

Prioritization and Politics: Ten Best Practices for More Effective Capital Allocation

One of the most significant impacts a healthcare leader can have on an organization's viability is to take control of and enhance the capital allocation process. Here are ten best practices for overcoming the political game playing that ensnares and cripples most allocation processes.

Capital allocation is typically characterized by steps that take place as a series of loops rather than in a linear sequence (Figure 1). These loops—the consequence of organizational politics, the absence of an objective and rigorous evaluation process, and communication breakdowns—slow and divert decision making. The result is lost strategic opportunities, lost physician alignment opportunities, and project delays, leading to escalation of construction and purchase costs beyond affordable limits.

Consider the case of a Midwestern hospital that sought to establish a presence in an attractive new market. For several years, the hospital's management team and board studied and debated investment in the initiative. During that period, construction costs escalated, and soon the planned project exceeded access to capital. In the interim, a competitor completed a rapid assessment, made its capital allocation decision, and broke ground on a new health center.

Best-Practice Recommendations

To achieve enhanced success in capital allocation, executives are urged to apply all ten of the best practices described below.

Best Practice #1: Lead Proactively.

The capital allocation process should be led proactively by the executive team. The chief strategic officer (CSO) and the chief financial officer (CFO) should jointly design the work steps in the strategic planning and capital allocation process and should work together in executing those tasks. The executive team and the governing board should understand, endorse, and empower the joint approach.

Best Practice #2: Agree on a Single Point of Leadership.

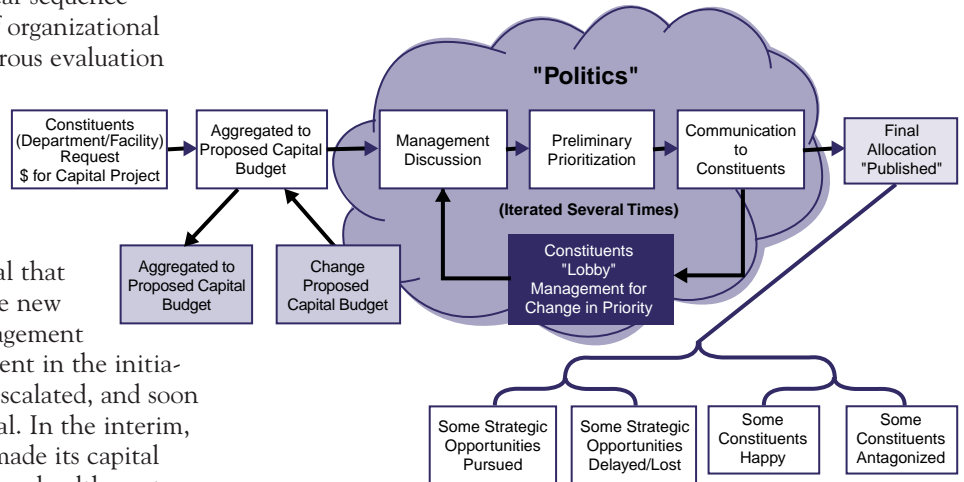
There should be a single point of leadership, either the CSO or the CFO. It is not that individual's role to make allocation decisions unilaterally, but rather to assemble the best decision-making team and hold the participants accountable for the other best practices.

Best Practice #3: Seek Consistency with Strategic Goals.

Decisions regarding which projects are considered and how much investment is approved should be consistent with the organization's vision and strategic goals. An effective organization will limit its focus to three to five goals annually. The capital allocation should reflect projects that support these annual goals, with generally no more than a few major capital projects having a longer (multiyear) horizon.

Projects not consistent with these parameters should be culled in the early stages of the planning cycle. Smaller projects that deal with facility and equipment maintenance or recruit-

Figure 1. The Typical Capital Allocation Process



ment of individual physicians should be incorporated into operational budgets. A firmly established dollar threshold will clarify whether a project should be submitted for capital allocation funding.

Best Practice #4: Establish a Rigorous Evaluation Methodology.

A well-defined and rigorous approach to the allocation methodology should be established, including five broad components:

- The specific basis for analyzing each proposed capital project and guidelines for presenting a business case to support the project.
- Orientation to considering projects simultaneously as a portfolio of alternatives.
- Criteria for evaluating the projects, individually and comparatively.
- A standardized method for scoring and prioritizing projects.
- Provisions for handling requests for project funding outside the customary decision cycle.

Best Practice #5: Develop a Compelling Business Case.

The following elements should be incorporated in evaluating, profiling, and presenting a business case for potential capital projects:

- Description of the project.
- Total investment required and the timing of fund allocation.
- The project's link to the strategic plan.

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- Consistency of market characteristics with the project.
- Supplemental benefits of the project.
- Incremental revenue and expenses specific to the project.
- Project-related financial performance and return on investment (ROI).
- Identification of risk factors, likelihood of their occurrence, and potential impact.
- Extent to which the project would affect operations, directly and indirectly.
- Time frame for completion.
- Information specific to each of the criteria that will be used in the prioritization process (see Best Practice #6).

Best Practice #6: Use Consistent Evaluation Criteria.

The prioritization process should include both qualitative and quantitative criteria and a means of comparing the projects. The CSO and the CFO should develop a list of evaluation criteria to apply consistently to each project. The criteria should be discussed with and modified by key constituents—for example, the finance committee of the board, the executive management team, and capital allocation committee members—and their buy-in should be obtained. Doing so will substantially reduce subjectivity in decision making as well as most unwanted political behavior.

The five basic categories of criteria include:

- **Strategy:** the extent to which the proposed project contributes to meeting the organization's strategic goals and the opportunity cost of not pursuing the initiative.
- **Market:** the degree to which the proposed project enhances the organization's competitive position, and the extent to which the potential patient pool can support the initiative.
- **Operational impact:** the degree to which the proposed project resolves a critical infrastructure issue, the extent of its impact on operations, and the extent to which the organization has or can acquire the competencies necessary to complete the project.
- **Clinical effectiveness:** the expected impact on clinical quality and outcomes.
- **Financial impact:** the project's short-term financial performance and its long-term ROI.

The champion for each proposed project should create a profile on the project for presentation to the allocation committee. The profile should contain information on each of the elements and criteria listed in Best Practice #5. The allocation committee should review and prioritize the projects using two techniques: a scorecard and a two-dimensional matrix.

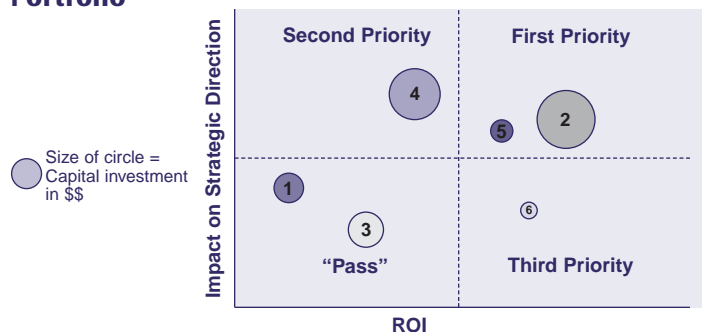
How to Use a Scorecard

- Assign each criterion a weight reflecting its importance. The CSO or CFO should prepare the initial draft for review by allocation committee members. When establishing values, caution should be exercised regarding the implication of the individual weights. For example, if criterion A is assigned a weight of 0.5 and criterion B a weight of 1.0, that implies that B is twice as important as A.
- Assign a range of values reflecting how closely a project meets

Figure 2. Using Quantitative Scoring to Remove Subjective Biases

	Example
• Calculate a weighted score for each criterion:	
Score on Criterion #3 (High = 2, Medium = 1, Low = 0)	2.0
X Criterion #3 Weight (2.0, 1.0, 0.5)	0.5
Criterion #3 Weighted Score	1.0
• Sum weighted scores across criterion to derive total project score	

Figure 3. Evaluating Potential Projects as a Portfolio



- the criteria. A project might be assigned a “2” for high impact, a “1” for moderate impact, or a “0” for low or no impact.
- After presentation of project profiles, the allocation committee discusses each item and assigns a value score to each criterion. Values then are multiplied by the weights to identify the criterion weighted score. The weighted scores of the criteria are added to obtain the project's total weighted score (Figure 2).
 - The allocation committee then prioritizes the projects on the basis of the weighted scores.

How to Use a Two-dimensional Matrix

- Establish the dimensions of the matrix. The y-axis should be the proposed project's relative impact on strategic goals, while the x-axis should be the expected ROI.
- Plot each project on the matrix. Projects are represented as circles whose size (radius) corresponds to the capital investment required.
- Assign projects located in the top right quadrant of the matrix as first priority; those in the top left quadrant, second priority; and projects in the bottom right quadrant, third priority. Those in the bottom left quadrant should not be pursued (“pass”) (Figure 3).

Best Practice #7: Referee the Prioritization Process.

Regardless of approach, the prioritizing process should be proactively refereed. The following guidelines will help:

- In any given year, keep the membership of the allocation committee consistent throughout the evaluation and prioritization steps.

- Establish weights and values for the scorecard approach and dimensions for the matrix before the evaluation and prioritization process begins. Allow for one or two “test” applications to fine-tune the values, but avoid retroactive adjustments.
- Suspend the CSO’s and the CFO’s decision-making authority. Instead, they should participate as members of the allocation committee.
- Use a neutral facilitator.
- Establish a mode for discussion and debate, but set time limits for doing so.
- Defer final decisions to the CEO, who should generally follow the prioritization developed by the allocation committee.

Best Practice #8: Define Stakeholder Roles.

The allocation committee should be multidisciplinary in composition and should reflect the perspectives of finance, strategy, operations, and the charitable foundation, if any. The roles of key constituents should be defined before commencing the process:


- Service line managers and other capital project champions should prepare the business case and present it to the allocation committee.
- Physicians should be invited to identify capital projects and consulted in refining project profiles. To reduce political behavior, they should not be members of the allocation committee.
- The CSO and the CFO should be contributing members of the allocation committee.
- Selected members of the executive team, such as the chief operating officer, the vice president of patient care, and the chief medical officer, may be invited to participate on the committee.
- The CEO should make the final recommendation on prioritization and should ensure accountability.

Best Practice #9: Establish a Calendar.

A fixed calendar should be established, with the capital allocation cycle beginning at the same time each year. The entire process should be completed within three months, with some flexibility to account for any significant strategic shift that may occur.

Best Practice #10: Communicate Decisions to Stakeholders.

The CSO and the CFO should proactively communicate to members of the board, the management team, the medical staff, and midlevel managers the proposed projects considered, the mechanism used in evaluating and prioritizing them, and the capital allocation decisions made as well as the supporting rationale. This will enhance stakeholder buy-in.

In summary, to keep political behavior and other pitfalls from crippling the capital allocation process, proactive steps should be taken to make the process objective, rigorous, and standardized. The ten best practices presented here will go a long way toward achieving that end. 

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Games People Play

These eight political maneuvers are commonly encountered during the capital allocation process. Avoid these deadly pitfalls at all costs.

- 1. Lobbying.** A telltale sign of this behavior is a statement such as, “If the hospital really was supportive of community need, it would fund this project.”
- 2. The fairness argument.** This is illustrated by petitions such as, “It’s the lab’s turn; radiology received funding last year.”
- 3. The positioning game.** In this behavior mode, proponents of a capital investment will intentionally be the first to submit their proposal in an effort to demonstrate its importance and thus priority. An alternative tack is to be the last one to sneak a proposed capital project onto the list, thereby demonstrating the apparent urgency of its approval. A third approach is to submit a “placeholder” project when the list of potential capital projects is assembled, then substitute a different project for the placeholder during the allocation of funds.
- 4. Segmentation.** On occasion, those promoting a large-scale capital investment—an IT upgrade, for example—will break it into multiple smaller components to make the pieces seem affordable and easy to justify.

- 5. Bundling.** In a pattern apparently borrowed from state and federal legislatures, individuals championing a less-favored capital project may seek to bundle it with a highly supported project, hoping to ride the popular project’s coattails to funding approval.
- 6. Flawed business case.** Champions of a proposed capital project may state a compelling but skewed “business case” for approval. Signals of this form of appeal are phrases such as “an emergency,” “timing is critical,” “the competition will beat us to...,” or “if we don’t fund the request....” These approaches are often accompanied by proposals that do not fully consider the risks of the proposed investment and are supported by overly aggressive assumptions, leading to unrealistic upside performance projections.
- 7. Philanthropy holding capital hostage.** This ploy is characterized by statements such as, “John Smith is ready to hand us a check for \$20 million if we build....”
- 8. The dog-and-pony show.** A well-crafted presentation, often accompanied by photos, videotaped patient appeals, and other techniques, is used to seduce decision makers and mask otherwise light support for a project.

Creating an Executable Web Strategy

A good web strategy is the cornerstone of great web execution. Here are some tips on making your website a transformative force and competitive differentiator for your organization.

A majority of organizations do not develop a strategy for the web. Instead, they get into a pattern of “plan this phase, do this phase, repeat as necessary.” Pulling together a strategy takes time and effort. Is it worth it?

Without a comprehensive, strategic framework that assesses business value, documents best practices and research, benchmarks a current state, and justifies an investment, the strength of your final product will be diluted. A good web strategy is the cornerstone of great execution.

A good strategy will provide real value to you and your team in three principal areas:

- 1. Obtaining resources and support for execution.** It is much easier to gain support from your executive ranks when you have long-term goals and a clear direction.

The strategy development process is a great time to get feedback, input, and direction from the executive leadership team. Developing buy-in requires a lot of one-on-one time with individual executives, identifying how the web can help accomplish their goals as well as organizational directives. It's a supportive process. If it is done well, your end product will also have a much better chance of creating value.

- 2. Setting goals.** One of the best ways to do mid- to long-term planning is to begin with where you want to end and then work back to today's current state. Having goals is not simply a way to measure success or failure; goals define success or failure.

By setting goals, you will focus on maximizing the value of selected and prioritized initiatives. You will have a foundation upon which to build instead of a reactionary approach of placating squeaky wheels or following in the footsteps of competitors.

- 3. Investing for the future.** Perhaps the strongest supporting philosophy for web strategic planning is that not all paths can lead to all destinations. Software is wonderful for providing structure and efficiency, but it may not always adapt to future needs.

Consider the wholesaler who selected and implemented a corporatewide inventory management system for his organization, only to find out that the organization was in the process of adding a retail arm to the business, which was completely unsupported by the selected package. The result was a return to the drawing board and a new investment in a replacement.

Spending some time establishing your direction three to five years out will help protect the investments you make today, so that limited resources can be used to move forward rather than start over.

What's in a Strategy?

Much has been written about the generic components of a strategy. Although no single strategy is applicable to all organizations, every healthcare organization should address a number of fundamental elements as part of a web strategy:

Ownership, control, and accountability. Be certain there is consensus among leadership about who is empowered and responsible for the direction and tactical decision making for the web and other interactive channels. If control does not reside within the department, understand the financial responsibilities and relationship building that need to be in place for success. Step up to the plate, and clearly articulate all levels of accountability.

Many initiatives derail midstream by struggles for control. Ownership changes, leadership changes, and rogue projects can contribute to confusion. An established and approved strategy can help to define roles and responsibilities as well as create a positive dialogue among those who share responsibilities. Make sure you have the support necessary to keep initiatives on track despite diversions.

Goals by audience. Identify your key target audiences, and establish goals for each. The needs of an employment seeker, a patient, and a referring physician are different. One comprehensive strategic approach will not address the goals for each audience.

Extend your planning to determine goals with each audience. If you are performing a SWOT (strengths, weaknesses, opportunities, threats) analysis or needs analysis as part of your planning process, do so for each key audience.

Secure versus unsecured interactive communications channels. Given the current regulatory environment, it can be difficult to understand why so few healthcare organizations have a secure online communications channel for patients. The liability risk to clinicians and other staff members who interact with patients electronically if online communications are not secure can far outweigh the challenges of putting this piece of infrastructure into place.

Understand that secured communications enable technology for everything from simple transactions, such as allowing clinical staff to respond to online appointment requests without resorting to a phone call, to more sophisticated e-health initiatives, such as annual mammogram reminders. Map out the secured and unsecured areas as well as the value that will be provided by each channel.

A single sign-on. This is a simple question of improving the end-user experience. All of us should strive for it, understanding that it is easier said than done in most healthcare systems because of the complexity of a variety of technology platforms.

Asking users, visitors, and patients to create and maintain separate log-ins for your organization's job application system, bill payment system, personal health record, and calendar registration system is not only cumbersome, it is confusing and can become a significant barrier to online interaction.

In the end, it is not necessary that all interactive components come from the same system or vendor, but they should at least provide the experience of seamless navigation throughout your online systems if possible. After all, perception is reality.

Personalization. Customer relationship management (CRM) advocates have been talking for a long time about the importance of creating target segments that can be applied to one individual. In healthcare, as in many other aspects of our lives, we filter the overload of information and messages we receive on the basis of the perceived relevance to our need.

Personalization is about getting users to the most relevant information faster and more consistently. It doesn't matter whether the personalization is passive (targeting content based on the visitor's onsite activity) or active (based on the visitor's profile).

Personalization is an even more significant influencing factor in e-mail communications. Generic newsletters are rarely relevant to readers, leading to sagging open and click-through rates. Better results come from targeting the needs and interests of your readers by condition, geographic area, or service.

The ability to act on clinical information. It is no longer a question of *if* healthcare organizations will be offering clinical information to patients online, only a question of *when* and *then what*.

While the answer to the *when* question is often driven by the consumer—the sooner, the better—the bigger question is the *then what* question, as in “So you give a patient access to his or her medical record. Then what?” If all your organization is doing is providing clinical information, what is the compelling draw for the patient to return to the site? What is the value to your organization of making the investment?

The value of sharing clinical data lies in providing direct channels for patients to *act on* what the data tell them—for example, get more information about a disease, join a support group, sign up for a relevant newsletter, or access tools to help them manage the condition.

Interaction and transaction. Site content is very important to the success of your website, but it is not enough. The problem with providing content alone is that it leaves site visitors floating, unable to act on the information they have been given.

It is possible to include an offline mechanism to let visitors take the next step, such as instructions to make a phone call, register for a class, or make a donation. Unfortunately, each time you push visitors to this type of channel change, your task completion rates drop—dramatically.

If a visitor to your website really preferred to make this interaction by phone, she would have started by phone. She didn't.

Measuring value. Online transactions will give you the information you need to demonstrate the value the site is providing

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Five Steps to a Quick Website Tune-up

Haven't looked at your website in a while? Even though your site may still be serving its purpose, it's a good idea to give it a once-over every so often. Many hospitals spend a lot of time putting their websites together, then rarely make changes or never look at them again.

Take a few minutes to look at your site with fresh eyes, from a consumer's perspective. Here are five quick things to check for on your site:

- 1. Navigation tips.** Do you tell visitors to your website exactly where to go next on each and every page? Do visitors know what steps they should take or what page to look at next? Don't assume they will just click around. Be extremely specific; direct them to a specific service or to your events page to see where a class or seminar will be held.
- 2. Contact information.** Does every page have your contact information? In addition to the “contact us” page on your navigation bar, it's a good idea to include an e-mail link (even if it's info@www.) and a phone number at the very bottom of every page. The point is to make it easy for prospective patients to contact you for more information. Some may look for the “contact us” page, but others may not.
- 3. Testimonials.** Are testimonials scattered throughout your site? If not, what can you do to get some today? Are there patients or doctors you could ask right now?
- 4. Paragraphing.** Are your paragraphs short and easy to read? You may not have thought about this when you first did your site, so do a quick once-over now. In general, your paragraphs should be two or three sentences—no longer. Break up the pages with bullet points or bolding.
- 5. Headings and subheadings.** Does your site have them? Important keywords that patients would use to find you should be in the headline at the very top of each page, then in subheadings throughout the page. Many organizations that write their own websites do not realize the importance of headings in making it easy for search engines to find you. If the search engines aren't finding you, chances are that some of your prospects aren't, either.

Bonus tip #6: Have you added any new products or services since you last worked on your website? Any new samples to show or testimonials to showcase? Now is a great time to add these, too.

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Creating an Executable Web Strategy

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for your organization. Organizations are successful online when they take the time and energy to measure and demonstrate the value their websites create. This corner can never be cut. Skip it, and your future projects are in question. Spend some time learning about return on investment (ROI), and don't use the term lightly. This is an extremely important element to include in your strategy.

Executing the Strategy

In most healthcare organizations, executing the web strategy hinges on the ability of leaders to understand risk, value, comprehensive planning, and the benefits that effective organizational change agents can bring.

Understand that change management creates dissatisfaction with the status quo. Unless you have a solid strategic plan that has a high likelihood of tactical success, you will only create more dissatisfaction. When an organization is stuck in routine, the inertia to stay on the current path can become difficult to counter. People are unlikely to reach outside a comfort zone unless they are convinced that it is worth the risk.

A dry, passionless recitation of market trends, best practices, and the occasional statistic may bolster your position with those who are ready for change, but it will not move a traditional group to action. A solid strategy can give all stakeholders confidence in movement.

Strategic planning should mold the execution that is to follow. This process involves a lot of different elements—education, organizational change management, goal setting, road map development, value definition, and more.

The ability to think strategically, understand the short- and long-term implications, and map them to a tactical plan can be the difference between making a website a transformative force and competitive differentiator for your organization, or merely making your website a little better than before.

Plan for excellence. It's worth the effort. 

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Call for Nominations: 2007 Awards for Individual Professional Excellence

Do you know someone who inspires others to professional excellence? Someone who has made important contributions toward the advancement of the field? Consider nominating him or her for a SHSMD Award for Individual Professional Excellence. These awards honor the best and brightest healthcare marketers, planners, and public relations/communications practitioners—individuals who are truly exemplars of the profession.

Nominees should have ten or more years of experience in planning, marketing, or public relations/communications, including at least five years in healthcare organizations. Nominees' career achievements will be judged according to the following criteria:

- **Innovation in the practice of our disciplines** through the use of solid marketing, public relations, or planning techniques, including (but not limited to) new product development, product line management, sales, community relations, environmental analysis, competitor assessment, needs assessment, forecasting, or network development.
- **Enhancement of the credibility of the profession**, including participation in professional organizations, publication in the professional literature, or professional public speaking.
- **Exceptional personal qualities and leadership abilities**, such as integrity, the ability to work with diverse groups, motivating or mentoring others, and exemplifying the values of our profession to people in other disciplines and fields.
- **Community service** on a local, regional, or national level.

Nominees must be SHSMD members in good standing. A maximum of two awards will be given each year. Awards for 2007 will be presented at the SHSMD Annual Conference, October 3–6 in Washington, DC.

To nominate a colleague, write a letter no longer than three pages describing how you believe the nominee fits the profile above. E-mail it as a Word attachment to Karen Porter, SHSMD associate director, at kporter@aha.org. Be sure to include your daytime telephone number and e-mail address. **Your nomination must be received no later than May 12, 2007.** There are no forms to complete and no entry fees. Sorry, we are unable to consider self-nominations.

Previous Awardees

2005	David L. Marlowe
2003	Russell C. Coile, Jr.
2002	Scott Regan
2001	Carolyn Hightower
2000	Susan Dubuque, Susanna Krentz
1999	Greg Waskul, Rhoda Weiss

Make It EXTRAordinary: Putting the ‘Extra’ into Ordinary Events

Tips on planning and hosting an event that will wow your attendees.

In addition to their marketing and public relations responsibilities, marketing departments often are event planning departments, too. Maybe that’s because to be a successful marketer, you must be detail-oriented, personable, and full of energy. We have yet to meet a successful marketer who did not possess all three of these qualities.

The challenge that faces marketers in the event planning arena is that we often do not have background and experience in event planning. How many of us have actually taken a class on event planning? Our experience frequently is limited to events we have attended as guests.

Marketers, by nature, want to wow and impress customers. It is only a small hop, then, to wanting to wow and impress our event attendees. Whether the event is an employee picnic, a foundation fundraiser, an association meeting, or even a spouse’s surprise birthday party, with a little bit of forethought and brainstorming, it is fairly simple to turn an ordinary event into an extraordinary one.

Make it appropriate. When planning your event, first determine what your goal is and who will be in attendance. Then, you can tailor your “wows” to the event. If your goal is to raise money for a new heart program, holding a formal dinner with a string ensemble and valet parking will notch it up from ordinary to extraordinary. At the other end of the spectrum, if your event is an employee family picnic, caricature artists, rock-climbing walls, bungee jumping, and scavenger hunts would be more appropriate ways to wow the attendees.

Wow with Location

Hold your event at an interesting venue, such as a:

- Zoo
- Botanical garden
- Museum
- Planetarium
- Theme park
- Private garden/backyard
- Historical site
- Park

Feed them. Realistically, budgets are usually involved in event planning, so you should always keep in mind the impact that every purchase will make on the attendees. First and foremost, never, ever skimp on food. Attendees may not remember that they could have ridden in a hot-air balloon, but they will remember that you ran out of hot dogs before they had a chance to eat. That doesn’t mean you have to go overboard on food—just make sure you don’t run out of food and drink before the appropriate time.

Another way to make an impact is to theme the food to your event, whether through a themed menu or unique food displays. Food served for a foundation fundraiser dinner themed, “The Lost City of Atlantis,” could be elegant fish, butter shaped like seashells, and fresh fruit compote for dessert. Or, the food could be “normal,” but the mousse dessert is served in chocolate clamshells.

Dress it up. When theming food to your event, don’t forget to theme the invitations, décor, and linens, too. Chair covers are a great way to dress up a room for an elegant event. A barbecue is kicked up a notch with checkered invitations and tablecloths, picnic tables, straw bales, and farm implements. By adding a country band or fiddle players, you’ve easily turned an ordinary picnic into an event of the month.

Little Things That Can Make It Special

- Customer service to the extreme
- Pocket maps or reference materials
- Nice name badges—no pins or stickers
- Fresh flowers
- Good food
- First-aid kit
- Continuous announcements so no one feels lost
- Go-to place for information or assistance

Take them away. The location of your event can also dictate how much you wow attendees. Instead of holding your nurses’ appreciation luncheon in the meeting room every year, change it up a bit. The local botanical garden or museum is often empty on a weekday and may be happy to donate space to your organization. By taking the nurses off-site to a beautiful location, you show them how much you really do appreciate them (and wow them a little bit, too).

Entertain them. Well-planned entertainment always makes events a fun experience, and it doesn’t have to break your budget. Elegant evening events that are attended by couples are made extraordinary when a dance floor and a good band are added. Families appreciate events that take their children into consideration, such as an employee family picnic that includes swimming (and a lifeguard), face painting, a petting zoo, or make-your-own sundaes. Often you can hire college students to staff these events, lowering your cost while still wowing your attendees.

Surprise them. When planning your “wows,” throw in a few surprises. Arrange for a stage performance or a dinner theater troupe, hire a hypnotist, present your guests with thoughtful gifts, include costumed characters themed to the event, or have a comedian “interrupt” a dry speech. By creating the unexpected, you will have attendees clamoring to return next year, even if it means emptying their wallets for your fundraiser. And who wouldn’t love to have a fundraiser that the whole town wants to attend?

Pamper them. Don’t forget to take care of your attendees—treat them as your guests, because that is what they truly are. If it is raining, provide umbrellas or valet parking so they won’t get wet. If walking will be involved, tell them ahead of time, and ask them to wear comfortable shoes. If they will be sitting,

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Make It EXTRAordinary: Putting the 'Extra' into Ordinary Events

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for hours listening to lectures, include multiple breaks, with at least some of them outside to provide a change of scenery.

Entertainment Pros

- Makes it an experience, not just entertainment. Interaction is always fun.
- Creates audience participation, networking, and interaction.
- Makes it memorable.

Be gracious. Finally, make sure that you and your event staff are gracious hosts and hostesses. By letting the attendees think that planning and executing the event was fun and painless, they will again be wowed and perceive the event as extraordinary. And, as all marketers know, perception is reality.

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SHSMD Datebook

January 10, 2007

New! Web seminar:

"Are You Ready for H-CAHPS?"

Early February

"Essentials" program brochures mailed

May 2-4

Back by demand! "Essentials of Healthcare Marketing," Northwestern Memorial Hospital, Chicago (classes); Millennium Knickerbocker Hotel, Chicago (hotel accommodations)

May 17-18

Back by demand! "Essentials of Healthcare Strategic Planning," Hard Rock Hotel, Chicago

May 17-18

New! "Essentials of Healthcare Communications and Public Relations," Hard Rock Hotel, Chicago

October 3-6

2007 Annual Educational Conference and Exhibits, Marriott Wardman Park Hotel, Washington, DC

"Capitol Connections:
Connecting Great People to
Great Ideas"

SHSMD's 2007 Annual Educational Conference and Exhibits

October 3-6

Marriott Wardman Park Hotel
Washington, DC

Register by July 15

to qualify for the early-bird registration fee:

- \$745 for SHSMD members (\$845 after July 15)
- \$940 for nonmembers (\$1,040 after July 15) (Nonmember registration includes a one-year SHSMD membership.)

Reserve your hotel room now

to get the special SHSMD rate:

Reservations: 202.328.2983

Room rate: \$239 single/double

Be sure to ask for the SHSMD rate when you reserve your room. The rate will apply until September 8 or until the room block is filled.

**Don't miss the meeting of the year for
healthcare strategy professionals. To
download a registration form, go to
www.shsmd.org.**



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