Stephanie Ross
stefross@live.ca

Independent Case Study

Niagara Health Systems: An Innovative Communications Strategy

Niagara Health Systems (NHS) is a network of hospitals in the Niagara, Ontario region. It was established in 2000 with the amalgamation of eight hospitals. As one of Niagara's largest employers, NHS serves more than 434,000 residents in 12 municipalities. It employs over 4,000 staff, 600 physicians and 1,000 volunteers.

Organizational Priorities

Organizational priorities for NHS include using an integrated healthcare system to serve the people of Niagara, providing quick access to various patient-focused care services, forming partnerships with other healthcare and social service providers to supply its patients with a full continuum of care, using promotion, education and research to enhance community well-being and meeting changing healthcare needs through innovation and continuous quality improvement.

Organizational Challenges

In 2011, there was an outbreak of a deadly bacterium, clostridium difficile (C. difficile) within NHS. The hospitals within NHS had already been experiencing a negative public relations reputation for over 10 years and were in desperate need of a revitalized communications strategy. Because hospital and healthcare issues are unpredictable by nature, crisis communications was needed on a regular basis and there was no effective strategy in place.

External Factors

Patients and members of the public were already losing trust in NHS before the outbreak due to a negative social media presence, where patients were involving themselves in, and informing the public of, day-to-day hospital operations. Due to a high consumer demand for crisis stories in the media, reporters had also begun examining organizations critically, such as NHS, through media channels.

Then, with recent passing of legislations that removed admissions of guilt from apologies and called for more patient-focused healthcare, there was a public demand for more transparency from organizations within the healthcare industry, NHS included.

Because hospitals now had to focus on patient trust and community confidence in addition to quality and safety, crisis management was even more imperative. Poor crisis management could lead to decreased community trust, donations, volunteers, recruitment, government funding and a possible replacement of the Board with a government-appointed supervisor.

When the outbreak occurred, NHS was criticized for the outbreak itself but also for their communication strategies. Members of the public believed NHS was not transparent enough about the outbreak because they did not declare the deaths in a timely and appropriate manner. In addition, C. difficile was complex and difficult to treat once an outbreak had occurred. The necessary processes that were taken

to fix the problem were also difficult to explain to the media and public. At the time, outbreaks were very difficult to predict and didn't have to be disclosed to the public. Many hospitals simply didn't report outbreaks at all for this reason.

Critics of NHS included the public, the media, elected officials, community groups, and at least one MLA who was calling on the Board to be fired.

NHS needed to work with other hospitals who had dealt with similar situations and the regional public health organizations, but unfortunately, those relationships were not very positive either.

Due to a lack of community confidence in NHS, a hospital supervisor, Dr. Kevin Smith, was appointed by the government to provide consultation to NHS regarding public concerns. Dr. Smith would have full authority over the Board. This appointment was at least partially due to a poor public perception and reputation management on behalf of NHS. Dr. Smith worked to repair this negative reputation by engaging the community through setting up a confidential email account and receiving individual responses about the challenges of the hospital.

NHS experienced more leadership turnover as a result of the poor public perception. Approximately 50% of the leadership turned over during the course of the crisis. Oddly enough, the public perceived the change in leadership as a good thing because it appeared that NHS was doing something about the problem. For NHS, this turnover actually had a negative impact on the organization. The remaining employees felt undervalued and experienced negative morale. However, with the changeover, NHS was able to train their new employees on creating more authentic relationships with the community.

Internal Factors

Due to the negative response from the public and others about NHS' communications strategies, Brady Wood, a crisis communications specialist, was moved from the parent company to a role as Interim Chief Communications Officer at NHS. He was tasked with working with the senior management team to prepare them for better communications strategies and to try and fix NHS' reputation.

Around the same time, NHS had undergone a large change in management including the placement of an Interim CEO. This changeover further led to low community familiarity and trust in NHS.

In dealing with the crisis, the Board was not very open to being more transparent with the media and public. Wood needed to convince the Board, as an internal stakeholder, to take on a more forthcoming approach.

Analysis of Communications Strategies

In response to all of the negative media attention and a negative reputation with the public, Wood consulted a crisis communications expert, Dr. Flynn, and worked to understand the views of the community. Together, they conducted a community engagement study that included surveys, polling and interviews.

The study revealed low approval ratings from the public. The majority of those who participated had a negative view of the organization. The minority who had positive opinions of the organization indicated that it was NHS' care services that influenced their opinion. This revealed that NHS' quality of care was not the problem, rather the wait times, lack of focus on people, facility closures, distance and transfer process to the hospitals, cleanliness and outbreaks were scrutinized.

Dr. Flynn and Wood reviewed all of the major media clippings to identify NHS' biggest critics, met with the mayor, advocacy groups and community members in an effort to truly understand the issues and gain positive working relationships. They learned that most people felt very far removed from the hospital. Their voices weren't being heard when they had concerns, they didn't feel like they were being considered at all in hospital policies and procedures and they felt that they were being left in the dark in terms of information sharing and transparency. There was a severe lack of community engagement in NHS' communications strategies. This same issue held true for the media as they had received very little response from the hospital over the years. This unresponsiveness led to a diminished working relationship with the media and negative coverage of NHS.

The community engagement study allowed Wood to recognize the communications problems that were affecting NHS' public image. He realized that these problems were actually due to a deeper organizational culture issue. The hospital leadership team needed to fix the culture in order to fix the communications strategy. The hospital needed to form relationships with their community members and patients that included mutual control, trust, commitment, satisfaction and transparency. With these elements and NHS' changing culture in mind, Wood, Dr. Flynn and Dr. Smith created a realistic, budgeted communications strategy to improve public perception of the organization.

Synthesis and Recommendations

Organizations must be able to recognize and address potential and ongoing reputational risks. This lack of organizational awareness and a proactive approach was NHS' first problem. They spent over a decade with a poor reputation and did not attempt to recover it until there was a major crisis. In order for an organization to protect their reputation, they need to be legitimate and transparent. This lack of transparency was NHS' second problem. Even once they were aware of their reputational risks and issues, they were not transparent with the public about the issues they faced as an organization (i.e. the outbreak). NHS' third problem was that they didn't have the appropriate departments or personnel in place to deal with the situation. Organizations need to invest in communications. They need to have a team of experts (either in-house or as a consultant) who assess reputational risk, and uses legitimacy and transparency to proactively address the situation. In NHS' case, this lack of a communications department led to one being appointed.

Due to the influx of user-generated content (UGC) and social media, an organization needs to protect their online reputation. NHS was experiencing a negative social media presence for years without adequately addressing it. Even if they didn't feel it was appropriate to respond, they should have used the negative media criticisms (both social and traditional) as a community engagement study, where the

issues being brought up are taken into consideration and worked into a communications strategy. This media attention should have been treated as free feedback, not ignored.

In the end, NHS put together a crisis management team to handle the situation. But before the crisis occurred, NHS should have had an issue management team in place. An issue management team would have acted on the reputational risks that were occurring for 10 years prior to the outbreak and could have avoided the whole crisis all together. Crisis management is short term planning but issue management is proactively planning for the long term.

Once the crisis had occurred, NHS invested time and resources into hiring a crisis management consultant, performing a community engagement study, and re-training their personnel on creating authentic relationships with the community. This time and energy could have been used prior to the crisis to create a communications department and prepare them for reputational risks. Again, this approach would have avoided the crisis all together. For example: if an issue management team were in place prior to the outbreak, they could have used a community engagement study to assess the reputational risks that were occurring for 10 years prior to the incident (poor media attention, lack of transparency with the public, poor community relationship building, etc.). Once they recognized the reputational risks, they could have addressed them properly, putting NHS in a better reputational position to deal with the outbreak. Once the outbreak occurred, NHS could have delivered the message about the incident in an appropriate manner, using transparency, in order to maintain their image with the community.

Although NHS offered a well received array of care services that the community respected, it was ultimately their reputational management that led to the crisis. The outbreak may have been the catalyst, but the community was more concerned with how NHS dealt with it than the outbreak itself. NHS' organizational priorities all seem to be based on their care services rather than their dealings with the community. Customer service and/or anything related are not acknowledged as a priority. An organization always needs to have a component of their values and/or organizational priorities that focuses on their relationships with the community and their stakeholders. NHS needs to include this component in their organizational priorities and act on it. We are living in an era of reputational economy, where an organizations reputation is equally as important as any of their other functions, and organizations who do not recognize its importance will ultimately suffer.