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Video Script: Geisinger Medical Center, Penn.

1 of 5 standalone segments for the children's hospital

VO/Visual Themes

Shots of hand-sized preemie and maybe an athlete. Emotional, maybe even eye-opening, but sweet

Visuals of staff with children—

Upbeat, happy

Show visuals with names of nursing units

Textover: "Christine, mother of premature twins"

Preemie's Parents

Textover: Certified Child Life Specialist, Janet Weis Children's Hospital"

Video/doctor

[tempo change]

Interior shots: emphasizing kids: PJs, video games, game room, wagon, counter heights, etc.

Strong visual here

Music up. Graphic of JWCH + Danville, Pennsylvania

AUDIO (voiceover and videotaped interviews)

From the tiniest of infants to the toughest of teens, every child is special at Janet Weis (*pronounced Wys*s) Children's Hospital.

We're part of Geisinger (*GUY zing gur*) Health System. Our dedicated staff is nationally-renowned for innovations, quality and skill.

Insert Video 3/Child: "I first learned about the Children's Hospital when I was diagnosed with cancer." Insert Video 2/Father: — P6: I learned about the Children's Hospital when Desirae noticed a lump on the right thigh...I'm just so glad that Geisinger was here for, not only for Desirae, but for us.

For your child and for children throughout central and northeastern Pennsylvania, we offer an extraordinary range of expert medical care and an extraordinary devotion to children.

Our physicians bring experience and expertise in over 50 children's specialties. And our staff brings together the training, the facilities, and the heart to care for children with complex disorders, severe injuries, and serious illnesses.

Video 5/Mother: I walked into the NICU to find out something was wrong with Ryan we weren't sure that Ryan was going to survive. They saved my son's life. I could never thank them enough for that."

Video/Mom: She only weighed a pound and a half when she was born. [PAUSE]It was a dream come true when she came home, something I didn't know if we were ever going to see. Twin's Dad: We wouldn't have her with a...Twin's Mom: Without the hospital, we wouldn't have her.

Video/child life: "To be able to be a part of these patients' lives and their families' lives is a huge honor. It's never just a job here."

Video/doctor: Nothing is nicer than watching a family get their things together and walk out of the hospital hand in hand or pulling a child in a wagon.

[tempo change]

From bright decorations to child-sized equipment, we've designed our hospital around the needs of children young and old, and their families.

Medical expertise. Advanced treatments. Amazing dedication.

Welcome to Janet Weis Children's Hospital.

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Sentara Health System
PowerPoint slide deck and notes
for National Professional Conference:
ACHE

**Physicians and the Electronic Health Record
What if we build it,
and
they don't come?**

HIMSS Annual Conference:
Transforming Healthcare through I.T.

Learning Objectives

or

Why are you here today?

- Identify common barriers to implementing an electronic medical record (EMR)
- Identify specific barriers to physician adoption
- Learn how to avoid catastrophic failure

**Sentara
Healthcare:
An Overview**

The EMR Today

- Environmental Variables
- Organizational Variables

8 Steps to Change Management

1. Create a sense of urgency.
2. Form a powerful guiding coalition.
3. Create a vision.
4. Communicate the vision.
5. Empower others to act.
6. Create short-term wins.
7. Consolidate improvements.
8. Institutionalize what works.

What is eCare? Sentara eCare Health Network

- Technology
 - EPIC Systems Electronic Medical Record (EMR)
 - Document Scanning & Management
 - Medication Barcodes & Scanner
 - Device Integration
- Processes
 - Planned redesign of 18 major processes
 - Finding new ones that need improvement!

**What is the business case?
Total Cost of Ownership & Benefits**

Common Barriers To Adoption
(And how to get over them)

Develop a focused approach to:

- 1st: Implement
- 2nd: Stabilize
- 3rd: Optimize

Change Management is key

- It's NOT about the Technology
- Attitude Not Aptitude
- Transparency
- Control / Influence
- Strong Communication
- Circles of Influence
- Be Patient
- Embrace the Skeptics / Manage the Disruptive
- There is no Perfection

WII FM

(What's In It For Me?)



(design by client)

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Feature for Baylor University Medical Center, Texas

Audience: lay public with post-graduate education

Topic: Overview of DNA Research

Abstract:

Imagine a future when the family physician can focus solely on a patient's susceptibility to diseases, instead of on existing symptoms of a medical condition.

Genetic research is creating such a future. Both practical and promising research is emerging from virtually every twist and turn of the DNA helix. Discoveries are quickly advancing our understanding of the relationships between human genetics and disease.

“We’re experiencing a paradigm shift in the way medicine is being practiced,” says Geoffrey S. Ginsburg, M.D., Ph.D., director of the Center for Genomic Medicine at the Duke University School of Medicine in Durham, N.C. “There’s a real

opportunity to learn early in our lives about our genetic risks and to proactively plan to avoid illnesses. As a researcher, that’s what gets me up in the morning.”

[3,000-word story]

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National Healthcare Trade Journal Article

(ghostwritten)

Topic: Home Telemonitoring

Abstract:

Home monitoring technology is a somewhat rare example of highly effective healthcare Information Technology (IT) that patients “get.” This contrasts greatly with the life-saving but confusing technology they encounter in traditional healthcare settings. Clinical and IT professionals throughout the U.S. and in Europe demonstrate that patients learn quickly to understand and grow to value telemonitoring as a tool to take charge of their health.

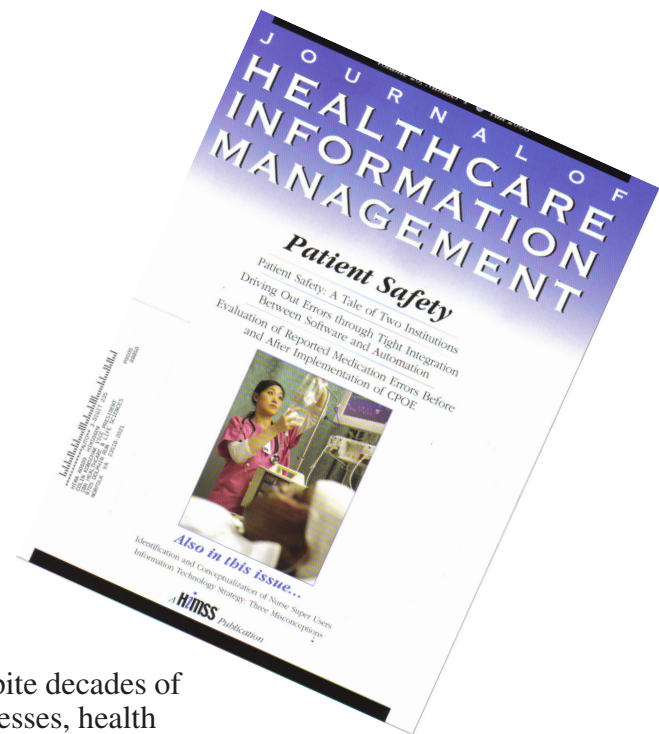
Healthcare providers involved with home telemonitoring programs report significant direct and indirect benefits for all stakeholders, as well as a number of lessons learned when working with:

- patients
- clinical and medical staff
- healthcare administrators and board members
- third party payers

Despite decades of successes, health telemonitoring technologies are still relatively untapped. However, new and advanced technologies are cued up for the marketplace, and demographic and regulatory shifts are already pushing stakeholders towards a new frontier in telemonitoring.

Based on their own experiences and an extensive literature review, the authors conclude: the new frontier of home telemedicine is here. Where are you?

[3,400-word story]



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Webpages: “Sioux City Stories of 5-star care”
Patient Vignettes for Health System Service Lines

Siouxland’s best,
meet one of
Siouxland’s best

Penny Fee, 64, used to run two to three miles each day—on concrete. It was no real surprise to her, then, that her joints suffered mightily for the wear.

“I had two bad knees for a long time,” she said. “I kept putting off knee replacement surgery; but eventually, just standing became difficult. And I need to stand a lot,” she says with a laugh.

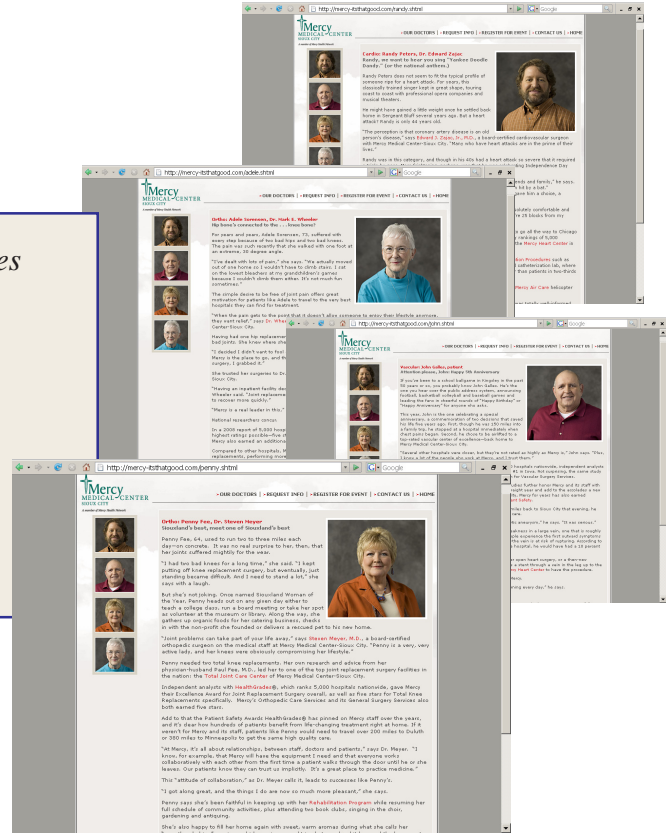
But she’s not joking. Once named Siouxland Woman of the Year, Penny heads out on any given day either to teach a college class, run a board meeting or take her spot as volunteer at the museum or library. Along the way, she gathers up organic foods for her catering business, checks in with the non-profit she founded or delivers a rescued pet to his new home.

“Joint problems can take part of your life away,” says Steven Meyer, M.D., a board-certified orthopedic surgeon on the medical staff at Mercy Medical Center-Sioux City. “Penny is a very, very active lady, and her knees were obviously compromising her lifestyle.”

Penny needed two total knee replacements. Her own research and advice from her physician-husband Paul Fee, M.D., led her to one of the top joint replacement surgery facilities in the nation: the Total Joint Care Center of Mercy Medical. . . .

Considering the awards HealthGrades has pinned on Mercy staff over the years, it’s clear how hundreds of patients benefit from life-changing treatment right at home. If it weren’t for Mercy and its staff, patients like Penny would need to travel over 200 miles to Duluth or 380 miles to Minneapolis to get the same high quality care.

Web-based series: patient vignettes promoting service lines:
- orthopedic surgery: knee (excerpt shown here)
- orthopedic surgery: hip
- vascular surgery
- cardiovascular: bypass surgery
- cardiovascular: emergency balloon angioplasty



“At Mercy, it’s all about relationships, relationships between staff, doctors and patients,” says Dr. Meyer. “I know, for example, that Mercy will have the equipment I need and that everyone works collaboratively from the first time a patient walks through the door until he or she leaves. Our patients know they can trust us implicitly. It’s a great place to practice medicine.”

This attitude of collaboration leads to successes like Penny’s.

“I got along great, and the things I do are now so much more pleasant,” she says.

Penny says she’s been faithful in keeping up with her Rehabilitation Program while resuming her full schedule of community activities, plus attending two book clubs, singing in the choir and gardening.

She’s also happy to fill her home again with the sweet, warm aromas from “marathon baking” sessions, which require several trips between her kitchen and the basement pantry.

“Before, my knees just slowed me down too much. Now, I don’t even think about it,” she says. “I now have my life back.”

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Daily e-newsletter (contract work,
6 months)

Audience: employees of Blue
Cross Blue Shield

The Challenge:

*Communicate policy without
relaying a “slap on the
hand” tone*

**If your computer
sometimes seems
sluggish, it’s probably not
because of the heat**

If you’re sending or receiving e-mails with personal pictures, audio and video attachments, you might be contributing to company-wide computer system outages and slowdowns. That affects you and everyone else. Read more to find out about new company procedures that will keep things running smoothly.

What do you do when you receive an e-mail with attachments of pictures of your friend’s adorable baby or a copy of a new music release from your favorite singer? Do you immediately forward it on to 10 of your closest friends? These types of files take up a significant portion of the Company’s e-mail storage capacity. By sending them, you’re clogging the Company’s Groupwise e-mail system and might be keeping coworkers from doing their jobs efficiently.

To address the problem, a new procedure will alert employees and their managers when this bandwidth overuse problem occurs. We’re now sending notices to any employees (and their managers) who log excessive personal use of the company e-mail system.

Why is excessive personal e-mail a problem?

When you forward personal e-mail to a number of people, a copy of that message has to be stored in several places on our computer network. This lessens the ability of the entire network to serve BCBSNC employees and members, especially when large attachments such as photographs, video or music clips are involved. These messages can also cause Groupwise to run slowly and crash.

Both the Code of Conduct ([Responsible Use of BCBSNC Assets](#)) and Human Resource’s (HR’s) [Electronic Communications Policy](#) state that Company assets must be used for valid corporate

purposes only, with the exception of occasional and reasonable personal e-mail and Internet usage.

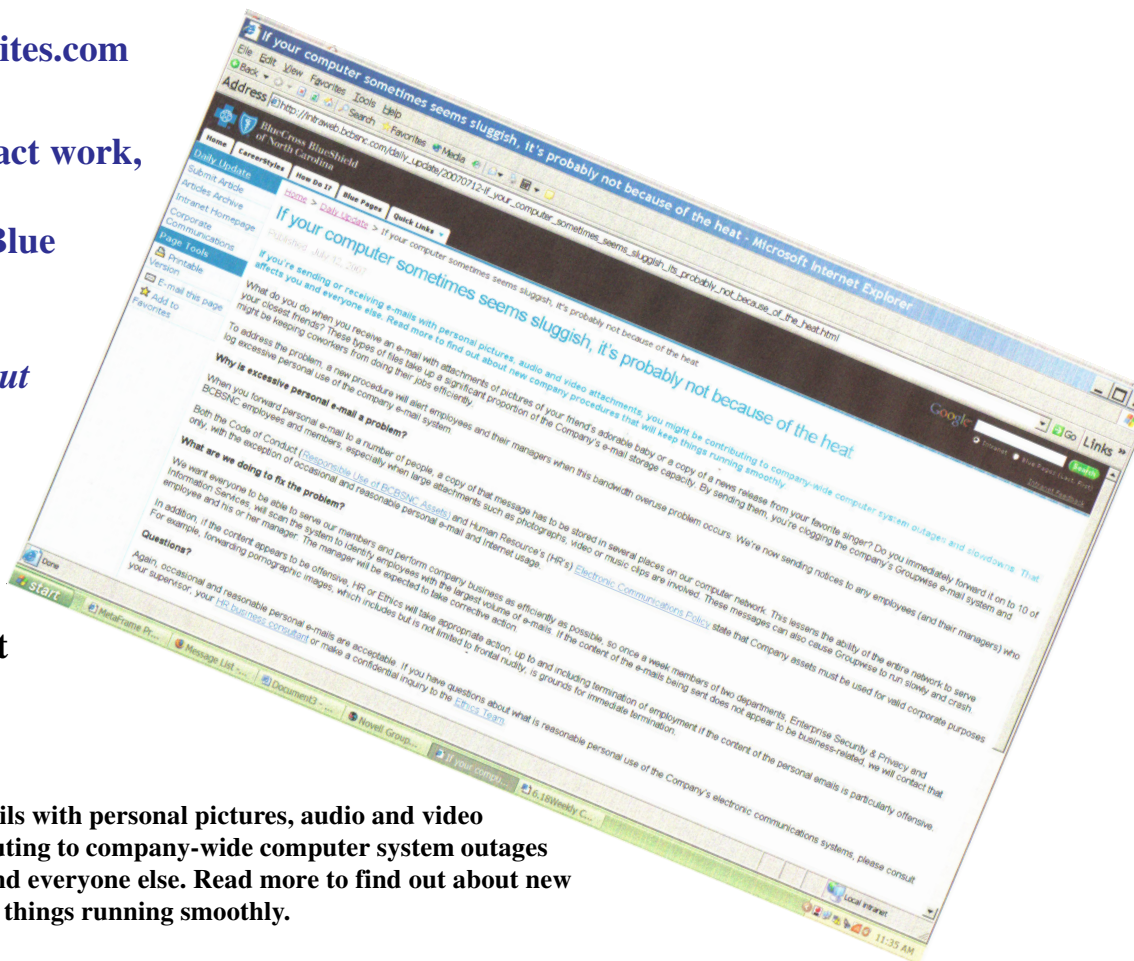
What are we doing to fix the problem?

We want everyone to be able to serve our members and perform company business as efficiently as possible, so once a week members of two departments, Enterprise Security & Privacy and Information Services, will scan the system to identify employees with the largest volume of e-mails. If the content of the e-mails being sent does not appear to be business-related, we will contact that employee and his or her manager. The manager will be expected to take corrective action.

In addition, if the content appears to be offensive, HR or Ethics will take appropriate action, up to and including termination of employment if the content of the personal emails is particularly offensive.

Questions?

Again, occasional and reasonable personal e-mails are acceptable. If you have questions about what is reasonable personal use of the Company’s electronic communications systems, please consult your supervisor, your [HR business consultant](#) or make a confidential inquiry to the [Ethics Team](#).



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Public Relations Management Plan Excerpt from PRSA award entry:

1. Situational Audit: Trends Near and Far

In addition to national trends showing growth in women's health product lines, Manchester Memorial Hospital's own research substantiated the relevance of these trends to our market area and identified the needs and expectations of our target audiences. . . . Further, a competitor 10 miles away had begun promoting their version of a women's center.

Based on this research and input from an Advisory Group of 18 women, the Center took shape: located within the hospital, which is central to our market base, it offers a myriad of health care services by and for women (mammograms, PAP smears, physical examinations, counseling, etc.)

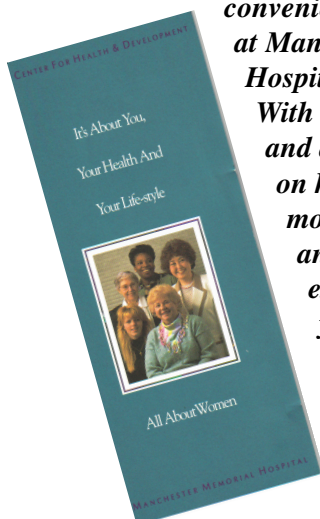
2. P.R. Objectives: Seeing is believing

The role of Public Relations became to communicate two main messages about this product: the concept that it offers a convenient, centralized option for health care services and that the V.I.P. membership would be worth the one-time \$10 fee.

Provider-to-consumer Introductory Brochure (excerpt)

The concept of All About Women is simple: you asked for a central location for your health and educational needs. We've made sure you get it conveniently and comfortably at Manchester Memorial Hospital.

With regular office hours and a nurse practitioner on hand to answer your most intimate questions and provide examinations, we hope you will find that the All About Women center helps you to develop and maintain a healthy life-style.



Visits to the center became our main strategy for introducing this new concept. . . .

3. Results of program launch

We were thrilled that our free on-site programs were sell-outs and that we received 1,100 VIP membership applications within two months of campaign launch. . . .

4. Measuring the success of marketing

To measure success, we turned to projected expectations of staffing needs based on the previous year's research. The Nurse Practitioner position became full-time by month five, 18 months earlier than expected. Likewise, secretarial and mammography staffing increased about 1/4 of an FTE about 18 months earlier than projected.

Anecdotes

Women 20 miles outside our market attended the programs and asked if they could join and use the Center's health services. . . . Some of these women drive by three hospitals to reach us.

Hospital staff, including physicians, also joined.

About Our Staff

The All About Women staff includes a medical director, nurse practitioner, registered dietitians, registered radiology & mammography technologists, mental health professionals, exercise physiologists, massage therapists, and health educators.

About Our Services

To complement both your personal doctor's care and your own busy schedule, All About Women offers you a variety of health and educational services:

- Breast Examinations & Mammography, accredited by the American College of Radiology
- Routine Gynecological Exams
- Pap Smears
- Contraceptive Counseling
- PMS Counseling
- Menopause Counseling
- Personal Cholesterol & Blood Pressure Screenings
- Fitness Counseling

National Award Winner:
Public Relations Society of America
Certificate of Merit
for Healthcare P.R. Management
PRSA MacEachern Awards

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The Duke Endowment/Foundation UNC-Chapel Hill School of Medicine Annual Report Feature (excerpt)

In church sanctuaries throughout the country every week, parents stand alongside their children, singing hymns. It's routine, maybe even mundane for many.

For parents like David and Shell Keim, however, hearing all six children sing with them was not something they even imagined to hope for. Their fourth child, Micah, is hearing impaired.

"Probably one of the toughest things someone can tell you is that there's something wrong with your child," said David Keim, of Cary, N.C. . . .

The Keims dove immediately into research, and what they learned added urgency. Speech and language delays can permanently limit learning, especially in young children.

"Early intervention is a one-way track," said Craig Buchman, M.D., professor of otolaryngology at the University of North Carolina School of Medicine in Chapel Hill and Medical Director of a unique early intervention program. "If a child doesn't get help early on, the brain gets trained in a way so that it can no longer use sound signals." . . .

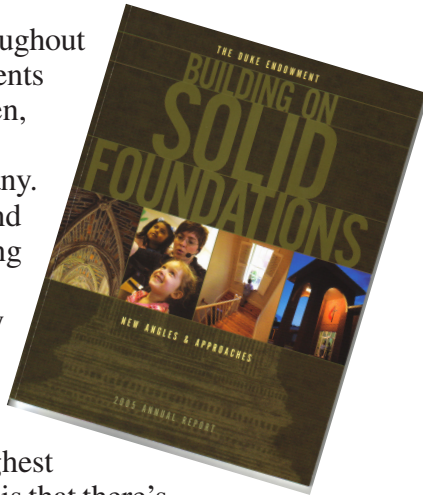
Learning to hear is hard work

A team of professionals who specialize in hearing and speech for the deaf embraced Micah and his family. Staff provided focused, intense therapy to help him first with hearing aids and later with a cochlear implant, a permanent device that electronically translates sound into digital information that the brain can understand.

"It's hard work to interpret sounds heard through 'electronic hearing,'" said Carolyn Brown, Program Coordinator for the Carolina Children's Communicative Disorders Program (CCCPD), an affiliate of CASTLE.

CASTLE's on-site educator, three speech-language pathologists, a teacher for the deaf, and assistant teacher all help preschoolers understand the meaning of sounds they've never before heard, and to speak in ways past generations could not.

"Deaf kids can talk," Brown said. "When we blend the new technology with advanced teaching interventions, it really does happen." . . .



Teachers
become
students

North Carolina is on the cutting edge of speech-language programs, and CASTLE and its affiliate CCCPD, both part of the UNC School of Medicine, support professionals across the state.

"We have a two-fold approach," Brown explained. "We provide services directly to children who are deaf and hard of hearing and also provide professional training to those working in the schools."

Said one 24-year veteran teacher, "What CASTLE has done for me is raise the bar for what my students can accomplish through listening. When I left the Center [after training], I had really gained customized skills that I could take back to my schools and my students." . . .

New sounds, this time for the family

From Micah's initial evaluation, to finding support and information, to his learning to listen and then to speak, the Keims give credit to CASTLE for bringing great changes to their lives.

Even for an untrained observer, the impact is clear.

Micah, now 7, busies himself with a drawing, but stops to delight in the click, click, click, click of the spring-loaded button on an ink pen. His speech, too, comes more and more easily.

"I'm going to be a pediatrician," he told an observer, nimbly and clearly pronouncing the complex name of the profession.

Watching his son, happy and drawing intently, Keim said, "I don't know what we would have done without the people there.

"It's hard to find . . .," he started slowly, then hesitated to find the right words.

"A CASTLE," Micah finished for him, never looking up from his drawing.

Micah's practice at preschool has given him a confidence that anyone can hear, and about a month after he began using the cochlear implant, it was his family's turn to hear something new. During church services with the entire family, they were caught by one of the most exciting sounds ever to resonate through the sanctuary.

"Micah was singing along," his father said. "I don't think I've ever heard a more beautiful sound."

Top Award Winner:
Silver Quill for feature writing
International Association of Business
Communicators, Southern Region