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Maurice Codourey*Stadtspital Waid**Directorate Support**Tièchstrasse 99, 8037**Zürich/Switzerland**E-mail:**maurice.codourey@waid.zuerich.ch**Received:* January, 2013*1st Revision:* July, 2013*Accepted:* September, 2013**DOI: 10.14254/2071-789X.2013/6-2/2****THE PUBLIC HANDSHAKE, THE PUSHED GOSSIP AND THE HEALTHCARE MARKETING**

ABSTRACT. Healthcare Marketing for a hospital is challenged by the new tariff system SwissDRG. An ongoing trial in Switzerland shows the idea and effect of viral marketing. The development of a public handshake/pushed gossip strategy is based on the theories of nudge (shift public opinion), constructivistic didactic (provide learning environment) and municipal intelligence (educate community). To be questioned is the bonding from a public hospital to its neighbourhood. With two instruments – teddy clinic for plush pets and kids as a simulated hospital treatment – and Waidfokus+ a series of public presentations about non-medical issues – the deliberately element of disturbance – as the hospital has no children award and is known for its public presentations about medical issues only – is the object of a practical research. The findings provide a first piece of knowledge that “unlogical” activities attract neighbours never been to the hospital before as well as former patients.

JEL Classification: I, I1, I11**Keywords:** healthcare marketing, nudge, constructivistic didactic, Teddy-Klinik, Stadtspital Waid.**Introduction**

When Hospital Marketing started around 15 years ago in Switzerland it was about creating brochures or a logo and eventually organizing an open door day. While private hospitals like Hirslanden Group (14 hospitals in 2013, hirslanden.ch) started with explicit marketing departments and activities right from the start, the public hospitals needed time to add to an eventually existing “communication specialist” a “marketing specialist”. This fast and slow developments got intensely influenced by the implementation of the new tariff system SwissDRG (diagnostic related groups, swissdrg.org) for stationary patients as per 1st January 2012. So far this produced an official catalogue with some 1100 flat rates per case.

DRG = developed in the USA, late 70’s. Transformed from an internal management tool into the basis of reimbursement of medical treatment¹.

¹ <http://de.slideshare.net/stefanst/introduction-to-swissdrg-english> – page 19 and on by Thomas Lufkin and Stefan Stefaniak, EMBA Healthcare Management, HEC Lausanne-IEMS, Switzerland, 18.08.2012.

Before 2012: hospitals are encouraged to keep patients longer. After 2012: hospitals are paid more for short lengths of stay of patients.

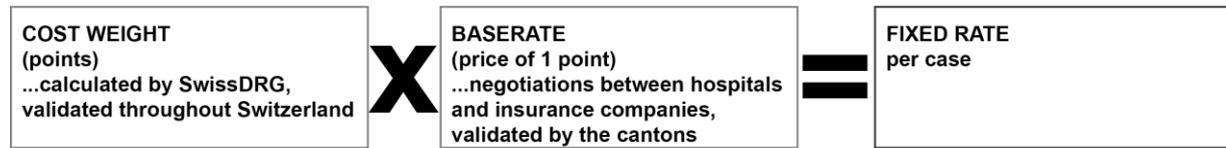


Chart 1. The formula of SwissDRG

Result: Hospitals have to remain competitive – they have to figure out in a period of 3 to 5 years how they can reach a favourable productivity. One of the strategies is to increase activity by attracting more patients or to offer a new service or to improve the hospital's image. Typical tasks for the communication and/or marketing department.

Hospital situation in Zurich. Capital of the canton of Zurich, biggest city in Switzerland, 380'000 inhabitants, area of 88 km². 10 hospitals are now facing SwissDRG and realizing that they are in a predatory market.

Zoom to Stadtspital Waid (waidspital.ch). The smaller of two public city hospitals closed since the start of SwissDRG 39 beds now offering 261 beds (September 2013), still having around 1000 employees. Since 2013 the key elements of the own positioning and defined key messages the hospitals present itself as "the hospital of your choice" ("Ihr Spital der Wahl" – german) and as the "the centre hospital of Zurich North" ("Spitalzentrum Zürich Nord" – german) for more than 180'000 people.

Attracting more patients

The analysis about how messages, facts and reports reach various target groups – the public, referring physicians, employees shows a system of rather static information transfer. The events only show a potential to create a personal connection, to build up a sustainable impression.

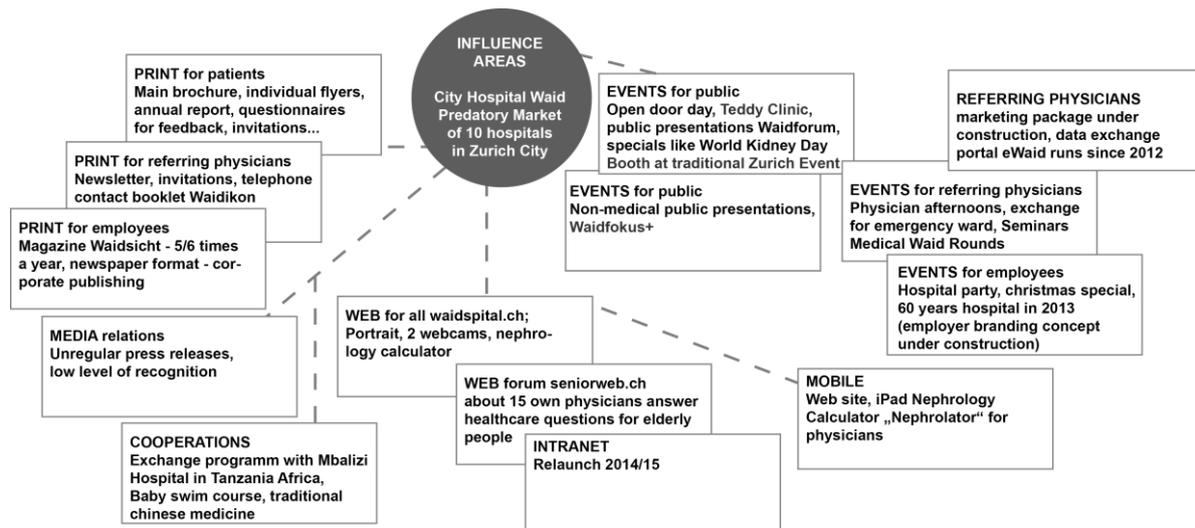


Chart 2. The layout of communication and marketing activities by the Stadtspital Waid/City Hospital Waid show a lot of static information transfer and some interactive information transfers (red).

The majority of activities show a “send-only” character. The aim to get into the “send-and-receive” mode provided the task of setting up a series of experiments, practical researches with the goal of looking closer at the potential of interactive, personal encounters with target groups.

The idea of a “public handshake” was referred the inspiration of Timothy C. Draper and Jeffrey Rayport², the creators of viral marketing. The ideal of viral marketing, to reach people in order they start to talk about a certain issue, added the second idea of a “pushed gossip”. The target was to encounter a target group with healthcare marketing to create a community which talks about the hospital, talks to the hospital and delivers a comparison the standard static marketing activities of providing brochures, web page, press information.

The desired “send&receive” situation with a target group provoked the additional analogy to didactic elements as marketing often works like knowledge transfer in the class room. Furthermore the new book of Professor Gerald Hüther about “Municipal Intelligence – unfolding potential in cities and communities” formed the new term of “community education”³. Like this the viral marketing activities of the City Hospital Waid are based on a “triptychon of public handshake and pushed gossip” – nudging, constructivistic didactics and municipal intelligence.

1. Nudging

1.1. Libertarian paternalism

Richard H. Thaler and Cass R. Sunstein created the term “libertarian paternalism” (Nudge, 2008) which means according to the authors: “The philosophy of libertarian paternalism that Cass and I advocate in Nudge, could accurately titled Free to Choose, 2.0”.

Thaler and Sunstein define within their introduction the term “choice architect” (p.3): A choice architect has the responsibility for organizing the context in which people make decisions. In the further context they describe the effect of a job done by a choice architect “to nudge” – “to push mildly or poke gently in the ribs, especially with the elbow” (p.4). Going to their “new movement: libertarian paternalism”, Thaler and Sunstein describe the aspects for libertarian as liberty-preserving and for paternalism as it is legitimate for choice architects to try to influence people’s behavior in order to make their lives longer, healthier, and better (p.5).

The chapter 5 “Choice Architecture” (pp. 89-109) ends with “nudges” as an acronym for
INcentives
Understand mappings
Defaults
Give feedback
Expect error
Structure complex choices
as a recapitulation of their six principles.

1.2. Personal Freedom

However the crucial focus is to shift the public opinion or behaviour in a certain direction without limiting their personal freedom. The Government of the United Kingdom however, formed a so called “Nudge Unit” with the Behavioural Insights Team in the Cabinet

² Article in Fast Company Magazine, Dec96/Jan97 edition, <http://www.fastcompany.com/27701/virus-marketing>

³ Gerald Hüther, *Kommunale Intelligenz: Potenzialentfaltung in Städten und Gemeinden*, 2013.

Office⁴. For instance, within the projects of Public Health, the “reducing smoking” campaign (march 2013) counts as best practice for many marketers considering a viral marketing concept⁵. This activities are aimed at

- 1) making people aware of the health dangers of smoking,
- 2) stopping young people from taking up smoking,
- 3) encouraging smokers to try and quit, and to do so in the most effective way,
- 4) encouraging people to stop smoking in their homes and family cars – emphasising how it affects children.

For instance, with the promotion of electronic or e-cigarettes. Or the actual “Stoptober” campaign (2013), advertised through a special web site⁶.

The Nudge itself created some intense reactions like in *The Tyranny of Utility: Behavioral Social Science and the Rise of Paternalism* (Gilles Saint-Paul, 2011). According to Gilles Saint-Paul (p. 12) “for individuals to be rational it must be that they are *unitary* – in other words, that they have a unique “self”. That means that their behavior is driven by consistent preferences which allows them to rank alternatives. Otherwise, the very notion of their best interest would not be defined”. This perception of an unitary individual leads to the analogy with Jekyll and Hide. “The choices made by Mr. Hide during the night harm Dr. Jekyll during the day”. And “this composite individual is not unitary: there is no meaningful sense in which one could say that he acts in his own interest. If people are not unitary but instead like Stevenson’s monster consist of several incarnations, imposing the discipline of individual responsibility on them fails both morally and operationally”. And the conclusion “it is unfair to punish Dr. Jekyll for the deeds of Mr. Hyde, and it does not work to threaten Dr. Jekyll with punishment to convince Mr. Hyde to act otherwise”.

2. Constructivistic Didactic

Inspired by the “nudging” and at the same time being attentive about the “unitary individual” I decided to add another theory to the “send and receive” construction in the viral marketing of the hospital.

Edmund Kösel defined the didactic morpheme (*Das Modellieren von Lernwelten als eine Theorie der subjektiven Didaktik (konstruktivistisch)*, 2002 – English: *Modeling of learning worlds as a theory of subjective didactic – constructivistic*). The teacher forms a basic unit, provides a planned structure of incentives, chreodes and drift zones. The students follow a main way through the learning world, having the chances to take detours, to learn according to their own truth and by this, reaching a high sustainability of the gained/transferred knowledge.

Characteristics of constructivism according to S. J. Schmidt (1992, p. 75):

- Empiric base.
- Argumentative stringency.
- Recognition of basic ethical implications.
- Application orientation.
- Orientation of descriptions and explanations of behaviour on the concept of autopoiesis.
- Connection with the evolutionary approach.
- Connection with the cognitive psychology.

⁴ <https://www.gov.uk/government/organisations/behavioural-insights-team>

⁵ <https://www.gov.uk/government/policies/reducing-smoking>

⁶ <http://smokefree.nhs.uk/resources/>

- Consideration of the knowledge about brain physiology.
- Orientation on the constructivity instead on the ontology.

Kösel emphasizes then the didactic system of sense. The production of sense is an important aspect for the core-building of a functional differentiated system (p. 123). And that sense is to be produced only by internal communication and is to be realized only by members of that system.

The didactic landscape is a deep structure for the dimensions of the past, brain of the system, building of sense, building of the core, selection and negation to the outside form the surrounding.

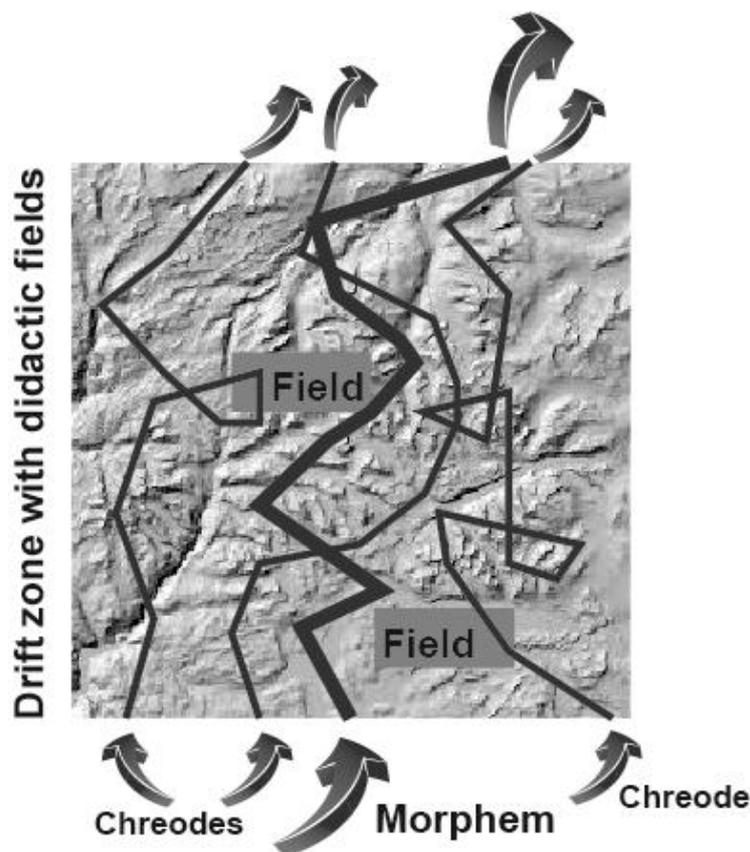


Chart 3 according to Kösel, the didactic landscape: the drift zone as the subfloor for the exploring learners, didactic fields as energetic fields, chreodes as the structure of consciousness of the learners, morphem(s) as the structure of incentives for the learners (the space between chreodes and morpheme(s) develop resonance).

Recapitulation: The didactic landscape is a learning process. The learners are drifting in this landscape – fast, branched, unpredictable, slow, linear, by individual intensity and with a diverse building of structure.

There is a holistic process of interaction between the style, degree and height of the didactic morpheme and the individual structure/actual learning chreode of the individual learner.

This forms internal behaviour imperatives and external patterns of behaviour on both sides.

Within the landscape the teacher acts as a companion which provides the prepared landscape and is available/interacts at certain stops in the structure.

Clemens Diesbergen states in his radical-constructivistic pedagogy as a problematic construction (1998, p. 193) that the radical constructivism leads to a contradiction. As the

criticism forms a fundamental objection against the basic thesis of the subjective construction of knowledge and sense, Diesbergen records that: “Wenn alles, von dem ich weiss, meine Konstruktionen sind, kann dieses Material bloss ebenfalls aus Konstruktionen bestehen und zwar aus solchen, die im Moment der neuen Konstruktion bereits bestehen. Dies setzt voraus, dass es etwas gibt, was alte Konstruktionen speichern kann und zwar so, dass sie mir zur Verfügung stehen. Dieses etwas kann selber keine Konstruktion sein, sondern muss in irgendeiner Weise real existieren”. – If everything I know about founds on my constructions, this material as well can exist only by constructions – of those which exist already at the moment of the new construction. This requires that there is something which is able to store old constructions – in the way that they are available to me. This something itself cannot be a construction but has to exist in any form in reality.

Ewald Terhart recaps in the journal of pedagogy (45, 1999, pp. 629-647)⁷: that constructivistic didactic is not a new paradigm in the sense its proponents claim it to be (p. 647). Terhart points out that the constructivistic didactic is not a true radical new form for the practice of teaching – it orientates itself at known methodical forms which aim to support autonomous learning, discovery learning, practical learning, cooperative learning in groups as well as experience-based learning and action-oriented learning. The new constructivistic didactic – an old methodology?

Remark: For our intended method of pushed gossip there wasn't the aim to integrate the full wide of aspects of constructivistic didactic as there is no true class room but a twofold similar situation. The “send & receive” is in the focus and the specific way to do it. With our experience growing we consider our own method, based on these two theories, as follows:

*When knowledge transfer is made fascinating
and the learners learn a learning object according to their own truth without being
restricted in their own freedom but being at the same time excited about the learning situation
the knowledge transfer shows potential to be spread as a remarkable experience to the
personal periphery of the learner.*

When I wrote my master thesis at the institute of applied psychology in Zurich in 2011⁸ I found some inspirational yet confirming statement about the installation of new didactics in a press interview Douglas Thomas and John Seely Brown (A New Culture of Learning: Cultivating the Imagination for a World of Constant Change, 2011): “We're stuck in a mode where we're using old systems of understanding learning to try to understand these new forms, and part of the disjoint means that we're missing some really important and valuable data”.

3. Municipal Intelligence

When we started with the “public handshake and the pushed gossip” in 2011 we defined to be open about the continuous development and ongoing adaptations of the practice model. Gerald Hüther presented his theory about municipal Intelligence – the unfolding of potential in cities and communities in 2013⁹. His terminology about “community education” fits as being a public hospital of the city of Zurich and the surrounding community in the north of Zurich with some 180'000 people into the ongoing activities.

⁷ Title of publication: Konstruktivismus und Unterricht. Gibt es einen neuen Ansatz in der Allgemeinen Didaktik?, Journal of Deutsches Institut für Internationale Pädagogische Forschung (DIPF), Frankfurt, Germany, www.pedocs.ch

⁸ Mobile learning in der Erwachsenenbildung (mobile learning in adult education), possibilities and frontiers in the connectivity of mobile devices with didactic models within a personal learning environment PLE.

⁹ Gerald Hüther, Kommunale Intelligenz: Potentialentfaltung in Städten und Gemeinden, Germany.

Hüther emphasizes in his recaps that people learn only when they are excited. And only when it has something to do with our own world of experiences and when it is in connection to others. Like this new and durable neuronal links will be established, a base for a true success of learning. The municipality is more than an administration unit. Within the word municipality Hüther points out that the origin comes from “community” – family, village, city. True learning places for children and adults. Here the learner learns about what to matter in life, how to shape the life together with others and take over responsibility. To reactivate this space of experience requires a radical rethinking process. A new culture of connections.

Remark: In a way the findings of Hüther add definitions to our model as a second skin. As the hospital often encounters the neighbouring people as a uncomfortable, unsure, unknown place and vice versa there was a long time since the opening in 1953 to build up affective opinions, legends, assumptions and of course gossip.

4. Building up the pushed gossip

In 2008 the hospital decided about a unique change in the way of offering the 24-hours-emergency-service. As a project of the “gesundheitsnetz 2025”¹⁰ and as a cooperation with all three local associations of referring physicians the plan was simple after the phase of concept: during daytime (09.00h till 22.30h) the hospital works together with the referring physicians in a certain rotation. The nightshift belongs to the hospital employees as before. The benefit is to have the chance of knowledge exchange during work – hospital & doctor’s office issues with the possibility of perceiving each other in a knowledge gaining way for both. To enhance the concept the communication about the walk-in style was augmented as well. The opening in 2009 showed a bungalow-style building aside the main entrance of the hospital. By using a design like a doctor’s office and the communication power of the cooperation partners with newsletters to their members, this small service unit found customers almost easily. Being now responsible for more than 60% of the stationary patients in the hospital and with the strict rule of sending back a patient to the referring physicians in order to let him define and organize the aftercare, the emergency office was and is still blooming.



Picture 1. The registered trademark “Züri-Notfall” (Zurich Emergency) of the City Hospital Waid. First contact with concrete branding (www.waidspital.ch/notfall).

¹⁰ www.gn2025.ch / the Zurich joint venture of 24 organisations; departments of the government of Zurich, insurance companies, hospitals, associations of physicians and pharmacy, healthcare organisations in order to develop projects about a future healthcare in the city of Zurich.

The daily average is between 20 and 50 people in walk-in style as well as patients sent by their physicians. We learned about a gossip effect. The spreading about aspects of our services through the connections of cooperating physicians and patients overwhelmed the emergency ward and the management board. To gain evidence-based knowledge there was a twofold scientific report¹¹ integrated. Something learned and something nudged.

Spring 2009. The biggest information portal for elderly people in Switzerland – seniorweb.ch offers the chance to overtake the national online forum for health questions¹². After negotiating with the operators the intensified version went online with some 10 physicians of our hospital early 2010. The neutralized questions (no names) are handled according to an editorial team system. Since the first question “what to do when having a hammer toe” (deformity, causing the toe to be permanently bent) the todays 21 physicians (from both of the public city hospitals – waidspital.ch and triemli.ch) answered more than 120 questions.

For example the one from the 73 years old Swiss man living in New Zealand set our cardiologist to red alert: With having only an e-mail address we recommended this gentleman to get to the nearest hospital as soon as possible. He survived. We never made profit out of this. So we nudged again and stayed quiet for the second time. But this time as a local hospital going nationwide.

The screenshot displays two main sections. On the left, under the heading 'EXPERTENGRUPPEN-AUSKÜNFTE', there are four question teasers, each with a title, a short description, a date, and a 'Weiterlesen >>' link. On the right, under the heading 'EXPERTEN', there is a grid of 21 small portraits of medical professionals, each with their name and title below it.

EXPERTENGRUPPEN-AUSKÜNFTE

Expertenrat | Blog | Kommentare

Blut beim Stuhlgang
Ich bin 88 Jahre alt, habe vor 14 Tagen das erste Mal etwas frisches Blut nach Stuhlgangentleerung gehabt...
16.09.2013 - 17:28 | [Weiterlesen >>](#)

Zähneknirschen
Ich bin Knirscherin seit vielen Jahren. Mit Hilfe einer Schiene und Entspannung versuche ich Schaden an d...
26.08.2013 - 09:19 | [Weiterlesen >>](#)

Endoluminale Venentherapie
Was ist von endoluminalen Venentherapien (z.B. Smart Vein Therapie (SVT) zu halten?
23.08.2013 - 16:08 | [Weiterlesen >>](#)

Bandscheibenvorfall, bleibende Schmerzen
Guten Tag, im Januar 2009 wurde bei mir ein Bandscheibenvorfall operiert. Die Schmerzen blieben, im Septe...
22.07.2013 - 09:01 | [Weiterlesen >>](#)

Muskelschmerzen altersbedingt?
Alter 76 Jahre, weiblich. Seit anfangs Jahr mag ich im Altersturnen nicht mehr mitmachen, fühle mich kraf...
19.07.2013 - 12:08 | [Weiterlesen >>](#)

mehr

EXPERTEN

Dr. med. Catherine Hess	Dr. med. Christoph Meier PD	Dr. med. Peter Lauber	Dr. med. Monica Rechsteiner
Dr. med. Stephanie von Orelli	Dr. med. Stefan Christen	Prof. Dr. med. Robert Theiler	Dr. med. Matthias Becker Prof.
Dr. med. Daniel Grob	Dr. med. Volker Stenz M.H.A.	Dr. med. Irene Bopp-Kistler	Dr. med. Stephan Wieser
Dr. med. Claudine Geser	Dr. med. Tarzis Jung	Dr. med. Stephan Lautenschlager	PD Dr. med. Stephan Krassen
		Prof. Dr. med. Nedeltchev	

Pic 13. Welcome part of the City Hospital Waid within www.seniorweb.ch – question teasers and the editorial team

¹¹ IHAM, Institut für Hausarztmedizin der Universität Zürich (Institute for practice/family medicine), www.hausarztmedizin.uzh.ch and WIG Winterthurer Institut für Gesundheitsökonomie (Institute for health economics in Winterthur), www.wig.zhaw.ch

¹² www.seniorweb.ch – 50'000 visitors a month/6'000 members in the three language platform for the generation 50 plus in Switzerland.

By promoting this service very discrete and careful, the constant and slow development of that activity was manageable at any moment. To “consult/advise” Switzerland as a middle sized hospital from Zurich was a new experience with possible and uncertain side effects. This nudge created an internal learning. Although being a local hospital the existing knowledge and competences have a nationwide value.

This first steps provided the first empirically hints to develop a separate hospital/healthcare marketing strategy.

5. Public handshake and pushed gossip 1: Reduce fear

April 2011, open door day at the City Hospital Waid. Without having a kids department i.e. children ward/maternity for birth in our hospital we implemented aside the two visitor's tours about all the services in the hospital the Teddy-Klinik¹³ for kids and families. We developed an own version of the existing idea and events of teddy clinics in hospitals¹⁴. The idea is to invite the public ie. Kids to bring their teddy bears or other plush pets to the teddy clinic. With a simulated multipoint course the kids learn about the process of getting through a hospital. A playful way to learn some important facts, reducing fear at the same time.

The procedure of the city hospital Waid:

- Check-in: Welcome, patient's paper with name of plush pet, measurements of size and weight, first diagnosis.
- Waiting area with toys/entertainment.
- Talking with the physician about the sickness, accident, problem of the teddy bear, second diagnosis.
- X-ray department and check of the (fake) x-ray image.
- Anesthesiology and surgery (under a covering sheet).
- Bandage and possible quick-sewing of damaged fur spots or plastering broken bones (2013 only).
- Physiotherapy – lymph drainage, exercises for arms and legs in order to increase motion, therapy for breathing trouble.
- Check-out: Hints for rehabilitation, (sugar free) candy medicine.

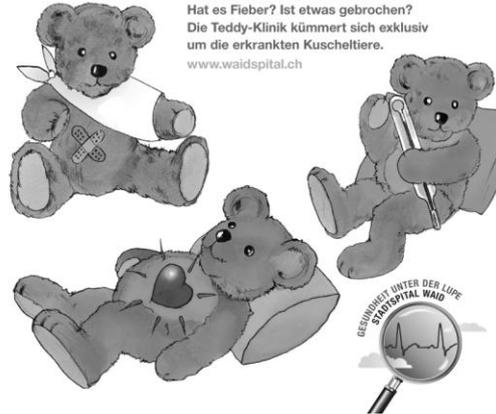
¹³ Stadtspital Waid, Gesundheit unter der Lupe (health under a magnifying glass), Open Door Day April 16, 2011, http://www.stadt-zuerich.ch/content/waid/de/index/ueber_das_waid/waid_aktuell/teddyklinik.html

¹⁴ According to the Student BMJ (British Medical Journal) Teddy Bear Hospital originated in Norway around 1990 and is under the direction of the European Medical Students' Association (EMSA) and the International Federation of Medical Students Association (IFMSA). In Switzerland through swimsa, Swiss Medical Students' Association - <http://www.swimsa.ch/projekte/teddybaer-spital-hopital-des-nounours/>



Speziell für die Kinder: Die Teddy-Klinik

Kinder können ihr krankes Kuscheltier mitbringen und verarzten lassen. Pocht das Herz? Hat es Fieber? Ist etwas gebrochen? Die Teddy-Klinik kümmert sich exklusiv um die erkrankten Kuscheltiere.
www.waidspital.ch



Pics 3 and 4. Check-in talk at teddy clinic City Hospital Waid, advertising poster, April 2011.

Briefing for the teddy-team: Take every case totally serious.

Visitors: 2700 in total on that open door day.

Teddy clinic: 230 plush pets treated.

Almost endless talks within the teddy clinic.

Side effect: Teddy-Klinik registered as a trademark in autumn 2011 Daily Licences sold so far: Solothurner Spitäler (June 2012)¹⁵ and Venenlinik Kreuzlingen (August 2013)¹⁶ and many other talks without success.

To get a certain protection about an activity like the teddy clinic through a registered trademark was new to the hospital. To issue the necessary invoices the bookkeeping department had to do an adjustment first before the communications and marketing department could send out the first invoice of its kind in the hospital history.

Both licences had the effect of distributing the important credits for the City Hospital Waid with the bottom line “powered by City Hospital Waid”. Even more talks about it – almost a doubling of the viral effects and improving the awareness.

In March 2013 we changed the format of the open door day. As a possibility to reduce costs we created the “news day”, a smaller version where we showed only a piece of the building and services to the public compared to the “full show” in April 2011.

¹⁵ Remark within the press release after the open door day: https://www.soh.ch/fileadmin/user_upload/allgemein/news/2012/MM_Tag_der_offenen_Tuer_KSO_23_6_2012.pdf

¹⁶ Article in Thurgauer Zeitung: <http://www.venenlinik.ch/Sites/Venenklinik-Bellevue/Files/Downloads/d58588ef-13db-4b3f-bfb7-a640a3e7c688/Thurgauer%20Zeitung.pdf>



Pic 5. Advertising poster, March 2013

According to internal pressure we “banned” the teddy clinic within all the messages to a little spot – as the City Hospital Waid has no children ward. Again there were some press contacts¹⁷ as the teddy clinic worked like in 2011 as a kind of magnet of attention.

Visitors: 1200 in total

Teddy clinic: 205 plush pets treated

Premiere: plaster for plush pets without damaging them.

Our master plastering specialist came with the idea by himself. To offer not only a bandage service for the plush pets after surgery but plaster as well. The result was overwhelming – almost all children have chosen to have the arms and legs of their plush pets to be putted in plaster. And mostly BOTH arms or legs.

The talks were more intense although we reduced the invitation campaign for this news day/open door day by 50%. One lady told us that everything was perfect but she was missing the “department of physiotherapy”. The Television from the Italian part of Switzerland¹⁸ filmed an article for their daily news which astonished almost all employees and especially the management board of the hospital.

September 2013. The power of viral effects gained some acceptance within the hospital and the management board. After a strategy decision in the beginning of 2013 the aim to intensify the local contact to neighbours, citizens, possible patients, referring physicians and suppliers/partners we booked a booth at one of the biggest district festivity in Zurich. The Wümmetfäscht Höngg¹⁹ is the traditional local festivity for a show of the small

¹⁷ For example the weekly free newspaper Tagblatt der Stadt Zürich: http://epaper2.tagblattzuerich.ch/ee/tazh/_main_/2013/03/27/012/article/17

¹⁸ Television RSI, in italian language: <http://la1.rsi.ch/home/networks/la1/telegiornale?po=ce4868ee-0390-4cfd-a23e-1caff51dc33c&pos=0d4a0ca7-f6a8-4b43-83a2-37b8ca777e82&date=24.03.2013&stream=low#tabEdition>

¹⁹ <http://www.wuemmetfaescht.ch/>

business like bakery, flower shop, chocolate store and so on. At the same time a big variety for entertainment, food and a kids programme.

a) Market booth

3 meter table with some poster, brochures, a laparoscopic surgery demonstration unit and 2 chief physicians, 2 deputy chief physicians and 2 senior physicians.

b) Teddy clinic

Premiere: Physiotherapy

Premiere: Anesthesiology with imaginary sleeping gaz with different flavours to be chosen by the kids like vanilla, raspberry, melon (in reality it is possible to put a certain flavour to the sleeping mask by a special stick – like vanilla).



Pic 6. Posters of the market booth with the statement “1800 meters to the City Hospital Waid” (the true distance from the festivity to the hospital)

Facts:

2 days in September 2013.

The festivity itself had some 10'000 visitors.

Market booth City Hospital Waid with some 200 talks, longest individual talk 42 minutes.

Teddy clinic with 280 kids and more than 300 plush pets.

Recap Teddy Clinic: As a nudge theory the aim are able to learn according to their own truth/individual way is to reduce fear – kids, parents, adults, grandparents learn about processes in a hospital in a playful way.

As constructivistic didactic the aim is to provide a learning environment about several services in the hospital – kids and adults constructing knowledge.

As building up some municipal intelligence this activity connects the in-depth know-how of the best physicians at the market booth with the playful way of learning about a hospital at the teddy clinic – with a distance to each other about 30 meters. Visitors are able to gain new or additional knowledge about their neighbouring hospital.

The tandem power of providing real and playful information about the hospital at the same time created a big wave of gossip. A lot of kids from Saturday came back Sunday to bring more plush pets or the same for a follow-up check. The visitors had a choice what information they prefer or having it all. A lot of kids and adults visited the teddy clinic without plush pets as they heard about it and just wanted to watch. The organisation committee almost forced the hospital to participate in 2015 again.

It took some 2,5 years to have enough internal acceptance about that marketing instrument in order to start measurement of success with the planned next teddy clinic may 2014 when an open door day with an employer branding focus is about to deliver even more data. The method will be qualified interviews with visitors.

6. Public handshake and pushed gossip 2: The comitted neighbour

Inspired by the effects of viral marketing, the public handshake and the pushed gossip we implemented a second activity. The non-medical public presentations under the “label” of Waidfokus+²⁰.

Since the City Hospital Waid already had some successful public presentations (Waidforum²¹) about the services from the departments of medicine, surgery, acute geriatrics and the institutes of nephrology, radiology and anaesthesiology, to push gossip we needed again an “unlogical concept”.

The concept of Waidfokus+:

- Present “unknown” specialists and their work from the other departments of the City of Zurich (as the hospital itself belongs to one).
- Whenever possible the presentations have to embed local facts (neighbouring area) in order to build up ties with the visitors.
- 50 minutes speech, little apéro, 20/30 minutes questions and answers.
- No brochures of the hospital in the room, intro speech by marketing people – no visibility of “hidden-sale-material”.

Comparison 1: The main difference about Waidfokus+ and the older series Waidforum is the way of invitation including a variable system of iconic graphics compared to the almost static human icon.

Waidfokus+: letterbox-mailing to some 36'000 households surrounding the City Hospital Waid, A5 paper imprinted on one side only Waidforum: information to all connected 850 referring physicians of the hospital, A5 papier imprinted on one side only.



Pics 7 and 8: left – Waidfokus+ (work report of the city’s street naming commission), right – Waidforum (lung cancer) – simple and successful invitations.

²⁰ http://www.stadt-zuerich.ch/content/waid/de/index/ueber_das_waid/waid_aktuell/hauptseite_waidfokus_.html

²¹ http://www.stadt-zuerich.ch/content/waid/de/index/ueber_das_waid/waid_aktuell/hauptseite_waidforum_veranstaltungen_extern.html

The Waidfokus+ invitations so far:



5th September 2011: Security and elderly people, tips&tricks about street robbers, City Police Zurich. 14th February 2012 (record with 250 guests): Wild animals within the city limits, from wild boar and foxes to deers, Green City Zurich. 26th June 2012: The flighty nightlife of Zurich, about bats within the city, Foundation of the protection of bats. 10th October 2012: How to create a street name for the city of Zurich, Street Naming Commission of the City Police. 13th December 2012 (lowest, 25 guests): Christmas without stress, what to do when there is a fire, City Fire Department. 5th March 2013: Lake-dwelling archaeology at the lake of Zurich, 5000 years of history, Underwater-archaeology of the city of Zurich. 23rd May 2013: Fountains of the City, the art and history of fountains in Zurich, Waterworks Dept. of the City. 5th September 2013: Pest at home, about tips & dealing with insects and other intruders, Pest Consulting Office of the Dept. of Health and Environment Protection.

Comparison 2 – the visitors/guests:

Note: if the total doesn't create 100% – there have been a few and more participants without any indication – abstention from voting – indicating a tendency only.

Measurement	Waidfokus+ (non-medical)	Waidforum (medical)
7 Events between Sept 2011 and May 2013	Visitors 648 Response of questionnaires: 34% n = 220	-
16 Events between May 2009 and March 2013	-	Visitors =1765 Response of questionnaires: 54% n = 953
Where did you see the invitation? – Top channels	Letterbox-Mailing: 19,3% Recommended by a friend: 5,1% Flyer in the hospital: 3,5%	Ad in free weekly newspaper Tagblatt: 18,4% Ad daily newspaper Tages-Anzeiger:

	E-Mail Reminder: 3,4% Poster in Hospital: 2,9% Web: 2,6% (no ads in newspapers)	10,5% Poster at Hospital: 9,8% Recommended by a friend: 5,5% Ad daily newspaper NZZ: 3,8% Hospital entrance Light-Poster: 2,9% E-Mail Reminder: 1,5% Web: 1,5%
Understandable?	-	Understandable: 75% Complicated: 3%
First Presentation?	-	First: 51% Several presentations: 43%
(Former) Patient of the hospital or new Visitor?	Patient: 42% New: 52%	Patient: 49% New: 51%
Gender	62% women, 38% men	67% women, 31% men
Age, 6 classes	66 to 75 years: 12,3% 51 to 65 years: 9,6% 76 to 85 years: 5,1% 36 to 50 years: 4,6% Up to 35 years: 1,9% Over 85 years: 0,9%	66 to 75 years: 14,2% 51 to 65 years: 13,4% 76 to 85 years: 11,9% Over 85 years: 7,6% 36 to 50 years: 3,6% Up to 35 years: 1,3%

Remarks measurement: Of course we assumed that there are “double-visitors”, people who attend the non-medical and the medical presentations. Since we don’t have an e-mail reminder for the Waidforum (medical) and there is today a value of 1.5% who came by e-mail reminder, there is probably a small “hybrid population”. We started to inform the Waidfokus+ e-mail group about both presentations as from the third invitation on. (Former) patient or visitor: We thought to reach a higher value for new visitors through Waidfokus+. Waidforum gained 900 new visitors, Waidfokus+ gained 337. Most interesting would be to check if these new visitors became patients – and the status of their insurance class.

Gender: The women outnumber the men by far – this value provokes interpretations when we would ask for “who is really interested about knowledge transfer in a healthcare related area”.

Age: There was a little surprise we hoped for. Slightly more younger people in Waidfokus+ than in Waidfourm. There is a “wish” inside the hospital not only to be attractive for the class “over 85 years”.

We started to expand the measurement for Waidfokus+ after the first 3 presentations, so this time visitors 325, n = 113 (4 presentations):

Satisfaction with the choice of the individual topic?	Very satisfied = 75% Satisfied = 23%
Personal opinion – what do like the most at Waidfokus+?	Speaker = 66% Topic = 17% Talks, Discussions = 9%
Comparison non-medical and medical presentation, what o you prefer?	Non-Medical = 71% Medical = 28%
Distance from the hospital to your place of living	Up to 5 minutes = 9% 5 to 15 minutes = 31% 15 to 30 minutes = 46% Over 30 minutes = 15%
How did you came to the hospital?	Public transport = 56% Car = 16%

	Bike = 6%
	By foot = 22%
Viral: With how many persons did you speak about a Waidfokus+ presentation?	None = 15%
	1 to 3 persons = 50%
	More than 3 persons = 35%
Would you recommend Waidfokus+?	Yes = 83%
	Don't know = 6%
Would you recommend Stadtspital Waid (the hospital)?	Yes = 70%
	Don't know = 30%

Remarks expanded measurement: The Waidfokus+ seem to appreciate the entertainment factor. They live close and could reach the emergency ward easily. The viral effect, the pushed gossip effect is high – 35% talk to more than 3 people about that presentation. The recommendation rate for Waidfokus+ with 83% is astonishing. A lot of this data shows constant growing or roller-coaster waves. There has to be more monitoring.

Recap Waidfokus+: As a nudge theory the aim is to show another side of the hospital; the neighbour, the employer, the local/community platform to exchange knowledge – the mainly elderly neighbourhood can learn something for everyday life. As constructivistic didactic the aim is to provide a learning environment about job descriptions in the city of Zurich and their impact on the public good – the guests are able to connect own experiences and questions to new learnings. As building up some municipal intelligence this activity supports the exchange between the guests – the enrichment of knowledge provided by the local hospital leads to an appreciation and an openness for other details of the hospital or recommendations for other hospital activities.

In a way, Waidfokus+ created a kind of a “fanclub”. Around 100 people “forced” the hospital to invite them by e-mail as well, so that they hopefully don’t miss the next presentation. We receive e-mails and telephones with positive feedbacks. Compared to the existing medical public presentations the collected data didn’t deliver a new breathtaking knowledge. At the same time the data shows that by doing Waidfokus+ we add more and more guests to the statistical class of “I’ve never been to the City Hospital Waid before”.

Findings, discussion

90 meters above sea level the City Hospital Waid is transforming its marketing strategy with ups and downs. But never ever again by classical marketing (brochures, events and web) only. The predatory market of Zurich and Switzerland for hospitals will engage new ideas. When Sir Christopher Wren (1632-1722) constructed and built the new St. Paul’s Cathedral in London he never backed down when being confronted with difficulties. He simply nudged. To add new methods in the (social) marketing mix of a hospital there is a need for being courageous, radical and powerful. The public handshake and the pushed gossip as a method of viral marketing by the City Hospital Waid works better and better.

One finding is, that yes, we implemented a public handshake and a pushed gossip in Zurich North with a lot of emotions. Our awareness in the neighbourhood is higher. The measuring of that effect is difficult. The responsibility is big. Emotions are a sometimes an instable mass of instant loss & profit. Holding the balance between still being not different enough compared to the other hospitals in the draw are and a overdone Disneyization needs a lot of empathy and is not all the time reliably connectable to a tight road map.

Nevertheless, one of our findings still is that employees of the hospital first refused to listen to the details of this additional marketing activities, complained behind the curtains about the unlogical Teddy Clinic and the non-medical public presentation series Waidfokus+. The development of this two instruments would have been faster when internal stakeholders

could participate in a kind of sounding board or advisory board. We intend to do some precise interviews with some employees in order to get a second opinion about the recognition and assumptions of the Teddy Clinic and Waidfokus+.

Another finding is that the collected data is not enough. To qualify this data by a more precise methodology is crucial to have a full scale analysis about success & failure of viral marketing in healthcare.

And we found out that viral marketing is connected to people. The team presenting the Teddy Clinic and Waidfokus+ have an higher awareness too. There comes responsibility again. The later connection of this potential to true services (emergency ward, surgery...) used in the hospital has to be measured as well.

To add viral marketing to a hospital is a risky business as the products are not fruit or shoes but human beings. Yet it is a very promising way of presenting healthcare in a local area – by a public handshake to push gossip.

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