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# What's in a Name?

BY RHODA WEISS

**O**ne of the most difficult and sensitive issues in system integration is the question of names and corporate identity. When hospitals and other healthcare entities become part of larger corporate systems, should they maintain their established names, should they replace them with the system's name, or should they combine the two?

In the 1970s and 1980s, many systems asked their hospitals to adopt corporate symbols in place of their own logos, but few demanded a new corporate name. Today, however, the drive for system unity has accelerated. Large national and regional systems are spending millions of dollars to develop system identities, and many are requiring their hospitals either to add the system's name or replace the hospital's name with a system name.

For many Catholic facilities and programs, such requests pose particular challenges. Often, Catholic organizations have a long history and well-established names that have become important assets in their communities. Changing them means running the risk of weakening community ties. In such situations, a name change is an extremely delicate undertaking.

## EMBARKING ON THE PROCESS

For the Sisters of Providence Health System, based in Seattle, such a process began in 1992. Then known as Sisters of Providence Corporations, the system, some of whose facilities had been operating for more than 100 years, did not have a cohesive naming plan for its many hospitals, long-term care facilities, schools, community housing projects, clinics, managed care plans, and other services in four Western states. A few bore the Providence name, but many more were named after saints.

In late 1992 the Providence board of directors realized that if their system were to stay in the forefront of the marketplace, some changes were required. The first step was to change the corporation's name to Sisters of Providence Health



*Ms. Weiss is a*

*Santa Monica,*

*CA-based*

*healthcare*

*consultant.*

System. But this move did not go far enough. "Trying to fit the new name into our existing corporate identity did not offer the comprehensive solution that was needed," says Cheryl Sjoblom, the director of public relations at Providence.

In early 1993 Providence undertook an extensive process to strengthen the system's identity, build a consistent image linking all components of the system, and create a distinctive position in the marketplace.

## IDENTIFYING THE NEEDS

The process began with interviews of leaders throughout the system to determine parameters for control over the use of names and the visual elements that needed to be developed. All existing names, materials, and signage were reviewed to assess consistency and needs.

The results of the interviews and analyses made it clear that the system needed a consistent image to support its programs and services, help consumers identify and access services, and foster a sense of relationships among system components. "We needed a naming system flexible enough for growth in any area of the system, clear to the people we serve, respectful of our heritage and Catholic identity, and capable of retaining our equity in existing names," says Sjoblom. The use of fewer design elements, applied systemwide using design standards and guidelines, would provide unified visual communications, enhance acceptance of new services, heighten employee pride, reduce overhead, and improve the quality and timeliness of communication materials.

In December 1993 the system's governing board adopted a new identity program with the following elements:

- The formal name "Sisters of Providence Health System" is reserved for corporate and regional offices. "Providence Health System" is the informal name used in advertising, literature, and other public avenues.

• Common identity is achieved through the logo (a cross)—used with all names in the system—and the word “Providence.”

• To preserve the value of existing names while promoting the system, entities that did not carry the Providence name, such as St. Vincent Medical Center in Portland, OR, St. Peter Medical Center in Olympia, WA, and Saint Joseph Medical Center in Burbank, CA, added the word “Providence” to their names and now include visual affiliation with Providence Health System. Entities that already used “Providence” in their names added a geographic identifier (e.g., Providence Seattle Medical Center).

• Long-term care centers became “Providence (existing name or saint’s name—optional) Care Center” (e.g., Providence Mother Joseph Care Center). Managed institutions retained their existing names.

• Wholly owned clinics also added “Providence” with a geographic identifier (e.g., Providence Medical Group Tanasbourne). Affiliated clinics added “Providence” (e.g., Providence Sherwood Clinic).

• Health plans included the word “Providence” in their names (e.g., Providence Good Health Plan).

• All other entities use the name “Providence” first (e.g., Providence Home Care, Providence Foundation).

#### IMPLEMENTING THE CHANGE

A new style guide helped system entities implement the new program, while a comprehensive communications plan, directed at both internal and external audiences, explained the changes. The plan included letters from corporate officers, newsletter articles, visual presentations, and news releases.


Workshops were held for staff responsible for internal and external communications, and an audit of existing signage established costs for revisions. All the Providence entities received a comprehensive checklist of items that needed to be changed. Categories included stationery, signage,

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marketing materials, forms, personnel materials, audiovisual materials, advertising, and vehicles. Materials management staff were taught how to phase in the new identity as existing supplies of printed materials dwindled, and they ensured that new materials conform to the new requirements. Each organization projected an implementation timetable for each category.

Providence system members had until January 1997 to complete their implementation of the new identity program. All products and services are now linked systemwide and regionwide. It has been an enormous undertaking, but Providence Health Systems has preserved the best of its past while preparing to move into the future.

Providence St. Elizabeth Medical Center in Yakima, WA, offers a small but telling example of the program’s success. According to a hospital employee, a neighbor recently mentioned reading about a physician honored for his pioneering work in heart surgery. Although the surgeon practices at a sister hospital in Seattle, the neighbor did not hesitate to describe him as “our Providence doctor.” That, says the employee, is exactly how an identity program is supposed to work. □

 For more information, call Cheryl Sjoblom at Sisters of Providence Health Systems, 206-464-3377.

