

BrandActive

How strategic rebranding
implementation improves
the stakeholder experience
at healthcare systems





Half of healthcare provider executives say revamping the patient experience is one of their organization's top three priorities *

What do we mean by rebranding implementation?

The value of healthcare merger deals doubled in the first half of 2018 as compared to the previous year, to over [300 billion dollars](#). It's staggering to think about how many of these mergers (and those yet to come) involve hospitals and health systems. As a healthcare marketer, you are hyper-aware of the what this continued consolidation means: rebranding implementation is coming your way soon, if it hasn't already. That means you'll soon be dealing with the complexity, cost, and time pressure of aligning all or part of your healthcare system around a new brand. This work can rock your world for months or years. It touches every branded asset, whether physical or digital, and has many legal and regulatory implications. Yet- take a strategic look at rebranding implementation and you'll find a tremendous opportunity to improve healthcare stakeholder experience, for patients and beyond.

Whenever a healthcare company changes its brand due to a merger or a change in positioning, the organization needs to apply the new brand strategy and design to all branded assets. Getting a handle on this complex process starts with an analysis to determine which assets to rebrand and how much it will cost. The detailed plan addresses the logistics, including who is responsible for what, and when. While primary responsibility usually rests with the marketing department, it involves every department that produces or uses branded assets such as signage, uniforms, fleet vehicles, forms, digital systems, and more.

*Top health issues of 2018, PwC



Stakeholders: Understanding who feels at risk

To the stakeholders in healthcare enterprises, details really matter. If you hit a glitch when implementing new branded ID cards, key medical personnel may not be able to access areas of the hospital they need to reach in critical situations. If hospital signage is not clear, consistent, and concise, patients and volunteers may get frustrated as they try to navigate the facility. If you don't solicit nurse input on new uniforms, they may develop resentment and negative perceptions towards the new brand and what it represents.

Many stakeholders have an emotional and financial connections to the organization.

Clearly, the world of healthcare rebranding would be simpler if all that mattered were the concerns of the patient end-user. But that's not the way in healthcare. Many stakeholders have an emotional and financial connection to the organization. These include patients, patient families, volunteers, donors, doctors, shareholders, non-profit watchdogs, insurers, and Medicare and Medicaid. Still others have statutory responsibility for keeping the public safe, such as state regulators, legal teams and municipalities concerned with fire and policing. Accrediting agencies, principally the Joint Commission, can actually stop rebranding work if the implementation does not comply with every one of its detailed standards. Combined, these interests roll up into a hypersensitive brand implementation environment.

All of these stakeholders influence the rebrand strategy, and many have a role in the logistics of rebrand implementation. However, most stakeholders are not included in the brand change process until the eleventh hour, when the new brand is about to be launched in the market. And that can be a huge mistake.

Pair timely stakeholder outreach with accurate project scoping

People need to understand the what, when, where, how, and how much questions that surround rebranding. But some stakeholders need more detail. For example, the managers at one healthcare system were certain the organization's new brand name and architecture were fully resolved and signed off. But when final renderings of signage for clinics didn't include the name of the service line, the head of clinics stopped the project in its tracks. A full year elapsed before the naming strategy and brand architecture was resolved and the project restarted. Situations like this one illustrate why it's a best practice to review naming architecture diagrams and logo illustrations with as many stakeholders as possible early in the process. Had the managers agreed to present to stakeholders scale models of the proposed signage showing the "before" and "after", this situation may have been avoided.



In another case, we prepared signs for a location featuring the newly merged health system brand. As it turned out, two separately owned and accredited entities occupied the same office. They had a business partnership, of course, but regulations required healthcare systems to clearly communicate separate ownership using exterior signs. Without a doubt, the earlier these discussions take place with stakeholders the more likely projects will finish on time and on budget.

It's always far better to have a potentially difficult discussion early on than to have an issue rear up in the middle of the rebranding rollout, hindering the project.

Avoid snares and pitfalls with comprehensive rebrand implementation planning

Jean Hitchcock is an executive responsible for three healthcare system rebrandings, including a \$4.5 billion system consisting of ten large hospitals. Hitchcock notes that soliciting specialized legal, medical, and management point-of-views are essential during a rebranding implementation. They inform details as diverse as legal name changes and vendor contracts, the updating of Medicare numbers to match legal entities, and the removal of non-disclosure agreements that block communications. Timely stakeholder outreach drives successfully coordinating with unions over collective bargaining and working with chief nursing and medical officers on accrediting issues. But stakeholder input alone won't ensure an efficient and cost-effective process. It takes specialized knowledge of the issues and guidance from rebranding implementation experts.

Hitchcock explains,

“ There are thousands of issues that have to be considered. You need a good partner to help track all the various activities that go into a rebranding. It's so critical to work with someone who will ensure there will be no *surprises, keep things on track, and ensure everything is on time for people who are waiting to get the assets.*

Hitchcock and other CMOs at major healthcare systems turn to rebranding implementation planning as a way to avoid the pitfalls of brand change, including those around identifying and reaching out to stakeholders. This means highlighting the need to consult legal, regulatory, accrediting, and other stakeholders at the right stage to avoid issues that snarl implementation.

A final word: Communication can't be oversold

In healthcare, to achieve a rebranding that positions your healthcare system in the optimum way, executives need a clear strategy not just for messaging and brand architecture, but also for dealing with numerous stakeholders. Healthcare organizations get the best results when they begin with the end in mind. That means thinking beyond the initial launch announcement to bring best practices for project organization, logistics, and communications throughout the entire project. To achieve a swift and effective implementation of a new brand with maximum impact requires understanding what every stakeholder needs to know, at what point in the process. Get this right, and you'll avoid implementation issues that can cost both money and reputation points.

Call us now at 720.446.5632
or email us contact@brandactive.com

Locations

New York

21 West 46th Street, Suite 902
New York, NY 10036

Toronto

400 University Avenue, Suite 2101
Toronto, ON M5G 1S5 Canada

Colorado

150 Old Laramie Trail E, Suite 230
Lafayette, CO 80026 USA