000 for printing and postage. • Est. 25-35 staff hours per issue 	<ul style="list-style-type: none"> • Publications Coordinator • Director – Medical Staff Office
1D					

Strategy Three: Increase efforts to understand, communicate with and influence service area civic, government and business leaders.

Action	Description	Priority	Time Frame	Resources	Responsible
3A	Develop a database of the “Top 200” leaders in the Service Area	1	By 10/14	<ul style="list-style-type: none"> • Est. 25-50 staff hours 	<ul style="list-style-type: none"> • Assoc. Director PR/Marketing • Dir. CMH Foundation
3B					
3C					
3D	Design and implement a monthly “From the Desk of the CEO” electronic newsletter to send to civic, business and government leaders.	2	By 6/14 if resources are available	<ul style="list-style-type: none"> • Est 25-50 staff hours to develop format. • Est. 5-10 hours per “issue” to implement. 	<ul style="list-style-type: none"> • Publications and Web Specialist
3E					

Notes:

- Action 3A – This list should include owners or top executives of all PSA and SSA business of 50 employees or more, all elected officials, all senior appointed officials (City Manager, School District Superintendents, etc.), major community group leaders (community associations, sports leagues, etc.) and leaders of all local religious organizations. The designation of “Top 200” is meant to be a guideline and not a fixed number. Database should include contact information (including e-mail), historical usage of CMH by contact family, etc.

Strategy Six: Maintain current level of Community Event participation and sponsorship in the Primary Service Area. Increase the level of participation and sponsorship in Secondary Area East starting in CY 2014.

Action	Description	Priority	Time Frame	Resources	Responsible
6A					
6B	Research Community Event opportunities for CY 2014 in the Secondary East area	1	By 10/14	<ul style="list-style-type: none"> Est. up to 25 staff hours 	<ul style="list-style-type: none"> Community Relations Coordinator
6C					
6D					

Strategy Ten – Provide Marketing and Business Development support to the practice sites of the River Bend Community Hospital Medical Group

Action	Description	Priority	Time Frame	Resources	Responsible
10A	Develop and place welcome advertisements for all newly recruited physicians.	1	Ongoing as needed.	<ul style="list-style-type: none"> • Est. \$1,500 per new physician. • Est. 25-50 staff hours at projected recruitment level. 	<ul style="list-style-type: none"> • Media Relations and Promotion Specialist • COO – RBCHMG
10B					
10C					
10D	Explore consumer health information and product sales “kiosks” at larger RBCHMG sites.	2	By 6/14 if possible	<ul style="list-style-type: none"> • Est. 75-100 staff hours. • Est. \$1,000 for site visit travel costs 	<ul style="list-style-type: none"> • Director of Marketing • COO - RBCHMG

Notes:

- Action 10A – RBCMHHMG projects the recruitment of 6 physicians (3 Family Practice, 2 Obstetrician/Gynecologists and 1 Pediatrician) in FY 2014.