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The Importance of Community Relationships to Hospitals' Clinical and Business Goals

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The Importance of Community Relationships to Hospitals' Clinical and Business Goals

On the wall of the administrative corridor in Bryn Mawr Hospital, a photograph from 1928 shows stern-faced local dignitaries setting the cornerstone for what was then the new Bryn Mawr Hospital. After outgrowing its original building, the Hospital had acquired several acres of contiguous land, knocked down some buildings and homes, and built a grand, six-story, 157-bed modern hospital. In dedication remarks, a board member commented that the new hospital should be "an object of love and veneration to the community..."

Lost in time – if it ever happened – is any record of community opposition to the Hospital's expansion: the demise of a neighborhood's residential character, concerns about noise, or increased traffic, or the handling of medical wastes, or cries of "not in my back yard." No record of what, today, can frequently be a common reaction to any hospital's development plans.

What has changed? As in 1928, hospital leaders today are dedicated people with a sincere desire to serve the community. When we plan hospital growth, it really is to improve service, help more patients, or make new medical discoveries – all goals of intrinsic value. And yet the pursuit of this mission is often met with community resistance, if not outright opposition, or even legal action.

Considered broadly, this type of reaction can spring from distrust of institutions, resistance to change, disgust over executive scandals in the for-profit and non-profit worlds, or anxiety about healthcare as a "business." More subtle reasons, however, are also at play.

For one, no matter how lofty a hospital's aspirations, neighbors and community leaders might not share the hospital's goals or find them relevant to their day-to-day needs. "Why should I suffer increased traffic because you need to see more patients?"

Second, as experts in healthcare, we frequently appear reluctant to listen to what community stakeholders or others not "expert" in healthcare have to say. *We* know what we are doing; *they* do not. Allowing "outsiders" to influence how our hospitals grow can feel as if we are abrogating our responsibility.

Asking for community input, however, is a sign of strength. When hospitals seek community input, it means we are confident in the legitimacy of our needs. It means that we have built a positive relationship that helps the hospital and its stakeholders listen to one another, reach mutual understanding, and align their respective interests. A hospital's relationship with its community has a direct impact on its ability to meet clinical and business objectives. Just ask any hospital with development plans tied up in contentious zoning hearings.

Building trust takes consistent and credible effort. In *The Seven Habits of Highly Effective People*, Stephen Covey describes "emotional bank accounts" as a metaphor for trust between individuals. Trust and support are built, over time, by making

"deposits" into the account. What constitutes a deposit in a hospital's relationship account with its community?

Communication is key. Do not wait to talk with the community, and do not wait for the community to come talk to you. Provide information and seek opportunities for feedback. Hold open forums to encourage dialogue. Develop a "community advisory council" as a conduit for information between the community and the institution. Send community leaders press releases from your hospital. Produce op-ed pieces from hospital leaders on the health issues of the day. If the local paper does not print them, send them to the community yourself, or publish them as an "open letter" advertisement. Invite neighbors and local civic groups to an annual meeting in the hospital for an update on hospital developments. Invite them to ribbon cuttings for new units.

Hospital representatives and physician leaders should be seen within the communities they serve. Appearances before civic associations, Chambers of Commerce, or Rotaries encourage information exchange and help hospital leaders establish personal relationships with community opinion leaders. At Main Line Health, for example, our CEO appears before our local township commissioners at least annually to update them on trends in the local healthcare industry. Sharing information when we do not have any specific issues before the township makes it easier to present our case when we do.

If building trust were easy, no hospital would ever face community opposition. Unfortunately, this is not the case and hospitals must accept some of the blame. Historically, many hospital planning efforts may have been poorly conceived or executed. Internal differences of opinion among hospital leaders can create confusion externally, as news of development seeps into the community before the hospital is fully prepared to share its vision. Sometimes, external stakeholders will use opposition to a hospital's activities to advance their own agendas. Whether impediments are historical, internal or external, the best option is to stay focused on long-term relationship building. Perfection is not required. Sincere and credible effort is.

Relationship building with a community will not guarantee unanimous support for a hospital. Without it, however, a hospital will have greater difficulty achieving its clinical and organizational goals. The days of "love and veneration" may have passed, but with sustained and serious effort they can be replaced with mutual respect and interdependence that is one foundation of any hospital's long-term survival in the turbulent healthcare environment.

About the Author

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