

Executive Summary

The issue that led to the development of this communications plan is that the Hôpital régional de Sudbury Regional Hospital (HRSRH) is opening a brand new Paediatric Centre of Excellence (PCE). This centre will be located at the Laurentian site hospital and will be a unique, highly visible and welcoming family-centered facility; the Centre will offer general and specialized quality local and regional paediatric medical care. The underlying issue here is to spread awareness about the PCE, and by doing so communicate the benefits of the Centre to the hospital's publics so they will be on board as the HRSRH moves forward with their one site hospital vision.

Our goal is to position Sudbury Regional Hospital's Paediatric Centre of Excellence as a leader and innovator in paediatric health care. We will accomplish this goal through following a series of carefully planned objectives and tactics designed to target the PCE's key publics and achieve this ideal positioning. These key publics include the northeastern Ontario community (especially families with children), current hospital staff, current and prospective paediatricians and the media.

Our tactics and objectives have been crafted around strategies we have developed to engage our key publics. We believe that the more engaged they are with the PCE the more effective our messages will be and the greater chance of us achieving our positioning goal. These strategies involve transparent communication while allowing a chance for feedback, as well as special events and media campaigns.

For complete details of our communications plan please refer to our full written report and our attached appendices.

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A. INTRODUCTION

Statement of Corporate Purpose

As a regional resource centre, the Hôpital régional de Sudbury Regional Hospital (HRSRH) provides leading and innovative hospital-based care for residents across northeastern Ontario. Offering a wide array of programs and services, the HRSRH delivers high-quality patient- and family-centered care in the areas of cardiac care, oncology, nephrology, trauma and rehabilitation. The HRSRH is in the process of combining the hospital based services across three sites, onto one site. In collaboration with the Northern Ontario School of Medicine, the HRSRH is also evolving into a full-time teaching facility.

Situation Analysis

The Issue

The HRSRH is opening a brand new Paediatric Centre of Excellence (PCE) to complete the one site hospital. The PCE will be a unique, highly visible and welcoming family-centered facility located on the Hospital campus; the Centre will offer general and specialized quality local and regional paediatric medical care. The underlying issue here is to spread awareness about the PCE, and by doing so communicate the benefits of the Centre to the hospital's publics so they will be on board as the HRSRH moves forward with their one site hospital vision. Public support of the one-site hospital is currently being jeopardized by the ever-increasing costs and constant delays of deadlines, which makes this issue somewhat fragile. Through our communications plan we also need to restore public confidence in us and assure them the one-site hospital will be completed as promised and will be worth the increased costs when all is said and done.

The Organization

HRSRH is currently regarded as a leader and innovator for excellence in patient care. In addition to caring for its patients, the HRSRH supports the development of medical staff, volunteers and students and values the quality of their work life. As an innovator, the HRSRH responds to the changing needs and is an advocate for resources and services that promote health and wellness within the community. HRSRH serves 530,000 residents across northeastern Ontario. The HRSRH has 3,582 employees, a medical staff of more than 250, 600 volunteers and a diverse range of services.

The Publics

We have determined the primary public to be the internal public, such as those who will benefit from the services the PCE provides, such as the citizens of northeastern Ontario, or more specifically, families with children. Additionally, their support of the project will ensure its success. Our secondary public is the internal public, such as hospital staff and board of directors, since they will have the most influence in getting this project off the ground. Our tertiary public is the media, since they can influence both the primary and secondary publics. We have also determined an additional public to be current and prospective paediatricians.

Opportunities

- Enhance the recruitment and retention of paediatricians and other health care professionals.
- Develop and strengthen existing partnerships with local and regional paediatric colleagues and service providers.
- The opportunity for advancements in paediatric research.

Timeframe

The timeframe to implement this communications plan is 12 weeks.

Budget

Our budget for this project is estimated at five thousand dollars.

B. GOAL, POSITION, OBJECTIVES

Major Communication Goal

To position Sudbury Regional Hospital's Paediatric Centre of Excellence as a leader and innovator in paediatric health care.

This goal is a reputation management goal because we are trying to change the way the public sees the health care system in Sudbury. We are also trying to position the PCE as a leader and innovator in paediatric health care in the minds of the general public. Because we are positioning the ideas in the minds of our public our goal must be a reputation management goal.

Position Statement

The Sudbury Regional Hospital's Paediatric Centre of Excellence would like to be recognized as the preeminent paediatric facility for Northeastern Ontario; a new facility with combined paediatric offices.

This is the position we have chosen because it illustrates to the public that this is a new facility, one of which no other community in Northeast Ontario has that contains multiple paediatric offices in one central area. This centre will serve a benefit to the community and province.

Objectives

- 1. To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages that the new Paediatric Centre of Excellence provides children within ten weeks.**

With the goal of positioning PCE as a leader and innovator for paediatric health care, we must consider the residents of north-eastern Ontario. We need to get the residents and potential clients informed about our plans and how it will serve to benefit them.

- 2. To have an effect on acceptance of employees of HRSRH, specifically to gain their interest in the PCE and the benefits it provides. (100 per cent within three months prior to launch).**

The employees of the HRSRH have the potential to have the most influence on the success of the project, therefore it is necessary that we gain their acceptance before the Centre launches.

- 3. To have an effect on the action of major corporations and community leaders specifically to obtain an increase in their funding in the HRSRH PCE. (\$400,000 within the first six weeks).**

It is important to have major corporations and community leaders involved with the construction and funding of the project. It gets them involved, brings more

credit to the organization and will give the hospital the resources needed to be a leader and innovator in paediatric health care.

- 4. To have an effect on the awareness of the residents of northeastern Ontario, specifically to increase their understanding of the advantages of the PCE versus paediatric care that has been provided in northeastern Ontario thus far. (60 per cent within 12 weeks).**

As the secondary public, it is important that northern Ontario residents are aware of the centre, and knowing the benefits it provides will encourage them to use the services of the PCE and ensure its continued success.

- 5. To have an effect on the action of paediatricians in Canada, specifically to obtain an increase in the employment rate at PCE. (3 new paediatricians within 12 months).**

In order to become a leader and innovator in paediatric health care, it is a necessity that the centre has enough qualified individuals who can meet the needs and demands of the centre.

- 6. To have an effect on the action of paediatricians in Canada, specifically to advance their studies as a direct result of research conducted at the PCE. (20 per cent in 12 months).**

One of the opportunities the PCE provides is to advance paediatric research, we believe the more it contributes to paediatric research the more successful it will become.

- 7. To have an effect on the action of the PCE specifically to provide training, mentorship and learning opportunities for medical students. (70 per cent in**

eight months).

In order to reach our goal to become the leader and innovator in paediatric health care, it will be necessary to make sure the appropriate training, mentorship and learning opportunities are provided for medical students from the school of medicine. Doing this, will give the centre more favourable publicity, credit and possibly potential employees.

- 8. To have an effect on the action of current supporters and stakeholders, specifically to retain their continued support following the launch of the PCE. (100 per cent in 12 months).**

It's of paramount importance that we do not lose any support as a result of the PCE or else it will ultimately hurt its success, which is why we must make every effort to ensure the current supporters and stakeholders stay on board.

C. STRATEGIES

Strategy 1 (MS): Obtain publicity through various media channels.

Rationalization: This is a proactive communication strategy. Unlike sending out a news release, which is designed specifically to produce media coverage, we hope to achieve favorable media coverage by having them latch on to some of our other publicly accessible documents or taking note of some of our actions and creating news out of it.

Strategy 2 (HR): Keep the publics aware of the construction and planning every step of the way.

Rationalization: This is a proactive communications strategy used to remain transparent with our key publics. We chose this strategy because it allows the public to be informed and have the opportunity to contribute to the decision making process. This will ensure there is awareness of the services, construction and funds required to keep the task on schedule.

Strategy 3 (MS): To get new and current employees involved and participating in the PCE and some of the decision-making process.

Rationalization: This is a proactive action strategy. Since employees are one of our most important publics we want them to feel involved and engaged in the PCE even if they are not working directly within it. This will help keep up employee morale and improve employee relations.

Strategy 4 (HR): Have special events to create awareness and acceptance for the Paediatric Centre of Excellence.

Rationalization: This is a proactive action strategy. We chose to have special events because it would get community members out to the hospital to see the features and benefits that it will offer. It is easy to measure the amount of people who participated in an event. When people are actively involved in an event they tend to retain more information.

Strategy 5 (HR): Have special events in order to raise funds for the Paediatric Centre of Excellence.

Rationalization: The Sudbury Regional Hospital requires funds to make the PCE happen. Getting community leaders and the public involved in events with the children would allow them to see how the money would benefit the hospital and the children themselves. Special events for the purpose of raising funds would be an excellent strategy to help solve the financial constraints.

It is important that we raise funds for the PCE because without these funds our plan would not be possible. The PCE is a not-for-profit organization that would receive a small amount of funding from the government. In order to create awareness and position the facility as a leader and innovator within our community, fundraising is inevitable.

Strategy 6 (MS): Generate news coverage by directing media attention to newsworthy events and announcements by the PCE.

Rationalization: This is both a proactive and reactive communication strategy. Unlike the first strategy, this one involves controlling exactly what the media covers and what angle they take on covering it. Since they are one of our key publics we need to keep them informed so they can relay the message to the rest of our publics.

D. THEME, KEY PUBLICS, SPOKESPERSON(S) AND KEY MESSAGES

Umbrella Theme

Our umbrella theme for this communications plan is to position the Paediatric Centre of Excellence (PCE) as the leader and innovator in paediatric healthcare. The completion of the PCE will come around the same time as the completion of one of Canada's only one-site hospitals, which means that patients of any age can get specialized treatment at the Sudbury Regional Hospital. We want to emphasize that all the combined resources at one site creates a symbiotic relationship where each branch works off each other to improve and evolve. There is no longer a need for families to take their children out of town to a specialized paediatric centre, they can have peace of mind knowing their children can get world class treatment in their home town.

Key Publics

There are a lot of publics for this campaign including: residents of Sudbury, people who have and/or like children, allied health stakeholders, child care resources, all of Northeastern Ontario, the media, potential donors, Hospital staff, partners, MPPs etc. For the purpose of this campaign we have narrowed down our publics to include four key groups.

Group One: (HR) The first public would be families with children in Northeastern Ontario.

We chose to have families with children as one of our key publics because they are ultimately the people who would benefit the most from having a Paediatric Centre of Excellence. The families with children would need to know and understand what the benefits and services the new facility provides. This public has the largest impact on whether the centre succeeds or fails.

Group Two (HR): The second public would be the staff and stakeholders.

We chose to have the staff and stakeholders as a group within our key publics because they are an important part to the success of the centre. Without their contributions and efforts the centre would not be possible. Therefore they need to be kept informed and be included in major decisions. It is important that current staff and stakeholders accept the new facility and are excited about the development.

Group Three (MS): the third key public we chose was the media.

We chose the media to be grouped in our key publics because they play an important role for the success of our goal: which is to position the Sudbury Regional Hospital's Paediatric Centre of Excellence as a leader and innovator in paediatric health care. Their role is to communicate and be the channel to deliver the key messages to other publics. Their representation of the centre plays an important role on how the publics position the facility in their mind.

Group Four (MS): the fourth key public we chose was the prospective paediatricians.

We chose the prospective paediatricians as a key public because they will help the centre develop and maintain its status as a leader and innovator in paediatric health care. The response the centre receives from the prospective paediatricians has a great effect on the reputation and success of the facility. Additionally, the creation of the PCE means the creation of new jobs for paediatricians.

Spokespeople

The Paediatric Centre of Excellence affects a large population in Northeastern Ontario; because of this we have selected three different spokespeople who would be best suited to address the three larger publics. For the purpose of the

spokespeople the three audiences we will be focusing on are: the general public, the staff/stakeholders and the independent paediatricians.

For the general public we have chosen to use the President and CEO of the Sudbury Regional Hospital because he is able to speak on behalf of the staff and the hospital itself. The President and CEO holds a large power for the large project, because of his knowledge he would be able to confidently address the public about the construction of the hospital, its benefits and how it will serve to help the community. The CEO will also be the representative that will address media questions and/or concerns.

For the staff/stakeholders we have chosen to use the board chair. The board chair is a key player in the construction and logistics surrounding the hospital. He/she would be the best candidate that could speak to the staff/stakeholders about the progress and development of the centre. He/she would be able to give updates tailored to the audience's demands. We chose to use the board chair to speak on behalf of the president of the hospital because the president has more on his plate than the board chair, because of this he is not as informed as the board chair as to the exact details of each individual decision made. The board chair could answer the questions of the stakeholders and staff with more confidence and knowledge.

For the independent paediatricians we have chosen to use a designated doctor. This doctor would be a designated spokesperson from the front line, delivering the message to potential and current paediatricians of how this facility is going to help them care for the children more efficiently. We chose a doctor instead of a hospital representative because we believe other doctors would respond better to one of their peers, who truly believe in the cause.

Key Messages

We have developed one key message for each key public. The key messages would be delivered using our strategies, tactics and spokespeople.

Message 1 (HR):

Audience: The first message is directed towards the families with children.

Message: *"The Paediatric Centre of Excellence is a state-of-the-art facility that will provide the specialized health care for children in Northeastern Ontario."*

Rationalization: We chose this message because it would allow the opportunity to highlight the opportunities, benefits and convenience that the centre would create.

Message 2 (HR):

Audience: The second message is directed towards the staff and stakeholders.

Message: *"The Paediatric Centre of Excellence is a worthy investment of your time and money."*

Rationalization: We chose this message because it portrays to the stakeholders and staff that all their hard work, their investments and time is appreciated. It will also open the opportunity to express to them what is expected and what benefits it serves.

Message 3 (MS):

Audience: The third message is directed towards the media.

Message: *"As a brand new addition to the one-site hospital, the Paediatric Centre of Excellence a leader and innovator in paediatric health care."*

Rationalization: We chose this message because first of all, we need to let the media know the PCE exists. The next thing they'll want to know is what that means to the City of Greater Sudbury, so we will express to them the benefits and opportunities it presents, as well as emphasize that the PCE is a leader and innovator in paediatric healthcare.

Message 4 (MS):

Audience: The fourth message is directed towards current and prospective paediatricians.

Messages: *"The PCE will create new job and career advancement opportunities."*
"The PCE will make it easy to combine resources and conduct further research."

Rationalization: We need to encourage paediatricians to want to work at the PCE versus other facilities, so we need to emphasize what makes our facility cutting edge in terms of the resources and technologies available. We want to position the PCE as the ideal facility for both current and new paediatricians alike.

E. PLAN OF ACTION/IMPLEMENTATION

Tactics

[MS] Strategy 1: Obtain publicity through various media channels

Tactic 1: Open house event. With this tactic we intend to invite those interested in the new facility to come in and familiarize themselves with it while giving the media something to cover at the same time.

Publics for tactics 1: Families with children, media.

Objective for tactic 1: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 1: No additional cost.

Timeline for tactic 1: We will implement this tactic in the third week prior to the opening of the PCE.

Tactic 2: Ribbon-cutting event. With this tactic we intend to raise excitement over the new facility by arranging a ribbon-cutting event where our spokespeople can deliver our messages to the public and mark the grand opening.

Publics for tactic 2: Media, community as a whole, staff and stakeholders.

Objective for tactic 2: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 2: No additional cost

Timeline for tactic 2: We will implement this tactic during the final week of the communications plan.

Tactic 3: Media conferences and rallies. We intend to treat this event like a press conference and promotional rally, where our spokespeople can deliver our messages and invite feedback or questions from the media.

Publics for tactic 3: Media, Northeastern Ontario community, staff and stakeholders.

Objective for tactic 3: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 3: We intend to implement this tactic using a budget of \$400.

Timeline for tactic 3: We will implement this tactic in the third week prior to the opening of the PCE.

[HR] Tactics For Strategy Two

The following are tactics related to our second strategy: keep the publics aware of the construction and planning every step of the way.

Our first tactic for this strategy is to create an expansion to our current website. The expansion would include a page dedicated to the development and creation of the goings-on of the PCE. This tactic will relate back to our goal by allowing us to position ourselves as the leader and innovator in paediatric health care. A website is a good tool for people to check out your information, news and keep informed about the centre.

This website expansion would be targeted to the general community including our families with children who would use the centre. Stakeholders and board members would also use it potentially so they could keep up with upcoming news and events.

This tactic relates back to our fourth objective: To have an effect on the awareness of the residents of northeastern Ontario, specifically to increase their understanding of the advantages of having a one-site hospital. (60 per cent within the first twelve weeks).

This tactic would begin on week 11 between February 12th and 19th, 2010. The tactic would cost approximately \$300.00 to add an expansion page. This fee is including both financial costs as well as the hours it would endure for our web master to create this page outside of his/her current role.

We chose this tactic because it would allow the centre to use resources it currently has to keep their publics up-to-date on current affairs surrounding the centre. This is a quick and manageable method to get the information out to the public where it could be accessed virtually anywhere.

Our second tactic for our second strategy would be to host community meetings. The community meeting would be held in one of the rooms of the hospital and would be concerned about announcing new development ideas about the centre and allowing the

community to give their feedback. This would allow the hospital to have a sense of transparency with its public as well as allow for feedback to be generated.

This tactic relates back to our first objective which is: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within the first ten weeks.

This tactic would begin the week of March 26th to April 2, 2010 and would have the potential to have a re-occurrence whenever the centre deems necessary throughout the communication plan implementation. Since the community meeting would take place at the centre, it would have no additional costs.

Having these community meetings would help us achieve our goal of becoming the leader and innovator in paediatric health care, and would allow us to get the opinions necessary to allow the centre to be accepted amongst our publics. By having these meetings it would allow the community to see that the centre is an assembly of all ideas and is leading the community in development.

The third tactic for this strategy would be to conduct an awareness campaign. This campaign would consist of having information booths set-up at events within the city as well as posters etc. It would serve to provide the publics with all the necessary information about the facility and each of the steps the centre endures.

This tactic would be for the general community, stakeholders, board members and potential paedricians. Either directly or indirectly, they will be exposed to this campaign and the information provided within it. This campaign would hopefully grab the attention of the media as well.

This tactic relates back to our objective: To have an effect on the awareness of current supporters and stakeholders, specifically to retain their continued support following the launch of the PCE. (100 per cent in 12 months). As well as our objective concerning: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within six months.

This tactic would have its jump-start on the week of February 26th to March 5th, 2010 and would come to an end on April 16th to 23rd, 2010. The campaign in its whole would

have a budget of \$500 and would include the creation and printing of brochures, displays, swag, posters etc.

This tactic will help us position the PCE as the leader and innovator in paediatric health care because people will be aware of the benefits and services it would provide.

[MS] Strategy 3: To get new and current employees involved and participating in the PCE and some of the decision-making process.

Tactic 1: Internal company conferences. We intend to use this tactic to address the staff and stakeholders and keep them up to date with important developments regarding the PCE. We will also encourage them to get involved and participate in making decisions regarding the PCE.

Publics for tactic 1: Staff and stakeholders.

Objective for tactic 1: To have an effect on acceptance of employees of HRSRH, specifically to gain their interest in the PCE and the benefits it provides. (60 per cent within three months prior to launch).

Budget for tactic 1: No additional cost

Timeline for tactic 1: We will implement this tactic within 6 weeks prior to the opening of the facility.

Tactic 2: Hold company-wide lectures to educate staff on the PCE in detail about the services provided and the technology available for them to use.

Publics for tactic 2: Current staff and prospective paediatricians.

Objective for tactic 2: To have an effect on the action of paediatricians in Canada, specifically to obtain an increase in the employment rate at PCE. (10 per cent in 12 months).

Budget for tactic 2: No additional cost

Timeline for tactic 2: We will implement this tactic within 6 weeks prior to the opening of the facility.

Tactic 3: Board meetings involving stakeholders and upper management staff who have power over the decision making process. With this tactic we intend to use board meetings to facilitate the decision making process while getting input from stakeholders to ensure they're on board with the direction of the PCE.

Publics for tactic 3: Stakeholders and staff.

Objective for tactic 3: To have an effect on the action of current supporters and stakeholders, specifically to retain their continued support following the launch of the PCE. (100 per cent in 12 months).

Budget for tactic 3: No additional cost.

Timeline for tactic 3: We will implement this tactic within 8 weeks prior to the opening of the facility.

[HR] Tactics For Strategy Four

The following tactics are related to the fourth strategy within our plan, which is to have special events to create awareness and acceptance for the Paediatric Centre of Excellence. The first tactic that we have chosen to utilize that would help us achieve this strategy would be to host dinners. At these dinners we would have guest speakers as well as presentations about the new facility and what it would serve to offer and whom it would benefit.

The dinners would be geared towards the general community, specifically the families with children. It would not only serve as an opportunity for awareness, but for the purpose of raising funds for the facility.

This tactic would relate back to our first objective which is: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within ten weeks.

The dinner would take place on the week of April 2-9th, 2010. It would have a budget of \$1000 that would allow for decorations, food, facilities and the use of guest speakers, etc.

This would help us achieve our overall communications goal because it would allow the community to have a mind set of what the centre has to offer and it would help position the facility as a leader and innovator.

The second tactic to achieve this strategy would be to have a family day. This family day would consist of the hospital hosting an event on Ramsey Lake, since it will be winter, it could be a skating day with hot chocolate and/or games for kids. This will provide an opportunity for the facility to generate publicity as well as opportunities to showcase some elements of what the PCE has to offer kids. It could also be a possibility to get some children who are ill involved in these games and activities.

This tactic would fit in with our 1st and 7th objectives which are: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within ten weeks and to have an effect on the awareness of current supporters and stakeholders, specifically to retain their continued support following the launch of the PCE. (100 per cent in 12 months).

This tactic would take place once throughout the plan and it would be positioned in the week of March 12th to 19th, 2010 and would have a maximum budget of \$400, which would include the supplies needed for activities, refreshments, posters etc.

Having a family day would relate back to our goal because it would allow the community to see that the centre benefits the community in more than one way. Because the centre is the leader and innovator in paediatric health care it will serve the community and children with a great amount of benefits.

The third tactic for this strategy would be to have guided tours at the new facility. This would consist of the community being allowed to walk through the centre with a guide who will be equipped to answer their questions and provide them with information on the equipment and services the centre will have.

This tactic would fit in with our objective: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within ten weeks.

This tactic would begin on the week of April 2 to 9th, 2010 and would continue to take place until the end of our communications plan. The tours would have no additional cost because we would be using student interns/ volunteers as guides.

The use of guided tours would allow the centre to create awareness of the services it has to offer as well as get students involved.

[HR] Tactics For Strategy Five

The following three tactics will be centered on achieving our fifth strategy which is: Have special events in order to raise funds for the Paediatric Centre of Excellence.

The first tactic we chose for this strategy is to conduct a run-a-thon event. This event would consist of participants getting pledges for a ten kilometer run. This event will allow the hospital to receive sponsorship and pledges, as well as gain publicity.

It will relate back to our objective: To have an effect on the action of major corporations and community leaders specifically to obtain an increase in their funding in the HRSRH PCE. (\$400,000 within the first six weeks).

It would be geared towards the general public because they would be the participants in the run-a-thon event. The media would be a focus as well as the actual donors and stakeholders. This event will have the opportunity to become an annual run.

The run would take place on the week of February 26 to March 5th, 2010. It would have a budget of \$450 for pledge forms, signage, contestant numbers, refreshments etc.

The second tactic for this strategy would be to seek sponsorship for the PCE. This would entail getting major companies and figure heads to make a sponsorships and donations to the facility. It would involve seeking these sponsorships and donations.

Creating sponsorship would fit in with our objective: To have an effect on the action of major corporations and community leaders specifically to obtain an increase in their funding in the HRSRH PCE. (\$400,000 within the first six weeks).

This tactic would begin at the start of our communications plan the week of February 5th to 12th, 2010 and it would be on going. There is no additional budget dedicated to this tactic.

It would allow us to achieve our goal of positioning the PCE as the leader and innovator in children's health care, because it will allow us to generate the funds we need to actively keep up with the demands of the industry and do the necessary research and expansion to keep us with the goal.

The final tactic we have chosen for this strategy would be to have a dinner and dance for community leaders in the form of a gala event. This would entail raising money for the centre and its operations.

It would fit in with our objective: To have an effect on the action of major corporations and community leaders specifically to obtain an increase in their funding in the HRSRH PCE. (\$400,000 within the first six weeks). It would not only be geared towards community leaders and major corporations but also the general public that would like to attend.

This gala dinner would take place on the week of March 26th to April 2nd, 2010 and would have a budget that could not exceed \$800. This would be to cover the initial costs of food, beverages, décor and entertainment.

Again, without the necessary funds, the PCE would not exist and could not continue to be the leader and innovator in children's health care.

[MS] Strategy 6: Generate news coverage by sending out newsworthy information to various media outlets.

Tactic 1: Paid advertisements. With this tactic we intent to take out paid advertisements in the forms of print, radio and television in order to create awareness and excitement around the PCE amongst the community.

Publics for tactic 1: Northeastern Ontario community, media.

Objective for tactic 1: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 1: We will implement this tactic within a budget of \$900.

Timeline for tactic 1: We will implement this tactic within 9 weeks prior to the opening of the facility.

Tactic 2: Public service announcements. With this tactic we intend to develop radio and television public service announcements illustrating the benefits of the PCE and what it has to offer the community.

Publics for tactic 2: Families with children, northeastern Ontario community as a whole.

Objective for tactic 2: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 2: We will implement this tactic within a budget of \$900.

Timeline for tactic 2: We will implement this tactic within 6 weeks prior to the opening of the facility.

Tactic 3: Media kits and media releases. With this tactic we intend to develop media kits to send to all media outlets within Northeastern Ontario filled with vital information about the PCE. With every major development leading to the opening of the PCE we will also send out a media release to these outlets to generate news coverage about it.

Publics for tactic 3: Media.

Objective for tactic 3: To have an effect on the awareness of 60 per cent of residents of Northeastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within four months.

Budget for tactic 3: We will implement this tactic within a budget of \$60.

Timeline for tactic 3: We will implement this tactic within 6 weeks prior to the opening of the facility.

F. CAMPAIGN EVALUATION

[MS] Communication plan objective: To have an effect on acceptance of employees of HRSRH, specifically to gain their interest in the PCE and the benefits it provides. (60 per cent within three months prior to launch).

Possible evaluation method: Through the use of an intranet we can keep employees informed through posting announcements and then evaluate their interest level based on the amount of hits the intranet site receives after each new announcement is made. Additionally, we will encourage them to leave comments in order to gauge their acceptance level .

[MS] Communication plan objective: To have an effect on the awareness of the residents of northeastern Ontario, specifically to increase their understanding of the advantages of the PCE versus paediatric care that has been provided in northeastern Ontario thus far. (60 per cent within 12 weeks).

Possible evaluation method: In order to evaluate this objective we will use our website to post announcements and articles regarding the one-site hospital the illustrate the benefits of having one. We will then use Google Analytics to track the site metrics such as how many unique hits these articles and announcements are getting as well as where these hits are coming from so we will have a fairly accurate idea of how many residents of northeaster Ontario we are reaching.

[MS] Communication plan objective: To have an effect on the action of paediatricians in Canada, specifically to advance their studies as a direct result of research conducted at the PCE. (20 per cent in 12 months).

Possible evaluation method: After 12 months of the opening of the PCE we will conduct a formal meeting with a panel of paediatricians to discuss if their research has been advanced in any measurable capacity as a direct result of the PCE.

[MS] Communication plan objective: To have an effect on the action of current supporters and stakeholders, specifically to retain their continued support following the launch of the PCE. (100 per cent in 12 months).

Possible evaluation method: Measuring this objective is simply a matter of noting any negative changes in the amount of stakeholder support after the launch of the PCE. If after a year we still have the same amount of stakeholder support, or even if it has increased, then we have successfully met our objective.

[HR] Communication Plan Objective: To have an effect on the awareness of 60 per cent of residents of North-eastern Ontario, specifically to increase their understanding of the advantages of the new Paediatric Centre of Excellence offers children within ten weeks.

Possible Evaluation Method: To evaluate this objective we will poll a random sample of residents about their understanding of the basic health care system that Sudbury has to offer. During this survey we will also ask them if/what they have heard about the PCE if anything. At the end of our communications campaign we will do the same with a different sample audience. Another way we will evaluate this objective will be to take a tally of the amount of people that visit our displays and information centered events.

[HR] Communication Plan Objective: To have an effect on the action of major corporations and community leaders specifically to obtain an increase in their funding in the HRSRH PCE. (\$ 400,000 within the first six weeks).

Possible Evaluation Method: We will be able to evaluate this objective by looking at the physical donations and/or sponsorship amounts that corporations and/or community leaders have contributed.

[HR] Communication Plan Objective: To have an effect on the action of paediatricians in Canada, specifically to obtain an increase in the employment rate at PCE. (3 new paediatricians in 12 months before the opening).

Possible Evaluation Method: We could evaluate this objective by looking again at the physical increase of the number of paediatricians who have been employed at our centre. We could compare the results to other facilities to get a benchmark.

[HR] Communication Plan Objective: To have an effect on the action of the PCE specifically to provide training, mentorship and learning opportunities for medical students. (70 per cent in eight months of the opening).

Possible Evaluation Method: We could evaluate this objective by looking at the number of students that the centre was able to provide training for as well as mentorship opportunities. We can also look at agreements that we could have made with the colleges and universities in the surrounding areas in regards to the training of their students.

APPENDICES

Planning Schedule

Our planning schedule is based on a 12 week time period. Our schedule is broken down by which tasks will be completed each week in the campaign.

Week 12: February 5th to 12th, 2010

- Communication Plan begins.
- Seeking sponsorships from large corporations and community leaders.
- Develop Public Service Announcements.

Week 11: February 12th to 19th, 2010

- Continuation of sponsorship agreements.
- Begin work with colleges and universities in the general vicinity to make agreements to mentorship and student intern programs.

Week 10: February 19th to 26th, 2010

- Conduct first board meeting to board members and stakeholders.
- Introduce the Public Service Announcements (PSA).
- Take out advertisements.

Week 9: February 26th to March 5th, 2010

- Begin information campaign.
- Have the run-a-thon.
- Send out media release for the run-a-thon and campaign.

Week 8: March 5th to March 12th, 2010

- Conduct our second board meeting to tie up any ends from last meeting.
- Create the expansion to the website.

Week 7: March 12th to 19th, 2010

- Host Family Day.

Week 6: March 19th to March 26th, 2010

- Host conference to distribute information and collect feedback.

Week 5: March 26th to April 2nd, 2010

- Host a community meeting to inform the public about the operations and benefits of the PCE.
- Host a Gala dinner as a fundraiser.

Week 4: April 2nd to 9th, 2010

- Host the information dinner.
- Guided tours begin on-site.

Week 3: April 9th to April 16th, 2010

- Hold a media conference.
- Have a media open-house.
- Continue the guided tours.

Week 2: April 16th to April 23rd, 2010

- End information Campaign
- Hold a rally to end campaign and provide information.
- Continue guided tours.

Week 1: April 23rd to April 30th, 2010

- Tours continue.
- Advertisements and PSA go more frequently.
- Media release to announce grand opening.

Grand-Opening April 30th, 2010

- Final ceremonies.
- Ribbon cutting event.
- Short-term elements of the communications plan come to an end.

Budget

Paediatric Center of Excellence Communications Plan Budget

<u>Material</u>	<u>Price</u>
Media Kits	\$60

<u>Media Costs</u>	<u>Price</u>
Advertisements	\$900
Website	\$300
Media campaign	\$500
Media conference	\$100

<u>Event Costs</u>	<u>Price</u>
Open House	\$0
Ribbon-cutting ceremony	\$0
Rallies	\$0
Meetings	\$0
Conferences	\$400
Gala	\$800
Family Day event	\$400
Tours	\$0
Dinner event	\$1,000
Run/walk a-thon	\$450

<u>Volunteer Hours</u>	<u>Price</u>
20 hours	(\$200)

<u>Contingency</u>	<u>Price</u>
Contingency fund	\$290

<u>Total Costs</u>	\$5,000
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Print Ad



RSU
HÔPITAL RÉGIONAL DE
SUDBURY
REGIONAL HOSPITAL
Paediatric Centre
of Excellence

Friday April 30th, 2010

**We invite you to celebrate the grand opening of Sudbury
Regional Hospital's Paediatric Centre of Excellence with
this special ribbon cutting ceremony.**

Media Release



FOR IMMEDIATE RELEASE

April 30th, 2010

Sudbury Regional Hospital opens doors to new Paediatric Centre of Excellence

Sudbury, Ont. --- Today the Hôpital régional de Sudbury Regional Hospital (HRSRH) celebrated a major milestone. Construction of the Paediatric Centre of Excellence is complete and the centre is now open for receiving patients, family members and visitors.

“This is a great step forward, not only for us but for all of northeastern Ontario,” said HRSRH Interim CEO Bertha Paultse. “We are proud to now be able to offer specialized paediatric care to all residents of northeastern Ontario, a realization of a vision that has been in the works for many years.”

Starting today, April 30th, 2010, following our special ribbon cutting ceremony that all residents are welcome to attend, we will open the doors to the public for the first time. Assistance will be provided to help guide patients and visitors around the new facility.

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HRSRH serves 530,000 residents across northeastern Ontario. The HRSRH has 3,582 employees, a medical staff of more than 250, 600 volunteers and a diverse range of services.

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