

The W. Howard Chase Award — 2002

Organization Nominated: Eastern Idaho Regional Medical Center (EIRMC)

The Issue: The challenge was to change the operating environment of our organization, with both internal and external stakeholders, in order to maintain our “operating license” with an alienated community. To meet the challenge, EIRMC created The Open Door Initiative.

1. Why is the Issue important to the organization?

EIRMC is Idaho’s largest hospital, serving a 250,000 population area and is the largest private employer in the area, as well. In 1999, there were all-time satisfaction lows being recorded from stakeholders: physicians, community and employees. Our for-profit facility was born out of protest in 1983 and now had an organized threat in addition to a negative media image.

The traditional concept of issue management is to focus on public policy. While there were very real public policy issues facing our organization (we are a highly regulated industry), we believe that there are other stakeholders whose influence can be just as potent as those stakeholders with actual authority over us. We take an expanded view of IM that looks at a broad continuum of inclusion and organizational openness as an actual tool for managing issues. In this case, instead of focusing on several individual issues, we really wanted to focus on the underlying culture, or soil, from which all our issues grew.

2. At what levels do members of the organization participate in addressing the Issue?

Individuals and departments from all levels were involved in the EIRMC initiative, including officers, management and staff, to hourly wage employees. The process was highly interactive with external constituents, listed below.

3. Which constituent groups are affected?

From design to implementation of the program, external participants included patients, physicians, employees, community “influencers,” and the community at large, as well as the media.

4. How are constituent concerns considered and acted upon?

The Open Door Initiative included the following program components:

- “Turn Off the Noise”
- Design Team (included Officers)
- Identify Issues (Ours & “Theirs”)
- Identify key stakeholders
- Match issues to stakeholders
- Develop Envoy Notebook including quick facts, issue backgrounders, press releases and media clips, training materials such as Frequently Asked Questions, resources such as forms and contact lists
- Develop Database to track issues commitments, meetings, stakeholders, envoys

- Select and recruit Internal and External Envoys
- Train Envoys on issues, key messages and improved communication skills
- Switch to Implementation team
- Develop handouts and “leave behinds”
- Start media campaign
- Launch series of 26 departmental meetings with all employees and Board
- Book appointments to match envoy teams, stakeholders and issues
- Create a Feedback Loop and Commitment Closure through forms, tracking database and personal responsiveness
- Conduct 65 meetings (mostly at meals) over a three-month Blitz

5. What are the key objectives of the issue management program?

Our objectives were to build strategic relationships with specific goals to improve the satisfaction scores, increase and improve our media coverage, shape database legislation, affect service lines of a new hospital and improve community perceptions.

Step one identified the issues through research involving surveys, focus groups, media analyses, consultants, competition, corporate data...and our gut!

Step two analyzed the results of the research.

Step three formulated change strategy options, specifically surrounding communication through an Open Door Initiative. Our objective was to start great conversations about things that matter – to everyone.

Step four, implemented our strategies. We re-grouped, prepared, and re-engaged, meeting the community on their own turf, demonstrating our understanding of the issues, making our leadership accessible, and really listening and responding.

6. Does issue management make a direct contribution to the organization’s profitability? If so, how?

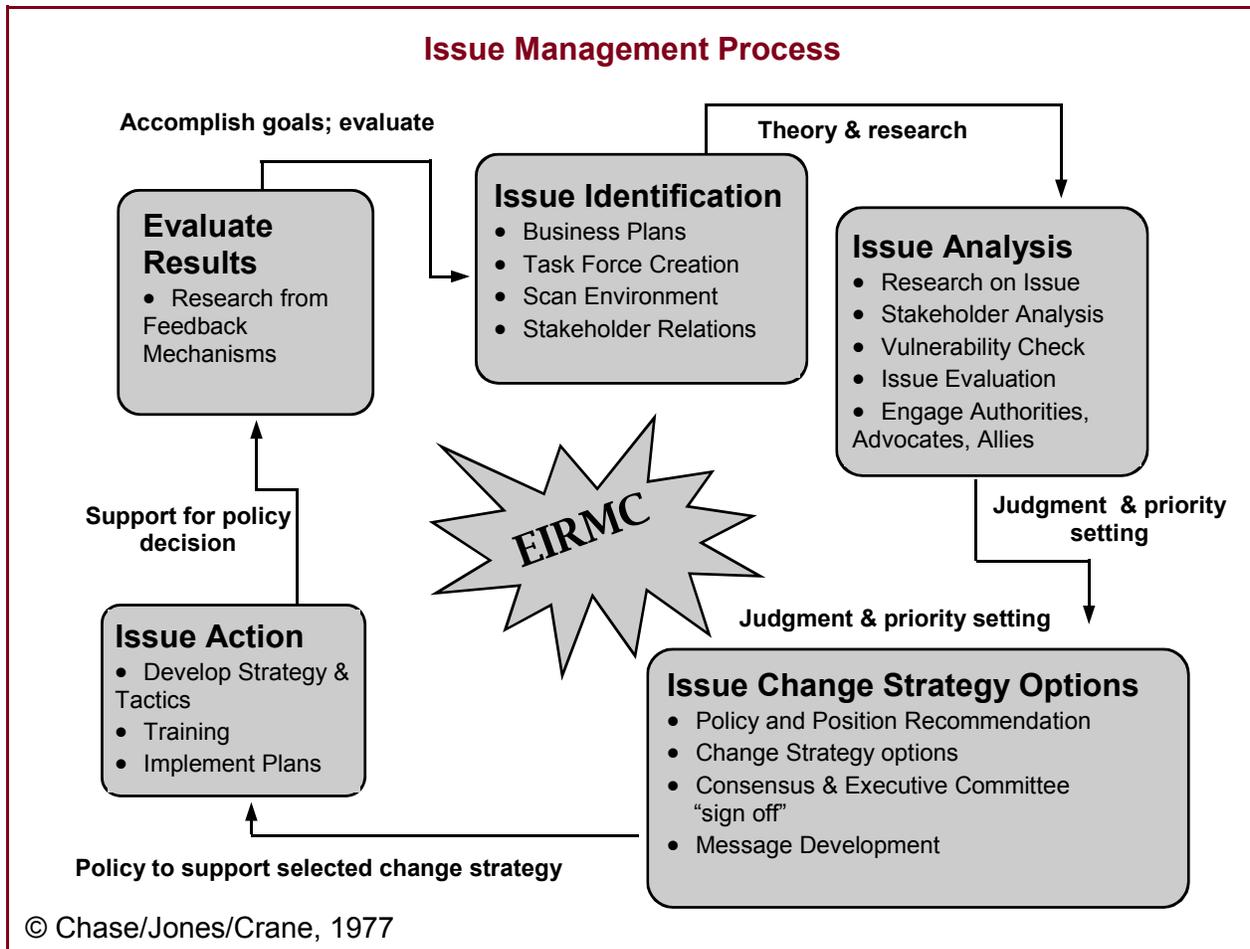
Increased physician satisfaction means greater utilization of facility and growth in referral patterns. The effect on competition reduces the future loss of business from competing facilities. Better climate with key employers and community provides greater negotiating power for contracts so that we don’t have to provide harmfully deep contractual discounts. Reducing physician and employee turn-over directly reduces operating costs associated with recruiting and training new staff and physicians.

7. What are the results?

Patients reported an increase from 89% to 92% in satisfaction with their experience at EIRMC. We found we had much happier employees, by an increase from 52% to 71%, and a dramatic increase in physician support, from 42% to 87%. (Physicians even took out supporting advertisements in local paper when a controversial public issue came up.) Media coverage swung to the positive side. We were named one of the “Top 20” Most Influential Organizations in Idaho, where we previously had not been in even the top 100.

8. Please illustrate your organization's issue management process.

We used the Chase-Jones-Crane issue management model, shown below.



Eastern Idaho Regional Medical Center (EIRMC) has earned the Chase Award for Excellence in Issue Management on the basis of this nomination presented by Amy Dirks Stevens, director, community relations & marketing