

"There are times when I feel like the vulture sitting on the limb of a dead tree & saying to its companion, 'patience be damned, let's kill something.'"

## ITEMS OF IMPORTANCE TO PRACTITIONERS

**ZEALOTS WILLINGNESS TO BLINDLY FOLLOW THEIR LEADERS** is shown in an incident involving the tv series dramatizing the novels of Armistead Maupin. In S.Carolina, group members calling local PBS affiliates to express their outrage had to be told the program didn't air in that state. Called *Tales of the City*, series broke records for viewership -- but included homosexual lifestyles & thus came under attack from fundamentalist & homophobic groups. Show also illustrates the difficulty of satisfying these activists. PBS broadcast the series late at night; included a viewers' advisory; & stations could use audio-wiping to remove the strongest language. This group is the target of the major activist recruiting effort now underway, led by Pat Robertson, Don Wildmon & others.

**DOES ADVANCE WARNING OF TELEMARKETING HELP?** National Trust for Historic Preservation sends a colorful postcard of historic buildings, with message preselling the need -- concluding with: "We will be calling you soon to talk about what the National Trust is doing to conserve historic treasures. Please take a moment to think about the richness & variety of America's heritage, and consider making a pledge of \$50, \$100 or even \$250 when we call."

**PR EDUCATOR CHALLENGES PRACTITIONERS:** get more involved in the education process. Speak to classes at your local university. Make time for such appearances while on a business trip. Become an adjunct or "professional-in-residence" for a semester or more. Rather than bemoan pr grads' lack of certain professional skills, advises Bill Adams, Florida Int'l U, get involved in the education process.

**#1 JOB OF ANNUAL REPORTS IS TO POSITION THE COMPANY IN ITS MARKETS,** advises the Corporate AR Newsletter. Near the front of your AR put this info:

Who buys the products	How good is the competition:
Size of markets: dollar volume & number of customers	strong points & weak points
How fast the market is growing & why (very important)	Your strong points & weak points
Who is competing for your customers	Your strategy for increasing your share
	How your strategy is working.

"Once you have written this description, you probably can recycle it year after year with only small revisions. But the whole AR should revolve around it," advises the newsletter.

## ACTION RESEARCH UNITES STAFF & MGMT IN SATISFYING CUSTOMERS

Grant Medical Center's (Columbus) success depends on its ability to deliver customer satisfaction, believes Steve Shivinsky, dpr. But some behavior changes were needed among internal opinion leaders. For example, "there were some emergency-room nurses on the midnight shift who proudly called themselves 'Pig Nurses from Hell,'" he told attendees at PRSA/Boston's research conference.

**THE NEED** Corroborating GMC's need to address this was a research finding that placed its emergency dep't operations at the 3rd percentile. "97% of hospital emergency rooms were doing a better job than we were" in satisfying customers.

To turn this around, Shivinsky's 4-person pr dep't instituted a 4-step **customer satisfaction model** (see prr 1/1/90). It's based on internal & external research & was piloted on the emergency dep't & patient accounts -- the front & back of each customer's experience at GMC. Here's a look at the process undertaken within the emergency dep't:

Before anything else, acceptance from management must be obtained. **"If we're going to ask employees their opinions, we have to be ready to make requested changes -- or give them a reason why not.** We knew going in that our ability to affect change would affect our credibility," explains Amy Bowman of GMC's pr dep't. "This isn't something you get into if you don't think you can make the operational changes in your organization," Shivinsky stresses.

**PHASE I Involved staff.** Outlined the purpose of the customer satisfaction program, its background & related theory (e.g., Diffusion Process, using the analogy of buying a car -- ask friends for info, shop around, test drive, evaluate, purchase, then ultimately ads reinforce the decision). Purpose is to create understanding & buy-in for the process.

**Identified early adopters.** Presented to them first to get feedback. Then presented to all the emergency room staff at various meetings accommodating their schedules -- 5am, 7pm, etc. Took them thru process of defining customers -- "anyone who affects your ability to deliver service." Prioritized these. They ranked themselves the #1 customer saying "if we aren't satisfied, it's difficult for us to deliver satisfaction."

**Then asked employees:** a) What would make customers happy? b) What sort of behavior would customers exhibit if they were satisfied? c) What barriers exist that prevent you from delivering this level of satisfaction? "This is difficult for sr mgmt because it implicates their bad management

practices. Perhaps because they were implicated, we were able to institute some quick operational changes" -- making the program credible in employees' eyes. End result: A draft model of what constitutes customer satisfaction from the viewpoint of those who deliver it; & the barriers that prevent them from delivering it.

**PHASE II** **Went to the customers** to learn what they want. "We could have hired this part out but that's counter to the whole spirit of the process. We wanted employees involved." 1) Selected & recruited 12 past patients for a **focus group**. Employees witnessed the entire process. Also videotaped it so all employees could view it. 2) Did a **physician survey**. 3) Did an **inpatient survey** -- nurses randomly selected 22 patients. 4) Did a **mgmt focus group** with the 3 vps most directly in charge of the emergency dep't. End result: A model of what satisfies customers designed by customers; & a baseline of data on which to measure future progress.

**PHASE III** **First, took results to sr mgmt** "because we knew there were certain barriers that were off the table." They prioritized by what changes could get done today, in the next several months & not at all. "Fortunately only 3 of 25 fell in this last category."

**Then went to staff**, again holding meetings at various hours to accommodate schedules. Presented the results -- compared what employees felt with what customers said they wanted. Began to frame the recommendations. End result: A matrix divided by customer, required action, who is administratively responsible for implementing it, & the current status. Matrix is sent to CEO bimonthly. PR dep't meets with emergency dept's medical dir & its sr mgmt monthly to track progress.

**PHASE IV** "Now we're carefully tracking national hospital survey data, continuing to look at the results of patient surveys that are returned from the emergency dep't, meeting monthly to make sure operational changes are happening, continuing to update the action plan." Process will be replicated sometime next fiscal year -- probably in the fall. "What we hope to see then is that the staff's perceptions are much closer if not exactly that of the customers to whom they are delivering services. We want to narrow that gap."

**RESULTS** Program took about 3 months to implement, 6-9 months before any substantial results were seen. There were almost immediate "anecdotal positive results that were reinforced by implementing the quick wins up front." Of predicted laggards: 2 of the Pig Nurses from Hell have quit, only 1 of 4 head nurses remains. "We think those are important results because these opinion leaders were driving the opinions of the staff, driving down customer satisfaction. This process was too much for them." Also the national hospital survey results increased dramatically from period 1 (when GMC ranked in the 3rd percentile) to Dec '93.

"Senior management is not only convinced of the program's success, they want us to expand it. We are to start identifying additional facilitators & train them so we can expand the impact of this program."

## PUBLIC HEALTH CAMPAIGNS CATCH ON TO MODERN PR METHODS

For decades, gov't- & private-funded campaigns have depended on mass media blitzes -- then wondered why so little happened. Drunk driving, seatbelt use & AIDS are examples. Child immunization programs now focus on:

- 1) **Personal contact with families.** Hope for Kids, a NYC group, goes door-to-door there & in neighboring Newark, NJ, to reach mothers 1-on-1. "You can't do a bunch of tv commercials & expect these mothers to show up," says a campaign leader -- even tho most have tvs & spend much time watching.
- 2) **Customer satisfaction methods**, like making vaccination appointments quick & easy for parents who work long hours.
- 3) **Targeted database marketing.** Pharmaceutical Ass'n urges a nationwide computer system to track children's immunization shots. Hartford already uses such a system.
- 4) **Enlisting opinion leaders.** In Newark, USA Today reports Asian, Haitian, Latino & Portuguese leaders have been trained to encourage families to get immunizations from public health clinics.

## ANOTHER DEBATE ENTRY RE ROLE OF MEDIA IN PR

The juxtaposition in last week's pr of the lead story (GM goes face-to-face) & the 2nd story (is pr media soft?) "is ironic," Bill Brody of The Resource Group (Memphis) faxed pr. "While you & I (& even such tradition-bound organizations as General Motors) are turning away from mass media as they deteriorate in efficiency & effectiveness, (PRSA Silver Anvil chair Jim) Roop feels it necessary to proclaim that we're still publicists.

*"That's the kind of thinking that's been driving more & more senior practitioners away from PRSA -- an organization that appears more & more dedicated to membership growth for its own sake than to the maturation of the discipline. Latest word to the public relations committee: 'We can't afford the few dollars it would take to do some research (a la The Conference Board) in order to generate on-going media exposure concerning uses & benefits of public relations.'*

Supporting Brody's view: initial issue of PRSA's new newsletter, *Tactics*, is being promoted by announcing the 3 top articles will be on writing an effective press release, pitching stories to media, putting out a dynamic newsletter. Sounds like it's aimed at beginners or early career at best.

"Attitudes & action (or inactions) of this sort ultimately will drive more of our colleagues away from PRSA & well could spawn the birth of yet another organization (or perhaps greater domestic support for IPRA, which somehow always seems to be several steps ahead of PRSA both philosophically & pragmatically).