

## CORE SERVICES / INFRASTRUCTURE

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# COMMUNICATION

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## A. INTRODUCTION

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The exchange of information in large, complex organizations, such as cancer centres, is of crucial importance. It involves multiple audiences and multiple channels. Effective communication tools and strategies serve to share information, co-ordinate activities, and promote effective collaboration and teamwork.

This chapter presents an overview of communications in a cancer centre, including the scope of the communications program, the methods and tools employed, the resources required, management and quality best practices, and a summary of future trends in the field.

The communications function touches on all aspects of the cancer centre. With the increasing complexity of healthcare, it is important to note that communication, navigation and education are closely related. These fields should be considered as complementary in securing the best possible cancer care.

## B. SCOPE

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The communications portfolio ensures that cancer centre audiences are informed, engaged and supported in carrying out their roles competently and safely. The scope of communications-related activities can vary significantly between organizations, based on a cancer centre's specific goals, priorities and audience needs; however, most cancer centres perform the following key functions, at a minimum.

### **Internal Communication**

Internal communication includes a range of tactics aimed at informing and engaging cancer centre staff, volunteers, students and trainees. The purpose of internal communication is to ensure that those responsible for undertaking the work of the cancer centre understand and have timely access to the information required to do their jobs well. It is also foundational to culture building, staff recognition and the development of high-functioning teams.

At its core, internal communication and engagement should aim to:

- Support an understanding of, and participation in, the organization's vision, mission, values, strategic goals and plans
- Cultivate an understanding and appreciation of staff roles and contributions
- Provide access to information required for staff to function effectively
- Disseminate best practices
- Support the exchange of information between members of the healthcare team and other staff
- Ease change
- Bring awareness to risks
- Promote and enhance safety

Internal communication serves to disseminate information on a wide range of subjects that impact the quality and safety of cancer centre operations, such as policies and procedures, changes to cancer centre facilities and services, on-site health and safety issues (e.g., outbreaks) and environmental issues (e.g., policy changes, medication shortages, nearby construction, external emergencies and disasters, etc.). It is also key to the effective functioning of the healthcare team and the provision of high-quality, safe healthcare. Internal communication vehicles and tactics help to circulate clinical management tools, support changes in practice and workflow, introduce new initiatives and technologies, ensure all staff are aware of important updates affecting patient care and enable information sharing between healthcare providers. Effective internal communication has been shown to increase productivity and boost staff and volunteer satisfaction.<sup>1</sup>

Internal communication can occur through a variety of methods and tools that reach internal audiences, such as an intranet, publications (e.g., an internal newsletter), regular cancer centre or departmental meetings, or events aimed at informing and engaging staff (e.g., town halls, staff recognition events, staff appreciation events, rounding, etc.).

## External Communication

External communication includes a range of tactics aimed at informing and engaging cancer centre partners, funders and the general public. The purpose of external communication is to enhance and maintain the reputation, relationships, influence and funding of the cancer centre.

Proactive external communication can have a distinct marketing bent, focusing on the distribution of information about cancer centre discoveries, advances, services and value to the community. This information is often provided via public relations efforts, which can include interactions with official media, social media efforts or direct-to-public tactics. Many organizations also engage in formal programs of engagement and advocacy with policy-makers and funders, such as government and donors, to advance the cancer centre's agenda. For more information about fundraising, see the *Cancerpedia: Philanthropy* chapter. All of these efforts serve to build trust and confidence in the organization, and create community support for cancer centre priorities.

Ongoing and two-way communication with community stakeholders and partners is required to ensure that these audiences are informed of developments or changes in cancer centre services, and vice versa. This communication supports more effective collaboration between healthcare professionals across settings, as well as a more positive patient experience. Partners can include community hospitals and health agencies, professionals and practitioners, government and donors.

Reactive external communication includes issues and emergency management, where communications professionals provide expert advice and information to support the hospital's credibility and stability through times of crisis.

External communication can occur through a range of methods and tools that reach partners and external audiences, such as an external website, social media platforms, publications (e.g., marketing materials, annual reports, white papers, etc.), special meetings, or events aimed at informing and engaging partners and funders (e.g., press conferences, external conferences, etc.).

## Patient and Caregiver Communication

As the main priority of the cancer centre's work, patients and caregivers require special consideration. They are both an internal audience – requiring information about the cancer centre's inner workings and issues affecting patient care – and an external audience – requiring community support and assurance that the organization in which they are placing their trust and care is capable. Patients and caregivers are affected by, and require access to, much of the information that is provided to other cancer centre audiences. They also require active engagement in organizational decisions regarding patient care, formal avenues for input and feedback about their experience, and a range of educational supports. All patient and caregiver communication must be constructed using plain language and other health literate approaches. For more information about health literacy and the role of the cancer centre with respect to patients and caregivers, visit the *Cancerpedia: Patients* chapter.

## Visitor Communication

All visitors to the cancer centre – and especially patients and caregivers – require **wayfinding**, a system of communication and navigation relating to the hospital's physical environment. Wayfinding supports visitors in locating appointments and other hospital services. It typically includes written signage as well as other visual tools that support navigational accessibility, such as the association of images or colours with specific physical locations. It may also include the use of technology, such as touchscreen kiosks with maps or smartphone applications with built-in mapping and geolocation features.

For examples of wayfinding solutions used by leading hospitals in the United States, see *Wayfinding Management: Models & Methods in Healthcare Environments*.<sup>2</sup>

## C. DELIVERY METHODS AND TOOLS

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Communication in healthcare settings must address the needs of a variety of audiences. As such, communications are generally provided through a range of methods on a range of platforms, using multiple interactions. Many organizations continue to share information using paper; however, digital tools are increasingly prevalent worldwide and are facilitating the real-time dissemination and sharing of current and complete information both within and between cancer centres.

While the composition of communications tactics used can vary significantly between organizations, most communications programs include the following core delivery methods and tools.

### **Intranet**

An intranet (or internal website) is an important vehicle for communication and engagement with staff, volunteers, students and trainees. A key purpose of the intranet is to provide staff with secure, centralized access to real-time news and updates about the cancer centre, including operational changes, safety risks and emergencies. Most intranets include a well-organized and easy to navigate virtual document library that contains standards, guidelines, protocols, policies, forms and templates relevant to staff and other internal audiences. Departments or programs may be provided with a dedicated section or pages within the intranet to house specialized information relating to clinics, teams and staffing, contacts, schedules, coverage, etc.

The intranet should be integrated with, or connected to, other electronic systems used by hospital staff (i.e., clinical systems, such as those for ordering medical supplies; business systems, such as those for staff scheduling; and a learning management system), as well as the organization's external website. This centralization provides staff with more seamless access to the information and tools needed to do their jobs and can greatly increase productivity and efficiency.

Intranets are also an important staff engagement tool. Many organizations are now developing social intranets, which allow for distributed content contributions from any member of staff and may include: instant messaging applications; shared message boards; staff recognition tools; personal profiles; and customizable content configurations that can be adjusted to meet the interests and roles of individual users. While personalization of the intranet is an important factor for staff engagement and intranet use, the communications team should maintain some degree of control over the content of the intranet home page to ensure that important corporate information – such as information about outbreaks or safety advisories – remain highly visible to staff and other internal audiences.

It is recommended that cancer centre staff be involved in the design and testing of intranets, and have mechanisms to provide ongoing input about usability and content. Intranets contain information that may be confidential to individual staff or to the organization, and must be password-protected, secure and guarded by a firewall. The intranet should ideally be mobile-enabled, but only if resources allow for the inclusion of proper security measures for mobile access and viewing. For more information about online security, see the *Cancerpedia: Equipment and Technology* chapter.

To learn more about considerations for intranet development, see *Intranets 101: The Essential Guide to Aligning the Intranet with Your Organization's Strategy*.<sup>3</sup> For more information about social intranets, see *Social Intranets & Employee Engagement: An HR Solution for Meaningful Morale Building*.<sup>4</sup>

### **External Website**

A cancer centre's external website is the public face, voice and 24-7 representation of the organization. It acts as a hub of information – a central place where audiences can locate a comprehensive collection of information about the cancer centre and related subjects, even when staff are not physically present or available. In this way, external websites allow cancer centre audiences to connect with the organization according to personal preferences and information requirements.

An effective external website meets a wide range of organizational and audience needs. It is a credible source of information about both the cancer centre (e.g., the healthcare team, wayfinding, on-site and environmental updates, emergencies, etc.) and cancer. It is also a tool for marketing and reputation management, and an important avenue for transparency and accountability (e.g., to share information about the organization's: strategy; performance; commitment to important regulations surrounding accessibility, privacy and confidentiality; financials, use of public funds and executive compensation, etc.).

People increasingly equate the quality of an organization's online presence with its credibility, value and ability to meet their expectations. A thoughtfully designed cancer centre online presence should be: well organized; easy to use and navigate; searchable; mobile-enabled; multimedia-enabled; accessible; considerate of health literate approaches to communication; consistent with the organization's brand; and well maintained and current. As a benchmark, the cancer centre's website should have as compelling a user experience as a large online retailer. It is recommended that all key cancer centre audiences be involved in the design and testing of external websites, and have mechanisms to provide ongoing input about usability and content.

Standards for website development are offered by the World Wide Web Consortium (W3C), and specifically the Web Content Accessibility Guidelines.<sup>5</sup> In addition, standards for accessible website design and development may be set out by the jurisdiction in which the cancer centre is located; for example, the *Accessibility for Ontarians with Disabilities Act*. Common recommendations include text upsizing and audio functions, accessible colours for colorblindness, navigational features that support diverse user preferences and abilities, and back-end coding and tagging features that allow for integration with assistive technologies.

An important aspect of website accessibility for any jurisdiction is the consideration of patient and caregiver needs. All cancer centre websites should use plain language on the home page, and for any patient and caregiver material. For more information about plain language writing and other health literate approaches, see the *Cancerpedia: Patients* chapter.

In addition to the cancer centre's main website, specific programs or initiatives may develop microsites, or sub-websites, hosted by and associated with the organization. These microsites should be carefully considered, but can be useful for organizing a high volume of specialized information (e.g., for a clinic that offers many patient resources, for a research study that requires marketing and recruitment efforts).

## Social Media

Social media has become an increasingly important tool for organizations to inform and engage their communities. The options are vast: from social networking platforms (e.g., Facebook, LinkedIn, Google+) to microblogging platforms (e.g., Twitter) to image-sharing sites (e.g., Instagram) to video sharing platforms (e.g., YouTube, Vimeo) to discussion forums for a range of audiences and specialized topics. In many organizations, social media channels now serve as the primary form of public and media relations, and as a main source of news and updates about the organization.

Free of charge, mobile-enabled and widely popular, social media channels offer an attractive and ready-made avenue for information sharing and engagement with partners, the general public, and even patients and caregivers. However, it is important for organizations to think carefully about social media engagement and to choose platforms that will best meet the goals of the organization as well as audience needs. Social media is designed for a two-way exchange of information, in which both the account owners and users may publicly post content, opinions, suggestions and other information. As such, social media by nature requires frequent interactions between the organization and social media users, as well as moderation and monitoring by the cancer centre. Organizations must have the appropriate human resources, policies and procedures in place to ensure that social media engagement is effective, respectful, appropriate and offers a good return on investment. Clear parameters for the establishment and use of corporate social media accounts as well as staff use of social media in relation to work are imperative. This is especially relevant to cancer centres, where the privacy and confidentiality of patient and hospital information is both mandated and paramount to the organization's credibility.

For more information about the use of digital and social media in hospitals, see *A Hospital Leadership Guide to Digital and Social Media Engagement*.<sup>6</sup> For information and resources relating to the use of social media in cancer care, see the American Society for Clinical Oncology's social media resources.<sup>7</sup> For information about the potential of social media, see *The Social Economy: Unlocking value and productivity through social technologies*.<sup>8</sup>

## Publications

Publications are written materials published on behalf of the cancer centre. They may range from corporate publications (e.g., strategic plans, annual reports and performance reports, etc.) to marketing publications (e.g., media releases, newsletters, etc.) to subject-specific informational materials (e.g., fact sheets, brochures, etc.). Publications are an important mechanism for sharing information with cancer centre audiences in a way that promotes readership and engagement. Newsletters have traditionally been a popular way of sharing cancer centre news, but have become virtually obsolete in organizations with intranets, external websites and/or social media channels that are well developed and used regularly. Similarly, publications have traditionally been printed and placed in appropriate areas of the cancer centre for pick up, or delivered via mail; however, as the use of online/digital vehicles and email have increased, electronic distribution has become a more effective and economical option.

## Meetings and Events

Cancer centres may choose to host a range of meetings and events to inform and engage audiences, including the following.

**Meetings** are important venues for two-way information sharing and may include regularly scheduled meetings of staff (e.g., board meetings, executive meetings, departmental meetings) or special meetings designed to bring together groups for a specific purpose (e.g., focus groups). For information about patient engagement forums, see the *Cancerpedia: Patients* chapter.

**Corporate events** may include informational sessions (e.g. town halls, press conferences) or engagement forums (e.g., staff appreciation events).

**External conferences** are usually hosted by healthcare and professional associations and organizations. External conferences are important opportunities for the cancer centre and its staff to present their work to get valuable exposure and feedback.

## Signage and Wayfinding Tools

Signage in a cancer centre may include a variety of written and visual cues that support wayfinding. It may also include physical or electronic notice boards that provide directional information or important messages to visitors entering the cancer centre (e.g., interactive maps, infection control precautions, etc.).

## Other

There are a multitude of tactics that cancer centres may use for communication, dependent on the goals of the organization and the needs of its audiences. Other methods and tools that may be employed include, but are not limited to:

- Piggybacking existing corporate vehicles (e.g., including messages on paystubs)
- Text messaging / instant messaging, for real-time, mobile updates, which are particularly useful in times of crisis
- Other digital and multimedia applications – such as smartphone/tablet apps, online portals or digital kiosks – for point-of-care access to information (e.g., standards and guidelines, wayfinding information, etc.) or information reporting (e.g., assessments)
- Direct outreach via telephone or email, for individual-specific communication
- Tours, to educate stakeholders about the cancer centre and its care
- Feedback boxes or surveys, to gather audience opinions
- Bulletin boards, for the sharing of area-specific notices and updates



## D. RESOURCES

### 1. FACILITIES AND EQUIPMENT

The physical infrastructure for communication includes physical space and its design and layout, as well as equipment and supplies. These requirements may vary depending on the focus of communication activities (i.e., the audiences served and their needs), the communications program structure, and the physical, human and financial resources available at a particular cancer centre.

Generally, facility infrastructure requirements for communication include the following:

#### **Physical Space**

- Offices and workstations, with appropriate furniture
- Break rooms (e.g., common rooms, lounge space, call rooms, lockers, etc.)
- Meeting rooms and conference rooms
- A media centre (i.e., to develop, store and manage physical and digital products)

#### **Equipment and Supplies**

- Computers and other electronic devices (e.g., audio players, video players, tablets)
- Software to meet staff needs (e.g. word processing software, graphic design and layout software)
- Printers
- Videography and photography equipment
- Communications systems (e.g., telephones, video and conferencing equipment)
- Wi-Fi access

### 2. HUMAN RESOURCES

Communications is a diverse field that encompasses a wide range of activities and skill sets, ranging from strategic planning and stakeholder relations to marketing to the production of written materials and digital content. Communicators play both a strategic role in the organization – providing expert advice to cancer centre leadership regarding reputation management, issues management and change management – as well as a supportive role, offering front line staff information, assistance and tools to enable their goals and day-to-day work. It is common for communications professionals to hold a bachelor's or master's degree in communications, professional writing or journalism, though equivalent experience or a diploma are often considered sufficient qualification for entry-level positions. Many communications professionals hold degrees in fields related to the subject matter of their work; for example, healthcare communicators may benefit from an academic background in health policy and administration, business administration, health promotion or science.

The composition of the communications team can vary significantly between organizations. Most communications teams include the following key professionals.

**Communications advisers** offer strategic communications advice and planning support to the cancer centre as a whole, as well as to individual departments and programs for the launch or promotion of initiatives. Communications advisers are a key enabler for effective governance and management, delivering tactics and tools that build an understanding of the organization's strategy and the role that departments and individuals can play in implementation. They also act as consultants and supports to staff who are seeking to promote new services, advances or discoveries, or who require help navigating issues and change. It is essential that advisers remain current regarding best practices in planning, change management, project management and performance measurement.

**Writers and editors** are the backbone of the communications service and are responsible for producing, refining and publishing the vast majority of the official information issued on behalf of a cancer centre. All writers and editors working in a cancer centre should be capable of writing in many styles, for a variety of

platforms and audiences, and must receive training in plain language writing, technical writing for medicine and science, and the editorial style used by their organization and national press association. Writers and editors act as a key support to all cancer centre audiences, the healthcare team and other staff, as well as patients and caregivers, keeping them informed of important news and changes. As writers and editors create content for many different purposes, they must have an understanding of digital and print production and be adept at working with graphics support to combine written and visual material.

**Digital experts** support the management of the organization's websites, social media presence and other digital communications applications. While the healthcare team and other staff are the key point of contact with patients and caregivers when they are physically present at the cancer centre, online tools are an important point of contact for these audiences while at home or in the community. Digital experts support platforms that allow the cancer centre to remain engaged and connected with its audiences 24 hours a day, seven days a week. They also support the healthcare team by offering the tools required for team-to-team, professional-to-professional, professional-to-patient and patient-to-patient sharing of information. Because digital tools act as a face of the organization, it is important for digital experts to have an understanding of public relations and marketing in addition to digital management and measurement. Digital experts should also be well versed in digital design and development in order to collaborate effectively with technical resources, such as information technology experts. For more information, see the *Cancerpedia: Equipment and Technology* chapter.

**Public/media relations experts** act as the first point of contact between the organization and official media. Public/media relations experts are key to the management of the cancer centre's reputation, either acting as spokespeople or identifying and training appropriate spokespeople to speak to issues of public interest on behalf of the organization. They are also responsible for marketing the organization – promoting its good work, advances and new discoveries – to build the organization's authority and credibility, goodwill and funding. Public/media relations experts should be trained in public relations, issues management and crisis management. Increasingly, public/media relations are occurring via social media, and the lines between digital experts and public/media relations experts are blurring.

**Creative services** can include graphic designers, photographers, videographers, photo/video editors and illustrators. Together, the creative services team supports a consistent cancer centre brand and the production of professional multimedia materials. Depending on the needs and activities of the cancer centre, specialized skills such as data visualization and medical illustration may be required. It is useful to have a graphic designer, photographer and videographer on staff at a minimum; however, many organizations continue to outsource this function entirely.

**Administrative support staff** act as a first point of contact for public enquiries about the cancer centre, and often manage a database of key organizational contacts for the purposes of ongoing communication and engagement. They may also assist with departmental administration, materials production and events management.

In addition to this team of key professionals, the communications department may engage full- or part-time staff or external consultants to fulfil the following functions:

- **Multimedia design and development** (e.g. design, architecture, coding, etc. of websites, digital apps, kiosks and other interactive applications)
- **Event planning**
- **Stakeholder / government relations**
- **Specialized services** (e.g. speech writing, research communications, etc.)

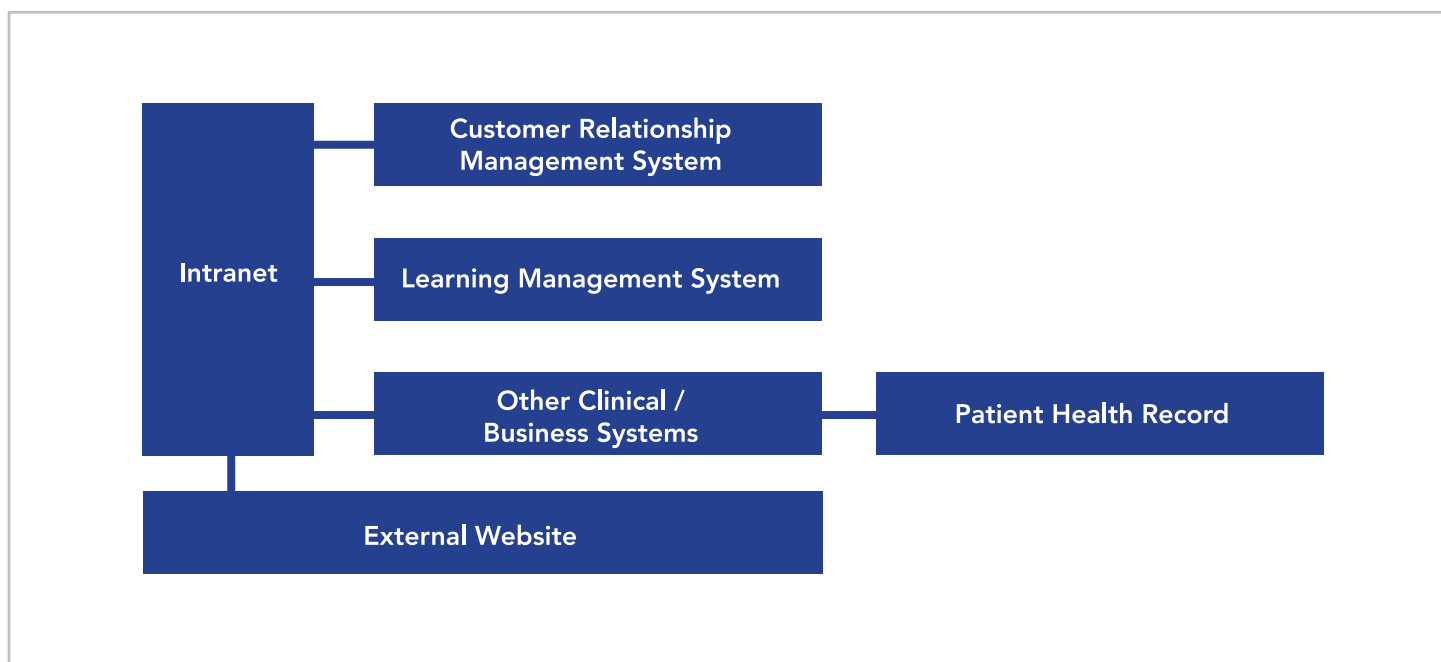
### 3. INFORMATION MANAGEMENT

A communication information management infrastructure is required to:

- Provide staff with a central point of access to a range of information and systems required to fulfill their roles
- Assess communication outcomes and impact
- Support contacts management, which is essential for stakeholder relations and the distribution of information

Figure 1 outlines the various information management systems used for communication, and their relationship to one another.

Figure 1: Information Management Infrastructure for Communication and Education



## E. MANAGEMENT

### 4. LEADERSHIP

The cancer centre must establish formal communications strategies and programs. These strategies and programs should offer a roadmap for a broad and co-ordinated approach to communication that serves the cancer centre's vision, mission, strategy and goals, as well as audience needs. For more information about strategy development and execution, see the *Cancerpedia: Governance and Management* chapter.

The communications team must have a program director responsible for all aspects of the communications portfolio, including strategy development, program development, operational management, staff management and quality performance. In addition, communications managers or specialists may be assigned to each of the centre's major communication areas including: internal communication; external communication; patient and caregiver communication; digital communication; public/media relations, creative services and, if needed, specialty areas such as executive communication or research communication. Each position should have a job description, with clear roles, responsibilities and accountabilities for performance.

In addition to leadership, all cancer centre staff should be expected to understand and engage in communication activities, and receive sufficient support to fulfill these roles.

### 5. POLICIES, PROCESSES AND PROCEDURES

Policies, processes and procedures reflect different and interconnected levels of activity.

- Policies are the standards and guidelines of the cancer centre that govern how it operates. The cancer centre's operating policies should reflect accreditation operating standards and guidelines.
- Processes set out what the cancer centre will do to achieve its policies. Processes usually identify who is responsible for performing the process (e.g., department), and the major functions or tasks that will be performed. Processes are high-level actions that drive specific procedures.
- Procedures identify the specific steps that will be taken to perform a task, how they will be done, by whom and when.

Cancer centres must establish policies, processes and procedures, and make these readily available to all staff, students and volunteers, along with training, as required. Standard operating procedures (SOPs) should be regularly assessed for their ongoing relevance and effectiveness (i.e., annually, at a minimum) and updated. Document control is critical to ensure that the most updated versions of policies, processes and procedures are being used. An electronic system is preferable as the number of SOPs increases. Examples of areas requiring policies, processes and procedures to support the communications function include:

- **Use of name and logo:** guidelines for brand management and the use of the hospital or cancer centre's name and logo on corporate materials, and by partner organizations
- **Copyright and intellectual property:** guidelines for the protection of content developed by the cancer centre
- **Communications production:** guidelines for the production of marketing materials and corporate communications, including brand management and approvals
- **Web:** guidelines for the ongoing development of the organization's websites and the publication of online content, including approvals
- **Social media:** guidelines for the ongoing development of the organization's social media presence and the publication of content, including approvals and guidelines for staff use of social media in relation to work
- **Media relations:** protocols for media enquiries, media access to the cancer centre premises, supervision of media and film crews/photographers while on site, spokesperson assignment, titling of spokespeople with multiple institutional affiliations, appropriate staff and patient consents, and staff and patient/caregiver contact with media
- **Communication during crises:** procedures for initiating media contact and responding to enquiries during crises, such as outbreaks, employee injuries, emergencies or disasters
- **Participation in public meetings:** guidelines for staff participation in public meetings, including policy forums and external conferences
- **Consent and release of information:** guidelines relating to informed consent and the release/use of hospital and patient information in communications
- **Signage:** guidelines for the use of public spaces for communication
- **Feedback and complaints from the public:** guidelines for documentation of, and response to, public enquiries and input

## F. QUALITY

### 6. STANDARDS, GUIDELINES AND BEST PRACTICES

The standards, guidelines and best practices used by a cancer centre may originate from different sources, such as international, national or subnational organizations and bodies. Although cancer centres may develop local best practices, these should align with the national and subnational standards and guidelines of the jurisdiction in which the cancer centre is located.

#### Brand Management

Professionalism and consistency are important factors that affect the ability to consume and understand information, as well as impressions of credibility. Appropriate brand management ensures that any material produced and released on behalf of the cancer centre meets editorial and visual standards that are aligned to the organization's identity and best practices for design, production and accessibility.

An editorial style guide can provide consistent direction to staff regarding the organization's voice, preferred language, and expectations of quality and professionalism in writing. It may also provide guidelines for plain language writing. For more information about the importance of plain language and other health literate approaches, see the *Cancerpedia: Patients* chapter. Visual identity guidelines outline instructions for the use of the organization's logo and other visual elements, as well as best practices for design (e.g., to ensure the legibility and accessibility of content).

Many organizations produce brand-compliant templates for materials needed frequently by cancer centre staff (e.g., briefing notes, fact sheets, brochures, reports, etc.). This requires an initial investment of time and effort by the communications team as well as ongoing maintenance to ensure version control, but can greatly increase brand adherence, reduce the cost of graphic design services over the long term and decrease bottlenecks in the production of communications material.

#### Content Management

Content management is a set of measures that help to ensure the vast array of information produced and distributed by the cancer centre is appropriate, accurate, current and error free. It includes governance structures, systems and processes that ensure information is vetted by experts prior to publishing, and regularly monitored and maintained.

Generally, it is important for any information issued officially on behalf of the organization to be reviewed by a member of the communications team, as appropriate for the content, prior to publication. Such a review ensures that brand management standards are met and also allows for centralized oversight of the organization's information output, thereby increasing consistency, reducing duplication and allowing for the identification of gaps in programming. It also contributes to communications vehicles remaining well organized, accessible and current over time. As an example, a central body with appropriate expertise should vet significant additions to the organization's website (e.g., major changes in navigation, the addition of microsites, etc.) to ensure that this vehicle is maintained according to best practices and continues to meet the needs of all relevant audiences.

Systems and processes should be in place to monitor and maintain all types of communication-related content. For example, responsibility should be assigned for regular audits of publications and notice boards, to ensure that out-of-date information is archived and new information is put into circulation in a timely way. Websites should include a content management system (CMS), a back-end system that allows for the assignment of user roles by page (e.g. contributor, reviewer, approver) and the storage of draft content. Other useful CMS features are flags for broken links, scheduled review and maintenance alerts, pre-scheduled content publication and content archiving. Most social media platforms have similar, built-in user management features and also allow for the pre-scheduling of posts, which can be a helpful feature when launching new initiatives, such as public awareness campaigns.

## Communications Program Design

Cancer centre audiences are diverse. Communications programs should be designed to meet a range of audience needs, preferences and abilities. All communications programs should be developed with accessibility in mind, which includes health literate approaches and accessible design (e.g., graphic design, web design) approaches. In addition, communications content and programs should reflect and be respectful of the diversity of the cancer centre community, including culture, ethnicity, gender and ability.

It is essential that communications programs include a mix of pull and push vehicles. A pull vehicle is a centralized storehouse of information that users can visit at any time; for example, a website. A push vehicle delivers information to an audience for prompt information consumption; for example, an email update. Push vehicles direct audiences to pull vehicles, thereby building awareness of and engagement in the organization, whereas pull vehicles offer audiences a view into the full scope of the organization's value.

Priority principles for communications program design are included in Table 1.

Table 1: Principles of Communications Program Design

Principle	Benefits
Vary communications mechanisms	Ensures individual needs and preferences for communication are met.
Don't just inform, involve	Generates engaged stakeholders, who offer the organization important support and insights.
Listen and act on feedback	Builds relationships and enables the communications team to meet changing audience needs.
Be reliable and consistent	Fosters trust amongst stakeholders and reduces confusion.
Avoid information overload	Prevents audience tune out due to too much information; focuses efforts on accurate, concise, relevant and timely information.
Centralize and integrate	Allows for more efficient information sharing and collaboration, improved workflow and a co-ordinated approach that ensures stakeholders hear information in an appropriate way at an appropriate time.
Make management support visible	Lends credibility to communication.

Communications programs must also adhere to all relevant privacy regulations set by the cancer centre and their jurisdiction. In particular, measures must be put in place to ensure that communications activities do not violate patient confidentiality and rights to privacy with respect to health information.

## Human Resources

All professional groups develop professional standards and recommended practices for their members. The International Association of Business Communicators offers useful tools for communicators and outlines optimal communication human resource practices.<sup>9</sup>

## 7. PERFORMANCE MONITORING, REPORTING AND QUALITY IMPROVEMENT

Cancer centres must regularly evaluate their communications activities in terms of their quality and impact.

Communications needs shift constantly, both as the organization changes (e.g., launches new initiatives, faces new challenges) and as the information and engagement needs of groups and individuals important to the cancer centre's operations and work vary over time. It is important that the communications team is flexible, nimble and dedicated to continuous improvement. Communications programming should be regularly measured and evaluated according to the following key dimensions:



- **Reach and growth**, by tracking the demographic scope and volume of visits to the cancer centre's online vehicles, as well as the reach of media, marketing and publications over time.
- **Content needs**, by developing and monitoring feedback mechanisms for all communications efforts.
- **Staff engagement**, through an annual employee engagement survey, as well as initiative and event-specific surveys that track engagement at a more anecdotal level.
- **Patient and caregiver satisfaction**, through a formal, annual patient satisfaction survey, as well as initiative and event-specific surveys that track satisfaction at a more anecdotal level.
- **Ability to meet goals**, including formally benchmarking progress against departmental plans, and the strategic and operational goals of the organization.
- **Comparison to peers**, by applying for awards through recognized professional bodies and associations.

Where measurement and evaluation shows a need for improvement, the team must adjust the communications program as necessary, experimenting with new tactics and vehicles until it is satisfied that communications are meeting current needs.

For more information about quality in communications, including an evaluation framework, visit the International Association for Measurement and Evaluation of Communication.<sup>10</sup>

## G. THE FUTURE

New technologies have had a profound impact on how information is delivered. Over the past decade, the increasing variety and accessibility of online tools, social media and multimedia platforms has dramatically changed the communications landscape and blurred the lines between internal and external communication.<sup>11</sup>

Today, communications departments are moving away from impermanent and unidirectional forms of communication (e.g., newsletters) and moving towards centralized communications vehicles that promote information sharing, knowledge exchange and dialogue with stakeholders, including staff and the community. In addition, mobile technologies are making rapid or real-time communication with a range of audiences practical and affordable, opening the door to less formal and more engaged forms of contact, and greatly expanding the potential of communications to improve patient care. These trends are expected to continue.

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