

## Find Your Angle How to tell your hospital's story in the media

By Lisa LeMaster

It's a common lament from hospital executives.

"The news media only covers the negative stories. We can't get them to report on all the good things going on at this hospital."

Or, administrators complain that beat reporters are predisposed to cover competitors because of relationships, editorial boards, or a positive experience at the other institution. While those situations may occur occasionally, I have found that an inability to "get coverage" is usually caused by a lack of understanding about the news business, in general, and the television business, specifically.

Most print and broadcast newsrooms have criteria for news assignments. Their guidelines probably don't match your vision or the board's view of newsworthiness, but editors do have a process for deciding when to send reporters, cameras and still photographers.

Here are some ways for you and your staff to pitch stories to the media.

Is it making national news and you have a local angle? When the President speaks or Congress votes on a health issue, how can you localize that event? Focus on the at-home impact of the decision, announcement, threat, or change. How can you localize a national story?

Is it visual? If you have read this column in the past, you know that I believe if you don't have a "visual," you don't have a story. Hospitals need to move away from "talking heads" in linear television shots taken at news conferences. How can you tell the story with pictures for television and newspapers?

For example, did you have an overload on calls following Peter Jennings' death? Let the media shoot pictures of call centers. Did you develop new anti-smoking posters or flyers on lung cancer? TV might use pictures of the new materials being printed or distributed.

Trends. The news media's best friend is the trend because, once identified, trends can be employed to suggest future events. Do you see a trend in surgeries, hospital stays, marketing strategies, hiring, recruitment, or technologies, for example? If so, and especially if you are "leading the trend," you can make news.

The point of view---It's easy to report a negative point of view---the disgruntled employee, the family that had a bad result, the neighborhood critic, or the plaintiff's attorney. These interviewees make their stories easy to tell

(Continued...)

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## About Executive Briefing & Exchange

Executive Briefing & Exchange is e-mailed the second and fourth Monday of each month. It is offered to you free of charge. You are welcome to print copies of EB&E.

EB&E is a service of Executive Women in Healthcare, which produces educational materials and seminars to help women healthcare executives. Executive Women in Healthcare helps leaders differentiate between fads and trends; and helps make connections with other healthcare "Trend Leaders."

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## Find Your angle (Continued...)

with their video, still pictures, and their willingness to "view with alarm." It is harder to convey the hospital's viewpoint, especially with HIPAA.

How can your story be told from the perspective of the patient, doctor or long-time donor, for example? With the right permissions, will you allow a reporter to shadow someone who is about to have surgery or a physician that is preparing for the operation? Usually, you can get agreements with editors about situations that would be off-limits for reporting, even if they are witnessed by the reporter. It's hard work to present an idea from another point of view. If you can offer access to compelling situations, reporters will clamor to cover the institution.

Is it a superlative? Can you claim a "first," a "never-been-done-before," or a "best, worst, or most" event? It has news value if you can prove something is "exceptional," and it doesn't have to be a medical breakthrough to be news. You can generate interest on the *first* brick laid on the new building, or the *first* nurse to serve 50 years, the *first* use of a new technology, or the most respondents to a survey on healthcare. By the way, if you do claim that an event is in the "superlative" category, be sure you are right. They will check.

Behind-the-scenes. Watch any network news program. Regularly, anchors promote broadcasts with "exclusive, behind-the-scenes" footage of stories ranging from sneak peeks of the next *Desperate Housewives*, to backstage previews of the White House getting ready for Christmas, or secret "insider" video of Saddam Hussein

in his jail cell. Newspapers also frequently tout their "unusual access" to government leaders or celebrities. In fact, the idea of being "backstage" to a news event is one principle that led to embedded reporters during the Iraq War. Pentagon officials believed the news media would have a better understanding and, therefore, produce more positive coverage, if reporters and troops had a "mutual" experience.

Are there events within your hospital that could be told from "behind-the-scenes?" Is there a possibility of soliciting coverage on the preparations for New Years Eve in the emergency rooms, retraining of medical personnel on new technologies, recruiting of nurses in a tough hiring environment, a last day for a long-time volunteer, a first day for a new doctor?

Like every other issue hospital administrators face, perception management and positive communications have become more difficult tasks. Today, success can't be measured in terms of prolific production of news releases. Today's healthcare leaders have to endorse policies and guidelines that encourage creativity, quick response, diverse viewpoints, and a willingness to speak with both words and pictures.

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## The 10 Best Practices for Advancing Women in Business - #4: Make Your Objectives Known

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This is the fourth in a series of articles I have been authoring in which I describe the Ten Best Practices for Advancing Women in Business. These Best Practices were developed by the Women Business Leaders of the U.S. Health Care Industry Foundation. The focus of this column is on Best Practice number 4. It provides as follows:

### **4. Make your business and professional objectives known to others.**

\* \* \*

Sometimes what you may think is obvious really is not obvious to others. It is so difficult to know whether your audience is operating from the same perspective you are operating. Consider the following scenario:

Jane Smith is a CEO of a large not for profit health care system. On her board are several CEOs of large for profit corporations operating in her service area.

Jane has been CEO for over five years, and she is thinking about her Horizontal Advancement.™ She is considering the idea of seeking a board seat on a for profit board. She may want to consider one of these companies in order to expand her business experiences.

Jane operates her hospital very successfully. She also provides her board members with very efficient board meetings. Shouldn't these senior executives automatically consider her for a board seat? Does she have to make her interest in corporate governance opportunities known to these CEOs?

Jane Smith should make her corporate governance interests known to these CEOs because it is not always obvious to a CEO/board member that such Horizontal Advancement™ would be of interest to Jane Smith. This is especially true for women in business leadership positions where the "norm" for such board seats has been male dominated. The visual frame of reference is historically male so while a male hospital CEO may be considered for such professional opportunities without having to ask, a female hospital CEO may need to make it known to this audience.

Also, in my personal experiences I have found that sometimes senior executive men interpret a "busy" senior executive woman is not likely to be that ambitious or not likely to want to be asked for additional professional commitment since the women appear to be so busy. Yet the women are ready, willing, and interested in the new professional or business challenge.

There also is the question how to make your objectives known. There are both direct and indirect ways.

Using our hypothetical, Jane Smith could speak directly to her board member about whether she or he thought it a good idea generally without specifically asking for a specific seat on a specific board. Or, she could make her interests known to a third party who could 'deliver' the message.

Through my volunteer work for the WBL Foundation, I have learned that board placement is a delicate matter. The nominating committees like to circle around a potential candidate well before any direct approach is made due to the close relationship board members will have with each other and with senior management. That is why personal recommendations by third parties are key to a board search.

Therefore, if you have a business or professional objective you wish to achieve, it is considered a Best Practice to make these objectives known to others either directly or indirectly. By being active, instead of passive, you are more likely to achieve those objectives. Good luck!

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## Symposium Preview

Plans are now complete for the Second Annual Executive Women in Healthcare Symposium, March 5-7, 2006. It will be held at the Ritz-Carlton in Lake Las Vegas, Nevada. You can expect to hear frank, candid and provocative opinions from today's leading women in healthcare.

The all female faculty includes women that made *Modern Healthcare's* list of 25 most powerful women in healthcare, as well as those who have earned the highest respect in our industry.

Here's who you can look forward to hearing and meeting at The Symposium:

- Emily Friedman, an independent health policy and ethics analyst from Chicago.
- Connie R. Curran, EdD, RN, executive director of C-Change in Washington, D.C.
- Lisa LeMaster, president of The LeMaster Group in Dallas.
- Dorothy E. Bellhouse, associate with Kenagy & Associates in Cambridge, MA.
- Teri G. Fontenot, president/CEO of Woman's Hospital in Baton Rouge, LA.
- Paula Butterfield, PhD, PCC, leadership coach and head of Butterfield + Lanning in Columbus, OH.
- Christine Petersen, MD, VP of medical affairs and chief medical officer of Sierra Health Services in Las Vegas, NV.
- Danielle Turcolo, president of Professionalism International in Twinsburg, OH.

You will also hear from a representative of Nova Southeastern University (NSU). Executive Women in Healthcare has developed a special relationship with NSU. Eligible female hospital leaders with clinical degrees can earn an MBA in 18 months with the courses conducted on the Internet. Only one week of on-campus attendance will be required at the end of the program. A representative from NSU will offer details of this special MBA program.

NSU is located on a 300-acre campus in Fort Lauderdale, Florida. It has more than 25,000 students and is the largest independent institution of higher education in Florida. It is the largest independent institution of higher education in the Southeast; and it is the seventh largest independent institution nationally. NSU awards associate's, bachelor's, master's, educational specialist, doctoral and professional degrees in a wide range

of fields. The university is comprised of undergraduate, graduate and professional schools of medicine, pharmacy, optometry, allied health and nursing, medical sciences, dental medicine, law, marine biology and oceanography, business and entrepreneurship, computer and information sciences and the humanities. NSU is regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS).

Two workshops will be available on Sunday, March 5, in addition to The Symposium. One will be a workshop brought back by extraordinary popular demand-"If Disney Ran Your Hospital--9½ Things You Would Do Differently"-led by Fred Lee, author of the book with the same name as the workshop.

The second workshop will be "Why and How (Not) to Innovate" presented by Dorothy E. Bellhouse, associate of Kenagy & Associates, and Robert B. Harrington, Director of the Cambridge Management Group. This workshop will provide a framework for assessing your organization's readiness to sustain change and grow. It will concentrate on:

- the case for innovation,
- if the prospective benefits are worth the cost of change,
- your organization's ability to make sustained changes,
- how to focus on the areas of greatest potential and,
- the resources necessary for success.

In addition to the exceptional presentations with a point of view that you are not likely to hear elsewhere, conversation breaks have been included following each presentation of the program. This is a time to engage and network with the other participants. Then following lunch on the second day of The Symposium, two

hours have been set aside for you to meet individually with the presenters to get answers to your personal questions.

Topping off The Symposium are the activities that you can take advantage of at the Ritz-Carlton resort-spa, exercise, sports or relaxation-as well as the fun in the area.

We have negotiated an extremely favorable rate with the resort and we have reduced the registration fee to make it easy for you to attend this unique opportunity for you to learn from women leaders and network with women leaders.

Registration material will be sent to you shortly. In the meantime, please block out March 5-7 on your 2006 calendar.



### Circle The Dates Now... March 5, 6 and 7, 2006.

That's when the Second National Symposium of the Executive Women in Healthcare will be held at the Ritz-Carlton in Lake Las Vegas, Nevada. The theme of the program will be "What Comes After What Comes Next."