

# Trauma Center Marketing: Billboards Are Not Enough

**Trauma Outreach & Marketing**  
*For Trauma Medical Leadership*

Michael D. McGonigal MD  
Director of Trauma Services  
Regions Hospital  
St. Paul, MN

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**Disclosures**

- No financial ties to any organization discussed
- No off label or investigational use
- Opinions expressed are mine alone

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**Objectives**

- Recognize the unusual nature of trauma center marketing
- Identify all of your target customers
- Know what your products are
- Become familiar with less traditional marketing techniques
- Receive a “whack in the side of the head”

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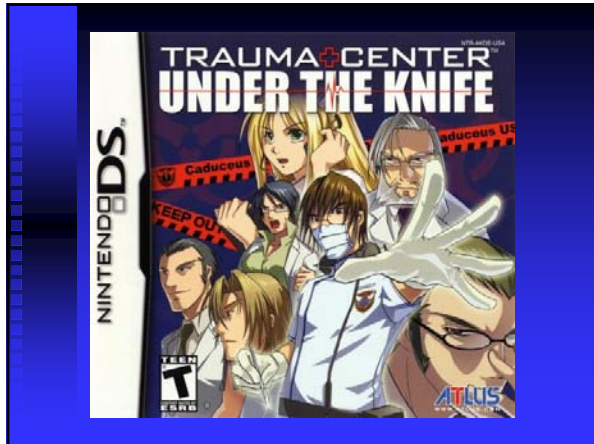
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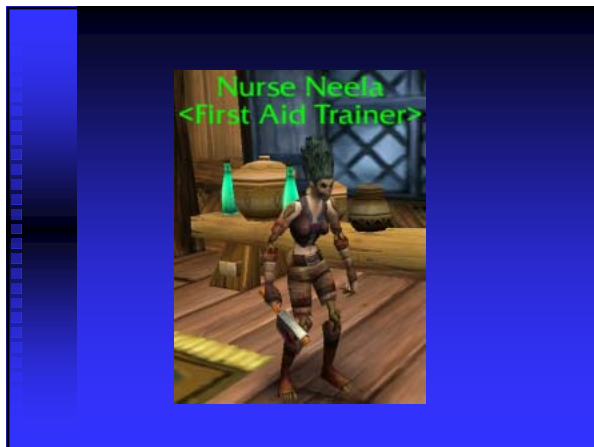
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**Trauma Center Marketing Is Different!**

- The “captive audience”
  - ◆ Patients have little say in the choice of a hospital
- There are more ways to market than in a traditional business
- The “target market” is smaller yet broader than you think

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**Who Are Your Customers?**

- Patients
- External
  - ◆ Referring physicians
  - ◆ Primary care physicians
  - ◆ EMS Providers
  - ◆ The Media!
- Internal
  - ◆ Physicians
  - ◆ Housestaff / Students
  - ◆ Other hospital departments

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**Who Are Your External Customers?**

- Referring physicians
  - ◆ Prior arrangement vs de novo referral
  - ◆ Interested in feedback!
- Primary care physicians
  - ◆ No control over the referral process
  - ◆ Want current info, discharge planning
  - ◆ Want to take care of patient post-discharge

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# Trauma Center Marketing: Billboards Are Not Enough

**Who Are Your External Customers?**

- **EMS providers**
  - ◆ Some degree of control over delivery process
  - ◆ Want feedback!
  - ◆ Managers also want QI feedback
- **The Media**
  - ◆ Want information, nicely formatted

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**Who Are Your Internal Customers?**

- **Patients**
- **Physicians**
  - ◆ Primarily specialties that provide trauma services
  - ◆ Want communication
- **Other hospital departments**
  - ◆ Want communication
- **Housestaff / Students**
  - ◆ Want experience
  - ◆ Don't underestimate word of mouth

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**Your Products**  
All Provide Marketing Opportunities!

- **Patient Care**
  - ◆ 2 components
    - Care delivery
    - Communication
- **Information**
- **Education**

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**Traditional Marketing**

- Advertising (“push”)
- Direct communications with traditional referring hospitals
  - ◆ Flyers, “annual reports”
- Inverse relationship between number of eyes and effectiveness



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**Less Traditional Marketing Strategies**

- Education
  - ◆ Seminars / Grand Rounds (preferably external)
  - ◆ CME / CEU conferences (MD, EMS, RN)
  - ◆ 1 on 1 programs for surgeons, nurses, registrars, etc.
- Key requirements
  - ◆ **Dedicated and Interested physician and nursing staff**
  - ◆ “People” people
  - ◆ Time

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**Less Traditional Marketing Strategies**

- Information
  - ◆ Rapid feedback to EMS
  - ◆ Rapid feedback to referring MD
  - ◆ Timely notification of primary MD
- Key Requirements
  - ◆ Efficient information management
  - ◆ Good administrative staff

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**Less Traditional Marketing Strategies**

- **Trauma Outreach Coordinator**
  - ◆ On the road and in-house
  - ◆ Face to face with providers
  - ◆ Arranges “educational” opportunities
  - ◆ Travels with TMD
  - ◆ Helps provide followup info
  - ◆ Checks the pulse of your catchment area

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**The Internet**

- It's not just hot! It's now the norm.
  - ◆ Most hospitals have a presence already
  - ◆ Your trauma program may not
- Is it all it's cracked up to be?
  - ◆ Websites have lots of competitors
  - ◆ Must be kept up to date
  - ◆ Most hospitals use it as a type of traditional advertising
    - Requires active participation by viewer (“pull”)

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**Information Technology And Marketing**

- **Examples of web based marketing tools**
  - ◆ Trauma service website
    - Public
    - Professional
  - ◆ Requires timely and skilled IT professional assistance

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# Trauma Center Marketing: Billboards Are Not Enough

**LEVEL I TRAUMA CENTER FOR CHILDREN**

For the Public | For Healthcare Providers

## Level I Pediatric Trauma Center Level I Adult Trauma Center

**Welcome to the Regions Hospital Trauma Centers**

**WebSite!**  
In July 2009 Regions Hospital, partnering with Gillette Children's Specialty Healthcare, received certification as the first Level I Pediatric Trauma Center in the Upper Midwest from the American College of Surgeons.

- Regions Hospital, in partnership with Gillette Children's Hospital, is the first Level I Pediatric Trauma Center certified by the American College of Surgeons in Minnesota.
- Regions is one of only a few community hospital-based Pediatric Trauma Centers in the country.
- As a Level I Pediatric Trauma Center, it has a specially-trained team of healthcare providers, available 24/7 for critically injured children, especially for moderate to severe trauma cases.
- The time between sustaining an injury and receiving definitive care is the most important predictor of survival—the "golden hour." Regions Level I pediatric certification assures that young patients will have faster access to all of the specialized trauma care they might need in one hospital.

Follow us on Twitter! Our username is [RegionsTrauma](#)

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**LEVEL I TRAUMA CENTER FOR CHILDREN**

For the Public | For Healthcare Providers

## Level I Pediatric Trauma Center Level I Adult Trauma Center

**Welcome to the Regions Hospital Trauma Professionals Pages!**

In addition to providing outstanding care to trauma patients you refer to us, we would like to share our trauma experience by providing the following to you:

- References to trauma-related news and research
- Prevention program ideas
- Patient education materials
- Sample trauma protocols
- Commonly used form templates
- And more! Please browse our library using the "Resource" links on the right side of the page

Follow us on Twitter! Our username is [RegionsTrauma](#)

**Regions Trauma Online Management System**  
Click here for the Trauma system  
Click here for the General Surgery system

© 2010 Regions Hospital Trauma Programs Legal

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Regions Hospital  
HealthPartners Family of Care

Welcome | Doctors & Specialty Care | For Patients | Foundation

## A Place to Heal

We are known for having been the first Level I Trauma Center, but we also offer exceptional care in many other areas such as heart, stroke and neurosciences. Our award-winning programs give our patients and their families a place of comfort and healing. We are proud of the care we give each and every patient. You'll feel better too!

Learn about our specialty care | Get information for patients

Take me to **Regions Hospital!**

Visit [takemetoregions.com](#) for information about our care experience and the exciting changes at Regions Hospital.

Our Patients Say  
**Regions Hospital**

General Visiting Hours  
465 Jackson Drive  
St. Paul, MN 55128  
Parkland Ordway

9 am to 5:30 pm  
551.224.5018  
TraumaBusiness

Regions Hospital is Proudly Certified in PromoteHealth's **Level I Pediatric Trauma Center**

Regions Hospital on Facebook | 8,306 likes

**What's New!** Jackson School of Nursing All Class Revision

Carlebridge: Care or visit a loved one's web page.

Regions Hospital Foundation: Have a donation to support the great care we provide.

For Medical & Nursing Professionals: Are you a care provider looking for additional information? **Welcome to Resident Alumni!**

**PROTECT** Concerned about the flu? Learn more about seasonal flu and H1N1.

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**Social Media**

- Brand new area
- Many surgeons unfamiliar or skeptical
- Examples

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**Social Media Examples**



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**Social Media Key Ideas**

- Educate yourself first!
- Decide what you (or your surrogate) have time to do
- Update regularly
- **Connectivity is key!**

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# Trauma Center Marketing: Billboards Are Not Enough

## The Trauma Professional's Blog

### Which Lacerations Can I Close?

There is always debate about which lacerations can be closed, but not a lot of literature to back it up. Here are some good rules to follow:

- In general, close all face and scalp lacerations. They almost never get infected. Complicated ones may need extra care, debridement, or placement of a plastic surgeon.
- Closing lacerations that are more than 24 hours old is risky (except for the face). They tend to be colonized with skin flora and become infected much more frequently.
- Most other lacerations can be closed primarily within 24 hours. For the most part, it doesn't matter what the underlying mechanism was. One exception is an object that is heavily contaminated (e.g. traffic cone accident). Most lacerations fall into this category. They are clean, but not sterile and the risk of infection is low.

All wounds should be irrigated for foreign bodies. On occasion, they may require an x-ray. But remember that many foreign objects (metal, glass) are not radiopaque and will not be visible. That, the wound should be irrigated copiously with sterile saline to flush out any small particles and reduce bacterial counts. Finally, if the edges are ragged the wound should be debrided.

**Antibiotics are not usually needed**, since the few bacteria left will be rapidly taken care of by the patient's immune system. If there are worries about the contamination of the patient's immunocompetence, a new level course of antibiotic is recommended. Tetanus boost should be given if indicated.

The most important issue is patient education. The signs and symptoms of early wound infection should be explained, and a phone number or location for follow-up should be clearly listed.

**Bottom line:** All lacerations can be safely closed within 24 hours, with a few exceptions.

Posted 7 days ago | 1 note | 0 Comments

Tagged: lacerations, wound

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### Yet Another Paper on Treating Pneumothorax With Oxygen?

Back in February, I thought I closed the door on using high inspired oxygen to try to speed up the resolution of pneumothorax (<http://dx.doi.org/10.1093/ajcp/23.10.1040>). The post ran across another abstract which is exactly as bad:



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This article was published in the *Journal of Pediatric Surgery* in 2002. The authors randomly divided 22 rabbits into three groups: room air, 40% O<sub>2</sub>, and 60% O<sub>2</sub>. Each rabbit was given a complete pneumothorax and received chest trays twice a day. The average time to resolution was measured in each group.

As first glance, it appears that the higher O<sub>2</sub> groups resolve faster. But wait, something's fishy here! In the room air group, the complete pneumothorax went away on its own in 5-6 days. This doesn't really happen in people. And in the 60% group, it disappeared in a day and a half. Microbial?

Oh, and incidentally, a quarter of the rabbits died before completion of the study.

**Bottom line:** In that abstract, there are really some fishy possibilities. Rabbits are cute, and they don't use like people, but close children? And the resolution time was unrealistic for humans. I still do not recommend the use of high inspired oxygen to an attempt to resolve a pneumothorax.

Other issues that of note is that the authors did not measure overall air only, bigger if blood is present, or it will go away on its own if the pneumothorax is small.

Reference: D'Amico et al. Supplemental oxygen improves resolution of injury-induced pneumothorax. *J Pediatr Surg* 2002;37(10):1201-1202.

Posted 4 days ago | 0 Comments

Tagged: pneumothorax, oxygen

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### Radiation Exposure in Pediatric Trauma

The use of radiographic imaging in trauma patients has exploded over the past decade. A growing amount of research is looking at adult patients, but what about children?



## Regions Hospital Trauma Programs

What's on your mind?

Regions Hospital Trauma Programs • 0 others

Regions Hospital Trauma Programs: Which lacerations can be primarily repaired? <http://bit.ly/779u6Fv>

Regions Hospital Trauma Programs: What's happening with radiation exposure in pediatric trauma patients? <http://bit.ly/779u6Fv>

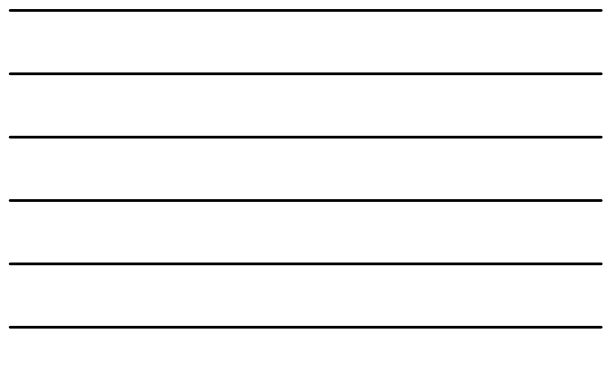
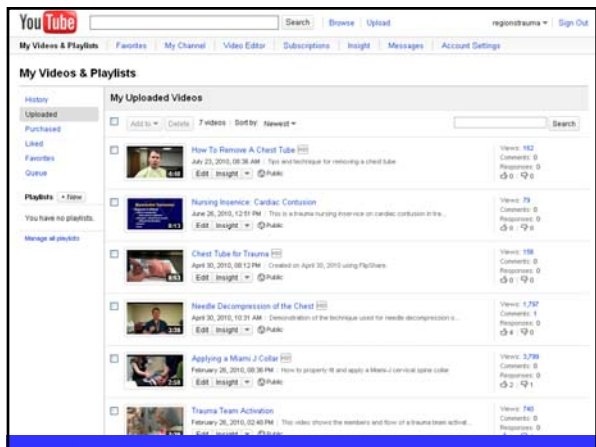
The Trauma Professional's Blog

Regions Hospital Trauma Programs: The FAA is working to make Medicare (aeromedical) helicopter transport safer. Read about new rules coming next year... <http://bit.ly/779u6Fv>

Regions Hospital Trauma Programs: The phone that detects while driving now becoming part of the solution? <http://bit.ly/779u6Fv>



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**Recommended**

- **Crush It** by Gary Vaynerchuk
- **Excellent information on using social media to market and promote your trauma center**

The image shows a promotional graphic for the book "Crush It: Why Now Is the Time to Cash In on Your Passion" by Gary Vaynerchuk. The book cover is displayed on a small stand against a blue background with a grid pattern.



## Summary

- There are major differences in trauma marketing
- Know your customers first!
- Don't do it by yourself! Use your hospital marketing staff
- Recognize what your products really are
- Be creative, and get comfortable with new technology as well as old

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• @regionstrauma #traumapro



• Regiontraumapro.com



• www.regionstrauma.org/facebook



• Michael.D.McGonigal@HealthPartners.com

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## Case Studies / Discussion

- How do I develop a trauma marketing plan?

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**Case Studies / Discussion**

- How do I develop a trauma marketing plan?
  - ◆ Answer all the questions discussed earlier
  - ◆ Decide what types of marketing you will use
  - ◆ Work with people who know how to write plans

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**Case Studies / Discussion**

- My hospital won't give me any money marketing. What can I do?

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**Case Studies / Discussion**

- My hospital won't give me any money marketing. What can I do?
  - ◆ Get money
  - ◆ Engage in inexpensive but efficient marketing

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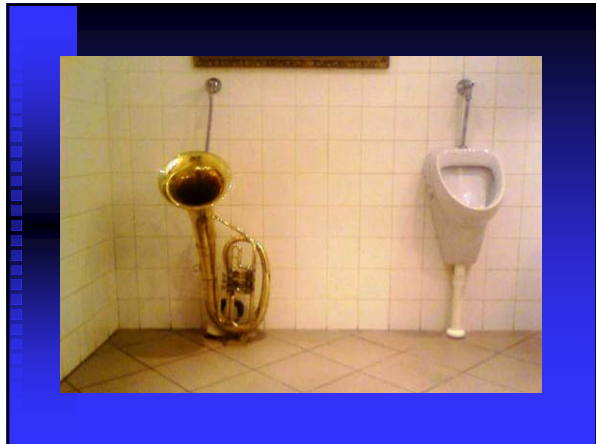
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