

# CASSIES 2011 Cases

**Brand/Case: Emergency Room Strategy Communications**

**Winner: Government & Advocacy—Bronze**

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Post Production: Crush

**Crossover Notes:** All winning cases contain lessons that cross over from one case to another. David Rutherford has been identifying these as Crossover Notes since CASSIES1997. The full set for CASSIES 2011 can be downloaded from the Case Library section at [www.cassies.ca](http://www.cassies.ca)

**Crossover Note 2.** Brand Truths.  
**Crossover Note 10.** Conventional Wisdom—should it be challenged?  
**Crossover Note 18.** Keeping it Simple.  
**Crossover Note 33.** Changing the Target Audience.

To see creative, go to the Case Library Index and click on the additional links beside the case.

## A. EXECUTIVE SUMMARY

**Business Results Period:** February 2009 – March 2010.  
**Start of Advertising / Communication Effort:** February 2009.  
**Base Period as a Benchmark:** Monthly ER wait times April 08 to January 09

### a) Synopsis of the Case

In recent years, emergency room (ER) wait times have become a bellwether for the quality of Ontario's health care system. As a result, the government has committed significant money, regulatory and legislative effort to reducing them. Unfortunately, most efforts have had little perceivable effect other than to fuel continued criticism.

In 2008, the government expanded its strategy to include efforts to reduce the number of unnecessary visits to ERs. It also turned to its communications teams for the first time.

Some government officials, more accustomed to using the big sticks of policy, legislation and funding to effect social change, were openly skeptical that a communications program could have a measurable impact on ER wait times. They don't feel that way any longer. **Crossover Note 10.**

## B. SITUATION ANALYSIS

### a) Overall Assessment

Anyone living in Ontario during the past fifteen years is well aware that ER wait times have been steadily increasing. Many initiatives have been enacted to combat the problem but most have had little perceivable success. In 2008, the first year in which the province tabulated and released the data, the average wait time was 9.4 hours from the time a patient checked in to the time they were released.<sup>1</sup> However, averages don't always tell the real story. Despite on-going debate over the future of health care and horror stories in the media, most people reported good experiences in their local emergency room. But they considered this an exception.

In fact, over the past six years, Ontario's network of care had expanded significantly to provide alternate services to ER. However, the Government had not developed a corresponding communications program. Promotion of services had been left to doctors, clinics and local health care administrators, and it had been disjointed and confusing. **Crossover Note 18.**

As a result, people had concluded that health care delivery in Ontario was declining, and public satisfaction with the Ministry of Health and Long-Term Care and the Ontario Government suffered. Consequently, reducing unnecessary visits became a key commitment for Ontario's ER Wait Time Strategy in late 2008.<sup>2</sup>

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<sup>1</sup> Ontario Government Wait Times website.

<sup>2</sup> "Ontario Establishes Two Priorities to Improve Confidence in Health Care." Ministry of Health and Long-Term Care press release, April 23, 2008.

## **b) Resulting Business Objectives**

- Divert non-urgent health care visits away from the ER.
- Improve the public's perceptions of the MHLTC and the Government's management of health care.
- Employ a positive and empowering message rather than a negative one.

## **c) Budget Range**

\$3 - \$4 million

## **C. STRATEGY**

### **a) Analysis and Insight**

Most ER visits are the result of fear. The illness or injury is seen to be so severe, the pain so intense or the concern (especially with small children) so great, that it's an emergency. We first needed to recognize that such visits—necessary or not—would not be influenced, at least in the short term, by advertising. We needed to find people who go to ER not because of emotion or fear, but for rational reasons. [Crossover Note 2](#).

We examined ER usage patterns to understand what occasions might be most easily diverted. We assumed unnecessary ER usage would spike after hours—on weekends and weeknights—but to our surprise we found that some of the worst times for overcrowding are Monday mornings followed by Sunday nights.<sup>3</sup>

We unearthed the reason, and consequently our target, through research: it was working parents, with Mom as the decision-maker. She is caring for a child, an elderly parent, her spouse or herself following a minor illness or injury late the previous week or over the weekend. Knowing that she could rearrange her weekend, Mom would wait it out. If no improvement comes by Sunday night or Monday morning, she takes action because of work and school schedules. (“Do I need to stay home with a sick child/mother/spouse or not?”).<sup>4</sup> [Crossover Note 33](#).

Lack of awareness and information, not emotional need, was driving mothers to the ER. However, although they claimed to know about the health care options in their community in fact they did not. Few had heard of an Urgent Care Centre, they were vaguely aware of walk-in clinics, and a large number had no idea their family physician provided extended hours and urgent-care/no-appointment options.<sup>5</sup> We also found that for these working moms, the ER was not the gold standard of care.<sup>6</sup> They often dreaded going, to be confronted with long wait times and surrounded by people who may have contagious illnesses. So why did they go? Simply because they didn't think they had any other choice.

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<sup>3</sup> Ministry of Health and Long-Term Care statistical report on ER usage.

<sup>4</sup> Focus Group Research by Phase 5 for Ministry of Health and Long-Term Care, Fall 2008.

<sup>5</sup> Ibid.

<sup>6</sup> Ipsos Reid Survey sponsored by the Ministry of Health and Long-Term Care, 2008.

## **b) Communication Strategy:**

This was simple in and of itself, but difficult to execute: Leverage working families' desire to seek alternatives to emergency rooms for non-urgent care by increasing their awareness of the health care options in their vicinity.

The complexity arose out of the fact that people's options were unique to their location. As well, there were no province-wide standards for hours or types of service provided by Family Health Teams, at walk-in clinics or Urgent Care Centres. Also, any list we would compile would be out of date almost immediately.

The solution was to build a comprehensive database that included location, hours, languages spoken and services provided. A web application was designed to access the database and enable customized searching and map results using Google maps. Cross-promotion ensured that users were educated about all the services in their community. A mass campaign was developed to drive trial of the website. In order to keep the database current, health care administrators were given control of their own record so they could make changes and updates themselves over time.

## **D. CREATIVE EXECUTION**

We created three vignette-driven TV spots to demonstrate the various health care options available to Ontarians. The executions illustrated that the ability to choose (as well as the choice itself) can improve the experience with the health care system. The creative also leveraged a psychological human truth. John Kenneth Galbraith captured this when he observed people's inclination to avoid change: "Given the choice of changing one's mind and proving there's no need to do so, almost everyone gets busy on the proof." While remaining emotionally positive, the advertising challenged ingrained beliefs that health care options are both limited and familiar to them. This challenge provided additional motive for our target to "prove" they were right by visiting the website.



“Skateboard”

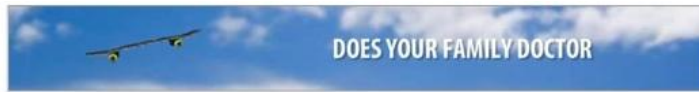


“Stray Cat”



“Leftovers”

Three banner ads depicted the unpredictability of health care needs and the uncertainty faced by parents in making health-care decisions to motivate click-through.



“Skateboard”



“Thermometer”



“Map”



In Community Newspapers an insert with a Refrigerator Magnet Reminder prompted people to record their local health care options for ease of reference. It stimulated 258,049 website visits during a time when no other advertising was in market.



	Family Health Care Provider:	_____
	Walk-in/After Hours Clinic:	_____
	Community Health Centre:	_____
	Other:	_____
	Telehealth: 1-866-797-0000	
	ontario.ca/healthcareoptions 1-866-330-6206	

These are examples of a Search and Results page from the website directory.  
[www.ontario.ca/healthcareoptions.ca](http://www.ontario.ca/healthcareoptions.ca)

Ontario  
 MINISTRY OF HEALTH AND LONG-TERM CARE

Ontario.ca | Français

Search  GO

HOME | PUBLIC INFORMATION | HEALTH CARE PROFESSIONALS | NEWS ROOM

Your Ministry  
 Public Information  
 Find Health Care Options  
 Medical Services Directory  
 Telehealth Ontario  
 Health Care Connect  
 Community Care Access Centres  
 ConnexOntario  
 Factsheets: Multilingual  
 Information for Health Care Professionals

Public Information  
 Health Care Options Medical Services Directory

**If you are experiencing serious illness or injury, please go to the nearest Emergency Room or call 9-1-1.**

Search  
 Find health care close to you:

Search Near a City, Street or Postal Code (Required)  
 City, Street or Postal Code  Search

Within a distance of:  
 5 km  10 km  25 km  100 km  Any Distance  
 OR [Browse by Location](#)

**Search by Service Locations**

All Service Locations  
 Walk-in/After hours Clinics  Family Health Care Providers  
 Urgent Care Centres  Nurse Practitioner Clinics  
 Community Health Centres  Emergency Rooms  
 Family Health Team Locations

**Search by Services Offered**

**Language Spoken**  
 Wheelchair Accessible

**Health Care Professionals**  
[Add or Manage Your Business](#)  
 This site is dynamic and will continue to change and grow through regular updates by Ontario health care professionals.

When you are looking for immediate health care, you should always call your family health care provider first, to see if he or she is available or open after hours.

Patients without a family health care provider should visit [Health Care Services](#) for information on working with a Care Connector in their community.

[Information on time spent in an ER is available here.](#)

Ontario  
 MINISTRY OF HEALTH AND LONG-TERM CARE

Ontario.ca | Français

Search  GO

HOME | PUBLIC INFORMATION | HEALTH CARE PROFESSIONALS | NEWS ROOM

Your Ministry  
 Public Information  
 Find Health Care Options  
 Medical Services Directory  
 Telehealth Ontario  
 Health Care Connect  
 Community Care Access Centres  
 ConnexOntario  
 Factsheets: Multilingual  
 Information for Health Care Professionals

Public Information  
 Health Care Options Medical Services Directory

**If you are experiencing serious illness or injury, please go to the nearest Emergency Room or call 9-1-1.**

Search Results 1 - 10 of 88 [Search Again](#)


You Searched:  
 MT 2Y4 - 10 km  
 For Walk-in/After Hours Clinics, Urgent Care Centres, Community Health Centres, Family Health Team Locations, Nurse Practitioner Clinics, Emergency Rooms, all services offered and where any language is spoken

[Planned Parenthood Of Toronto](#)  
 369 Prince Arthur Avenue  
 Toronto, ON M5R 1A9  
 (416) 961-0113  
<http://www.ppt.on.ca>

[Doctors Office - Walk-in Clinic](#)  
 1910 Yonge Street  
 Toronto, ON M5S 3B2  
 (416) 483-2000

[Walk-in Medical Clinic](#)  
 1910 Yonge Street  
 Suite 101  
 Toronto, ON M5S 3B2  
 (416) 483-2000

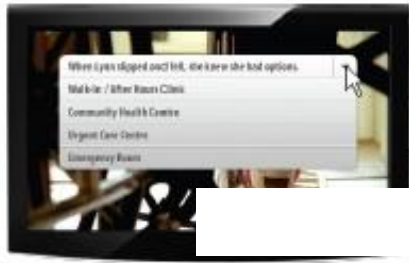
[St. Michael's Academic Family Health Team](#)  
 410 Sherbourne St  
 4th Floor



**Legend of Services**

- Walk-in and After-Hours Clinics
- Urgent Care Centres

## Doctor's Office 90-second Videos

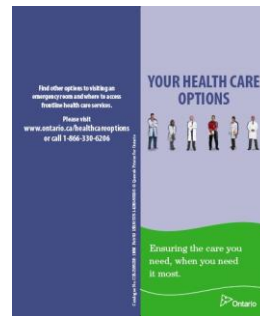
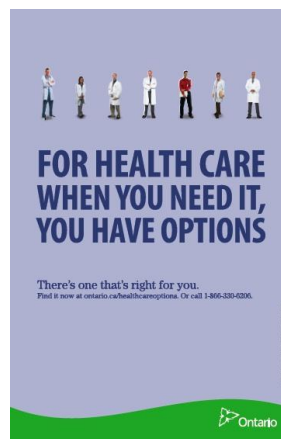
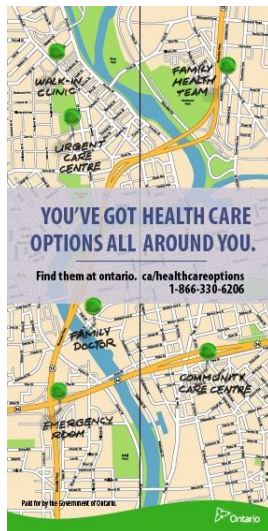


frame 3  
Menu expands revealing 4 options.



frame 4  
Cursor chooses and clicks on one option.

## Elevator Wrap and Collateral Materials



## E. MEDIA EXECUTION

The mass media strategy focused on finding the “actionable moment” when we could connect with working families (especially mothers) and motivate them to conduct an online search. The plan featured five components:

- 1. Directly connecting people to search capacities while online**  
It is easiest to motivate people to conduct an online search while they are online, and even more so when they are searching for health care resources. We used extensive online banners and search.
- 2. Driving mass awareness while mothers are facing health issues on weekends**  
Knowing our target tended to wait through the weekend to see if a non-urgent illness or injury improved or worsened, we focused TV weight almost exclusively on weekends and at the beginning of the week.

### 3. Providing a search-result “keepsake”

As noted, we had province-wide distribution of fridge magnets via local newspapers, prompting people to go online to search local health care options.

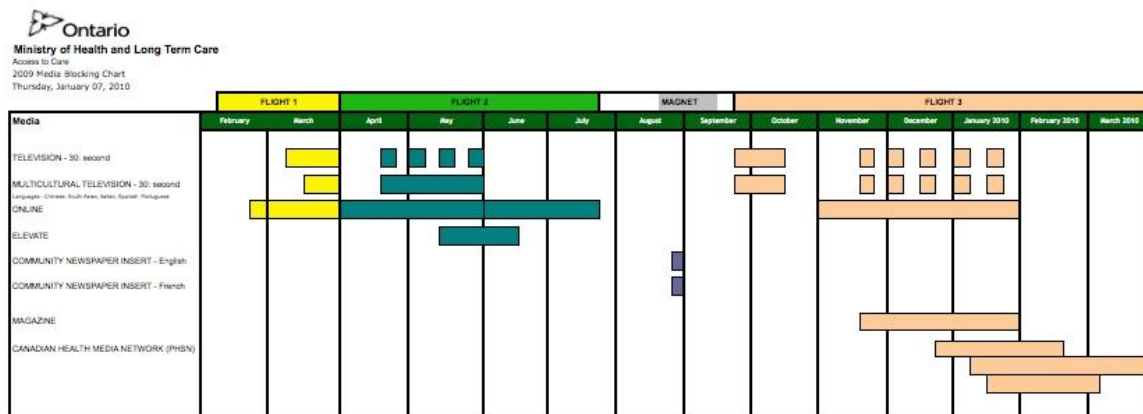
### 4. Reaching people while they’re in a “health care” frame of mind

We had take-ones in doctors’ offices, hospitals and other health care facilities. Ninety-second videos ran in doctors’ offices. Elevator wraps were installed in “medical” buildings.

### 5. Leveraging the broader public sector for increased message distribution

The Government has a unique channel of distribution thanks to its numerous offices and websites. We leveraged this by providing the Government with smart banners that would enable searches directly from their websites, and collateral that could be posted in service offices.

We used the concept of “actionable moments” to decide media flying. The campaign launched in the winter of 2009: the last half of the peak ER usage season. It was then lightly pulsed through the spring to extend frequency, and the final light pulsing was timed to match the busiest ER months of November, December and January.



## F. BUSINESS RESULTS

The campaign drove over 1.2 million people to the site, stimulated over 867,000 searches and generated significant engagement. On average, users spent 4:49 minutes on the site.<sup>7</sup> Quantitative research verified positive reactions: 77% of people who had been to the site said they would likely return, and 80% said they were likely to recommend the site to others.<sup>8</sup> The campaign was so successful that for the first time ever, a government health website was receiving more hits than OHIP, a fact our incredulous Government announced in their Speech from the Throne.

<sup>7</sup> Google Analytics.

<sup>8</sup> Ipsos Reid Tracking Survey sponsored by the Ministry of Health and Long-Term Care, fielded February 2010.

More importantly, the campaign succeeded in helping to reduce wait times in our emergency rooms. Over the year, the annual number of non-emergency visits to emergency rooms declined by 14%<sup>9</sup>, the overall average ER wait time dropped from 9.4 hours to 8.6, and non-emergency wait times decreased from 4.8 to 4.4 hours<sup>10</sup>.

Tracking studies conducted by Ipsos just prior to launch in February 2009, again in June 2009 and finally in January 2010 demonstrated significant improvement in the Government's approval ratings. Approval of the overall quality of health care service in the province was +7%; perceived access to a family doctor was +7%; access to primary care was +6%; wait times for emergency services was +11%.<sup>11</sup>

## **G. CAUSE & EFFECT BETWEEN ADVERTISING AND RESULTS**

In a case such as this many factors come into play, making it difficult to definitively isolate the role of marketing communications. However, a survey by Ipsos found strong evidence to suggest that our website had a profound impact on diverting potential ER visits to alternate sources. Amongst those who had visited the ER in the past six months, and had visited the Health Care Options website, half reported having sought out alternatives for their next ER visit as a result of the website.<sup>12</sup>

The impact of the campaign is also demonstrated through the Government's overall approval scores. 55% of those who had *never heard of the website* reported being very or somewhat satisfied with the Government's management of health care. In contrast, 72% of people who *had* visited the site were very or somewhat satisfied.

In Government circles, where problems are most often addressed through policy, regulation and budget transfers, the concept of an advertising and marketing campaign making such a significant impact on a major government issue like ER wait times would have been immediately dismissed. But the results are there.

Careful research to uncover the rational emergency room user that was open to changing behaviour, a media plan that found the most influenceable moments to impact their decisions, and creative that demonstrated the benefits of accessing alternatives, succeeded in helping turn the tide of emergency room wait times. Now, as the Government works to address structural challenges in hospitals a part of the solution includes an expanded website and refreshed advertising. This, they hope, will continue to increase people's awareness of the many health care options and reduce dependence on emergency rooms.

END.

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<sup>9</sup> "Revitalizing Health Care Options." Ministry of Health and Long-Term Care report based on CTAS level 5 ER visits between 2008/09 and 2009/10.

<sup>10</sup> Ontario Government Wait Times reporting website (reporting April 2010).

<sup>11</sup> Ipsos Reid Tracking Survey fielded February 2009, June 2009 and February 2010.

<sup>12</sup> Ibid.