

Private Hospital: Situational Analysis

MARKETING COMMUNICATION PLAN

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1.0 Introduction

In Australia, there are 573 private hospitals, which equates to 41.5% of the total Australian hospital care system (Australian Institute of Health and Welfare, 2013). Although public and private hospitals offer the same core products, the way these products are delivered and communicated continue to be vastly different. Maintaining these differences is important to the maintenance of the business environment within the health sector that allows the generation of \$140.2 billion each year into the Australian economy and supports 303,000 hospital based employees (Australian Institute of Health and Welfare, 2013).

Congestion in the public sector in recent years has led to an array of suggested interventions including income and needs testing of patients, as well as the colocation of public and private hospital facilities (Canta & Leroux, 2016). The private hospital analysed in this report is located on the Sunshine Coast, Queensland. Following 70 years of services, the hospital is experiencing increased competition, outdated facilities and a lack of contemporary marketing strategy. The purpose of this report is to evaluate and devise solutions to imminent and forthcoming agendas such as the aging population and the congestion of the public health system. Marketing strategies used within this report for evaluating and justifying the appropriateness of an intervention include: PESTEL and SWOT analysis, Competitive Analysis of the Macro-environment, Perceptual Mapping, as well as a collection of up-to-date research and statistical reporting.

Specific names have been left out of this situational analysis at the request of the organisations and professionals to which it relates.

2.0 Situation Analysis

2.1 Macro Environment

In order to understand which external environmental factors can influence growth, a PESTEL Analysis has been used. This marketing strategy employs knowledge from a variety of credible sources and is clearly demonstrated in Table 1.

Table 1: PESTEL Analysis

Factor	Observations
Political	<ul style="list-style-type: none"> • An agreement has been made by major Australian political parties to remove the Private Health Insurance Rebate from policies that only cover public hospital treatment (Australian Private Hospitals Association, 2016). • Private Health fund premiums have risen by 6.4%, with benefits to members rising 5.3% and overall profits to the health funds jumping 8.9% in 2016 up to June (Consumers Health Forum of Australia, 2016). • Licensed through the Queensland Health Private Hospitals Regulatory Unit, which authorises the operating license of the Hospital.
Economic	<ul style="list-style-type: none"> • Australian Federal Budget: <ul style="list-style-type: none"> ○ Health Star Rating System: The Australian Federal Government will provide \$5.3 million over three years from 2016-17 to enhance the quality of public health facilities. ○ Medicare Compliance Program: Cuts to Medicare rebates and enhancements of compliancy by Medicare providing facilities promote expected efficiencies for the Australian Government of \$66.2 million. ○ Additions to the Medicare Benefits Schedule: \$36.3 million will be provided over the next 4 years to add services for retinal imaging and better diagnostic imaging of the breast. (Australian Federal Government, 2016) • A consensus exists that policy measures should be taken to reduce public service congestion through income redistribution. This would be achieved through income screening and the encouragement that high-income earners opt for non-congested private sector facilities (Canta & Leroux, 2016). • As Baby Boomers age (Born 1946-1961), a huge spike for health and aged care is expected. By 2021 Baby Boomers will enter the most prominent age bracket for chronic illness and disease (75 years and over) (Barr, 2014).
Social	<ul style="list-style-type: none"> • Increased health care facility subsidisation and government funding has increased the opportunities for profit generation and is reflected in the emergence of large private hospital chains that host a more up-to-date and competitive image for hospital care, further blurring the line between 'public' and 'private' care (Brown & Barnett, 2004). • The costs of renewing and repairing an aging population are increasing with orthopaedic (hip replacement) surgery increasing by up to 20% per year (The Sydney Morning Herald, 2016).

	<ul style="list-style-type: none"> • Hospitalisation levels are expected to increase with the aging population and the associated increase of the '9 National Health Priority Areas' prevalence (Australian Institute of Health and Welfare, 2016). • However, with waiting times for 90% of sick patients increasing from 219 days (2008) to 265 days (2013), approximately 60% of operations are being performed in private facilities (Australian Institute of Health and Welfare, 2013).
Technological	<ul style="list-style-type: none"> • The global Electronic Medical Record market is accelerating in response to the need for increased accessibility to data and an integrated healthcare system; privacy and security issues are expected to advance in parallel (Zion Market Research, 2015). • Emergence of new 'positive technologies', such as Cyber-psychology, aim to merge the interactive infrastructure of technology platforms with induced clinical change. Main focuses in Europe emphasise the healthy aging and literacy in health for elderly patients (Wiederhold, 2013).
Environmental	<ul style="list-style-type: none"> • Energy consumption regulations: Efficient and green emphasis on large scale facilities. Use of energy efficient lighting and backup generators in case of emergency. • Waste Disposal Law: Disposal of hazardous waste such as infected, cytotoxic (chemotherapy) and clinical wastes.
Legal	<ul style="list-style-type: none"> • Employment regulations: Organisations must abide by industrial relations that are handed down by the state and federal governments. • Competitive regulations: Collusion with other private hospitals and price fixing is restricted. • Health and safety regulations: As per Queensland Workplace Health and Safety Act. • Contractual agreements with each private health fund that private hospitals abide by, which is also a source of funding.

One of the most important environmental factors that must be addressed is the aging population. This group of people known as the Baby Boomers reflect a generation of patients entering the health care system that are already experiencing, or are beginning to experience, chronic illness. With the rise of private health care premiums as a reflection of inflated costs for elective procedures such as orthopaedic surgery, public hospitals and the public health waiting list are becoming increasingly congested (Barr, 2014; Australian Bureau of Statistics, 2006). In an effort to ease the strain on public hospitals, it has been suggested that income and needs testing should be employed (Canta & Leroux, 2016). This effort would see the more affluent members of populations such as the Baby Boomers migrate to private facilities in the local area.

2.2 Micro Environment

2.2.1 *Target Market*

The target market for the private hospital under review is the aging population, most prominently represented by those currently aged 50 and above (Australian Bureau of Statistics, 2010). This group of people are likely to be debilitated by a chronic or acute medical condition that requires surgical or professional clinical attention (Australian Institute of Health and Welfare, 2013) (See Appendix 1: Australia's Hospitals at a Glance). The target market has private health insurance and reflects a strong need for personal comfort and privacy (Moschis & Bellenger, 2003). On the Sunshine Coast, this population equates to approximately 119,000 people (Australian Bureau of Statistics, 2011). It is appropriate and advantageous to expand on the current location of the hospital in order to generate the most profitable outcome. This population of people may be best represented by the gerontographic of Frail Recluses, of which the most favourable trait for surgeon and physician selection is the perceived level of personal privacy and security (Moschis & Bellenger, 2003). This is justified, as the hospital offers mostly single-bed rooms.

2.2.2 Competitors

In order to understand what situational factors can influence growth, a competitive analysis has been constructed. In Table 2 evaluations are made of potential points of competitive difference that are justified by a variety of credible and relative sources.

Table 2: Competitive analysis

Competitive Analysis for Nambour Selangor Private Hospital				
	Private Hospital	Comparative Public Hospital	Comparative Private Hospital (A)	Comparative Private Hospital (B)
Target market	Nambour and Surrounding Region, Privately Insured and Self-Funded Acute Medical and Surgical Patients	Nambour and Surrounding Region, Privately Insured and Un-Insured Acute Medical, Surgical and Community Service Patients	Buderim and Surrounding Region, Privately Insured and Self-Funded Acute Medical and Surgical Patients	Kawana and Surrounding Region, Privately Insured and Un-Insured Acute Medical, Surgical and Community Service Patients
Demographics: Gender & Age	Males most predominantly 0-4 yrs., Females most predominantly 35-39 yrs.	(Same as N.S.P.H) Males most predominantly 0-4 yrs., Females most predominantly 35-39 yrs.	Median age: 43.	Median Age: 33.
Income	-Wage and Salary Earners most likely to be 45-54 yrs. -Average Income for Taxable Individuals: \$43 435.	-Wage and Salary Earners most likely to be 45-54 yrs. -Average Income for Taxable Individuals: \$43 435.	94.1% employed, Median yearly income per household \$61 308.	94.1% employed, Median yearly income per household \$54 444.
Family/Marital Status	Most popular family type: Couples without children. (Australian Bureau of Statistics, 2010)	Most popular family type: Couples without children (Australian Bureau of Statistics, 2010)	56.9% of population are married. (Australian Bureau of Statistics, 2013)	41.5% of population are married. (Australian Bureau of Statistics, 2013)
Geographical location	Nambour Region	Nambour Region	Buderim Region	Kawana Region

<p>Psychographics</p>	<p><i>“Generally affluent, mature aged persons suffering from degenerative conditions such as; orthopaedic problems, disease, cancers and neurological deformities. Rehabilitation requiring persons following surgery.”</i></p> <p>Interview of Chief Executive Officer, 23rd August 2016.</p>	<p>Persons who require medical and surgical attention and elect not to be a part of a private health fund, as well as those requiring mother and family services.</p>	<p>Similar to NSPH, the psychographic of patients admitted to the Sunshine Coast Private Hospital are private-health-funded persons, generally affluent and experiencing a broad range of degenerative and acute conditions. This facility caters for those suffering mental health problems and those simply requiring check-ups and examinations of health.</p>	<p>Private-health-funded persons, generally affluent and experiencing a broad range of degenerative and acute conditions that require operative care and investigation.</p>
<p>Gerontographics</p>	<p><u>Frail Recluses</u>: debilitated persons more concerned with personal and physical security than any other group. Some <u>Healthy Indulgents</u> and <u>Healthy Hermits</u> may be admitted to NSPH due to minor or acute problems. (Moschis & Bellenger, 2003)</p>	<p><u>Ailing Out-goers</u>: group most concerned (42.5%) with the reasonable cost of care by a physician or specialist. This group is socially active, but in very poor health. (Moschis & Bellenger, 2003)</p>	<p><u>Frail Recluses</u>: debilitated persons more concerned with personal and physical security than any other group. Some <u>Healthy Hermits</u> and <u>Healthy Indulgents</u> may be admitted here due to minor or acute problems as well as for maternity care. (Moschis & Bellenger, 2003)</p>	<p><u>Frail Recluses</u>: debilitated persons more concerned with personal and physical security than any other group. Some <u>Healthy Indulgents</u> and <u>Healthy Hermits</u> may be admitted here due to minor or acute problems. (Moschis & Bellenger, 2003)</p>
<p>Consumer Behaviour Patterns</p>	<ul style="list-style-type: none"> • Long term medical patients that return year-round for optimisation of outcomes. • Health pathways for post-surgery patients. • Community services user’s part of discharge planning. • Day rehabilitation programs users (encourage independent living). • Private Health Insurance holders. 	<ul style="list-style-type: none"> • General public from pre-natal to end of life. • Suffering acute and chronic illness that requires follow up. • General medical day practice patients. • Both privately insured and un-insured people. • Maternity care plans. 	<ul style="list-style-type: none"> • Privately insured public from pre-natal to end of life. • Suffering acute and chronic illness that requires follow up and referral. • Maternity care plans including post-natal exercise classes. • General day practice. 	<ul style="list-style-type: none"> • Privately insured public. • Requiring acute medical and surgical. • Health pathways for post-surgery patients. • Long term medical patients that return year around for optimisation of outcomes.

Size of Target Market	<u>Nambour Region</u> <ul style="list-style-type: none"> Aged 50 Years and over: 3743 Total (Over 15 years) working in labour force: 4062 Total Population of Nambour: 10 221. <p>(Australian Bureau of Statistics, 2010)</p> <p>*It is likely only 51% of population will have private health insurance (Australian Bureau of Statistics, 2006).</p>	<u>Nambour Region</u> <ul style="list-style-type: none"> Families with children: 1671 Aged 50 years and over: 3743 Total Population of Nambour: 10 221. <p>(Australian Bureau of Statistics, 2010)</p>	<u>Buderim Region</u> <ul style="list-style-type: none"> Families with children: 4386 Aged 50 years and over: 10 932. Total Population of Buderim: 27 069. <p>(Australian Bureau of Statistics, 2013)</p> <p>*It is likely only 51% of population will have private health insurance (Australian Bureau of Statistics, 2006).</p>	<u>Kawana Region</u> <ul style="list-style-type: none"> Aged 50 years and over: 1403 Total (Over 15 years) working in labour force: 2106. Total Population of Kawana: 4657 <p>*Due to the saturation of suburbs it is likely that patient admissions to this hospital would be as far reaching as the outskirts of other private facilities.</p>
Product Core need Actual Augmented	Health Care <ul style="list-style-type: none"> Acute medical and surgical services Rehabilitation Selection of doctors and nursing Staff Post-operative care plans Sleep monitoring Medical imaging Paediatric and palliative care 	Health Care <ul style="list-style-type: none"> Bulk-billed care Maternity Medical imaging Pain management General surgery and medicine Paediatric care 	Health Care <ul style="list-style-type: none"> Acute medical and surgical services Private maternity facilities Selection of doctors and nursing staff Post-admission care plans Medical imaging Paediatric care 	Health Care <ul style="list-style-type: none"> Acute medical and surgical services Rehabilitation Selection of doctors and nursing staff Post-operative care plans Medical imaging Paediatric and palliative care
	<ul style="list-style-type: none"> 5-star catering Comfortable and friendly Privacy and security Self-efficacy Accessible and spacious facilities Company reputation and longevity of service 	<ul style="list-style-type: none"> Reasonable pricing Reputable and long service history Accessibility Self-efficacy 	<ul style="list-style-type: none"> Comfortable Privacy and security Beginning to end of life care Accessibility Short wait times Self-efficacy 	<ul style="list-style-type: none"> Comfortable and friendly Privacy and security Self-efficacy Accessible and spacious facilities Company reputation and longevity of service Short wait times

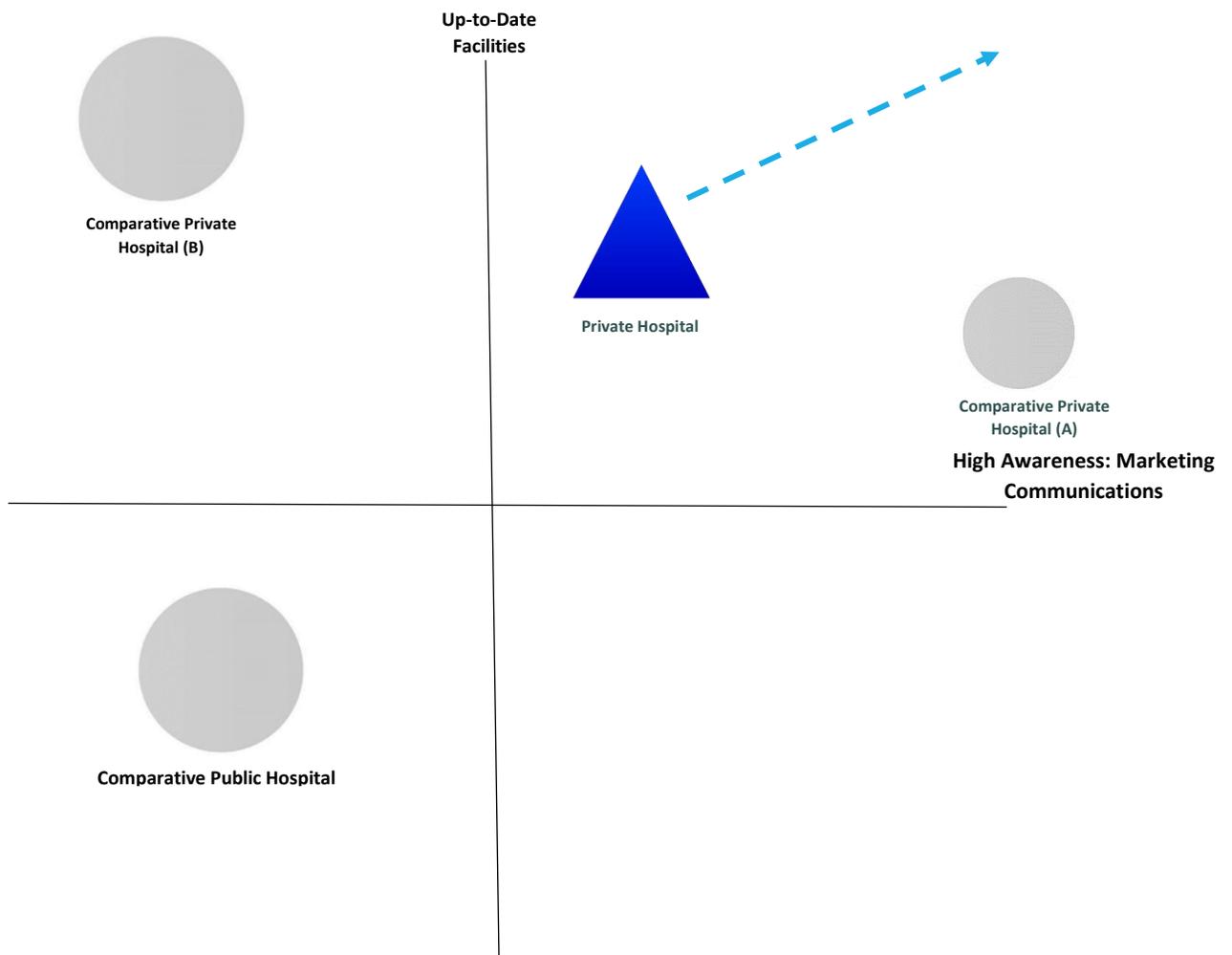
	<ul style="list-style-type: none"> • Short wait times 			
Place/ Distribution	Central Nambour	Central Nambour	Buderim area	Kawana area
Price/Value *Highly subjective	Comparable to other private hospital facilities. Subject to service and physician.	Bulk-billed to the public, as well as intakes of privately insured patients.	Comparable to other private hospital facilities. Subject to service and physician.	Comparable to other private hospital facilities. Subject to service and physician.
Marketing Communications Mix Digital	<p><u>Search Marketing:</u> Lack of Search Engine Optimisation (SEO) when “Private Hospital” searched.</p> <p><u>Website:</u> Brief overviews of services and history including news releases and videos.</p>	<p><u>Search Marketing:</u> Lack of presence for SEO when “Public Hospital” searched.</p> <p><u>Website:</u> Lack of own identifying website, simply a page as part of the wider Queensland Health website.</p>	<p><u>Search Marketing:</u> Strong SEO presence when “Private Hospital” searched.</p> <p><u>Website:</u> Highly informative overview of services and very well laid-out presentation.</p>	<p><u>Search Marketing:</u> Strong SEO presence when “Private Hospital” searched.</p> <p><u>Website:</u> Brief overviews of services and history including news releases and videos.</p>
Public Relations	<p><u>Social Media:</u> Only Ramsay Health (Mother Company) has a strong presence on LinkedIn and other internet-based platforms.</p> <p><u>Media Outreach:</u> Sunshine Coast Daily and other news release contacts.</p>	<p><u>Social Media:</u> Lack of presence on LinkedIn and other professional platforms.</p> <p><u>Media Outreach:</u> Publications made by hospital kept to a minimum. Media attention sometimes attracted.</p>	<p><u>Social Media:</u> Own LinkedIn profile, which is highly informative. Other presences include a Facebook page.</p> <p><u>Media Outreach:</u> Unknown.</p>	<p><u>Social Media:</u> Only Ramsay Health (Mother Company) on LinkedIn and other internet-based platforms.</p> <p><u>Media Outreach:</u> Unknown.</p>

	<ol style="list-style-type: none"> 5. Greeted at hospital by admission clerk, appropriate paper work filled out. 6. Escorted to service ward required. 7. Service delivered (health care). 8. All Activities of Daily Living (ADL) attended to. 9. Once the doctor is happy with progress, discharge arranged. 10. Communication of required post hospital care i.e. medication, wound care and follow ups. 11. Escorted out of the hospital in the care of a support person i.e. next of kin. <p><i>-Interview of Chief Executive Officer, 2016</i></p>			
<p>Physical evidence/ Tangibles</p>	<ul style="list-style-type: none"> • Staff uniforms • Stationery • Gardens and serene landscapes • Quality food • Friendly staff • Clean and spacious rooms • Comfortable seating • Easy to understand travel path through front stage area • Well-signed wards 	<ul style="list-style-type: none"> • Staff uniforms • Street signs indicating “Hospital Area” • Huge physical presence in community • Known Queensland Health branding • Plenty of rooms and facilities • Street access 	<ul style="list-style-type: none"> • Staff uniforms • Stationery • Manicured gardens • Friendly staff • Spacious facilities • Comfortable environment • Cleanliness • Easy to understand layout • Calming imagery in maternity ward 	<ul style="list-style-type: none"> • Strong physical presence • Staff uniforms • Cool and calm aura • Clean and spacious rooms • New appliances • Well-signed areas • Stationery branded • Comfortable waiting areas and quality food service. • Friendly staff

Brand Benefits	Functional	<p><u>Illness and Disease Prevention:</u> Rehabilitation and care programs serve to check that the patient is on track to good health.</p>	<p><i>*Variations to Private facilities</i> <u>Illness and Disease Prevention:</u> Rehabilitation and care programs serve to check that the patient is on track to good health.</p>	<p><u>Illness and Disease Prevention:</u> Rehabilitation and care programs serve to check that the patient is on track to good health.</p>	<p><u>Illness and Disease Prevention:</u> Rehabilitation and care programs serve to check that the patient is on track to good health.</p>
		<p><u>Ailment Cure:</u> Some patients suffer from debilitating conditions. This suffering can be removed and minimised through health care.</p>	<p><u>Ailment Cure:</u> Some patients suffer from debilitating conditions. This suffering can be removed and minimised through health care.</p>	<p><u>Ailment Cure:</u> Some patients suffer from debilitating conditions. This suffering can be removed and minimised through health care.</p>	<p><u>Ailment Cure:</u> Some patients suffer from debilitating conditions. This suffering can be removed and minimised through health care.</p>
	Symbolic	<p><u>Self-Completion/ Improvement:</u> Surgery and rehabilitation serves to change the physical condition of the human body in such a way as to improve it.</p>	<p><u>Self-Completion/ Improvement:</u> Surgery and rehabilitation serves to change the physical condition of the human body in such a way as to improve it.</p>	<p><u>Self-Completion/ Improvement:</u> Surgery and rehabilitation serves to change the physical condition of the human body in such a way as to improve it.</p>	<p><u>Self-Completion/ Improvement:</u> Surgery and rehabilitation serves to change the physical condition of the human body in such a way as to improve it.</p>
	Experiential/ Aesthetics	<p><u>Wealth and Status:</u> Receiving treatment at this facility is only available through private health insurance. This is most often associated with high-income earners and those who have inherited reasonable financials (Moschis & Bellenger, 2003).</p>	<p><u>*Affordability:</u> Patients receiving public health care can often not afford to opt for private health insurance. The affordability of maintaining and insuring good health is highly important to this population (Moschis & Bellenger, 2003).</p>	<p><u>Wealth and Status:</u> Receiving treatment at this facility is only available through private health insurance. This is most often associated with high-income earners and those who have inherited reasonable financials (Moschis & Bellenger, 2003).</p>	<p><u>Wealth and Status:</u> Receiving treatment at this facility is only available through private health insurance. This is most often associated with high-income earners and those who have inherited reasonable financials (Moschis & Bellenger, 2003).</p>

The information displayed in Table 2 indicates the points of difference and degrees of proximity that the NSPH and other health care providers are subjected to. These proximities blur the purchase process for shared target markets. This justifies the need for a marketing communication intervention that both fills a gap in the identified target market and meets key strategic communication objectives. These gaps can be best represented in a perceptual map as displayed in Figure 1. The two key attributes of 'Up-to-Date Facilities' and 'Awareness' were selected based on the research findings in Tables 1 and 2. They are justified because they represent the limiting factors for purchase behaviour for healthcare selection. The dotted line indicates to the gap in the market which NSPH should fill.

Figure 1: Perceptual Map of Private Hospital Repositioning



The three key competitors for the private hospital have been detailed in the PESTEL analysis table, competitive analysis table, as well as on a perceptual map. This map is relevant to the study of potential marketing communication intervention plans because it is a clear representation of gaps that exist in the market place. In Figure

1, a gap exists in the market for a hospital that is both highly up-to-date and highly communicated through marketing efforts. These are both favourable characteristics because they represent the needs of the target market for personal privacy and security (Moschis & Bellenger, 2003). Similarly, the target market is reclusive and less socially involved, and it is therefore likely that they will have limited access to information and marketing communication efforts. This justifies that every effort should be made to enhance the awareness of the NSPH brand.

3.0 SWOT Analysis

A company must consider its strengths, weaknesses, opportunities and threats before planning any major campaigns or re-evaluations of procedures. The SWOT analysis detailed in Table 3 is the most effective way of visualizing both the positive and negative influences on the internal and external environments of Nambour Selangor Private Hospital.

Table 3: SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> Mainly one-bed rooms Affiliated with a nationally recognised brand. 5-star catering Long-service reputation within community Comfortable well-managed facility 	<p>Weaknesses</p> <ul style="list-style-type: none"> Limited patient capacity Lack of unique brand Potentially out-of-date facilities Lack of exposure through marketing efforts 	 <p>Internal Factors</p>
<p>Opportunities</p> <ul style="list-style-type: none"> Increased comfort and privacy for patients Support and funding from a reputable and affluent organisation Ability to transfer brand to top-of-mind within community Facility could be expanded to offer other services 	<p>Threats</p> <ul style="list-style-type: none"> Local public hospital is expanding due to increased funding presented in Federal Budget 2016-2017 Elongated process for obtaining funding could mean that business falls behind competitors 	
 <p>Positive</p>  <p>Negative</p>		

In Table 3, a SWOT analysis was presented. This academic strategy promoted the understanding that the private hospital is subject to a variety of internal and external factors that influence the generation of both positive and negative repercussions. Key findings included the need for fast and effective advancement of hospital facilities so that NSPH could maintain a competitive edge against already funded and soon-to-expand public facilities in the local area. This justifies a new marketing communication plan because a strong market presence is critical as the aging population inflates.

4.0 Marketing Communication Brief and Objectives

With competitive businesses located within short proximity to the private hospital, change is required to not only remain a strong market presence against immanent competition, but to also make a major contribution to catering for the growing and aging population of Australia. Three key objectives that aim to meet these needs are explained in Table 4.

Table 4: SMART Objectives for Nambour Selangor Private Hospital

Factor	Expanding Services	Increasing Capacity	Marketing Communication
Specific	Enhance patient flow throughout the hospital by building a 'day of surgery' admission service.	Expand in-patient bed stock by building another ward that caters for 20-30 more beds.	Enhance popularity of brand within the health care sector of the Sunshine Coast through new and improved marketing communication.
Measurable	Thorough audits to identify whether all day-of-surgery patients are going through that service or being admitted to patient beds.	Achievement of appropriate business funding and acknowledgement by national executive teams.	Increased patient turnover during the course of a financial year. In-patient increase by 10%.
Achievable	Funding has been made available from corporate office to investigate the feasibility.	Need is recognised by local facility and national executive teams for expansion.	Recognised need by local facility and endorsement that expanding media presence is achievable through social media applications and SEO. Expansion of bed numbers will help cater for this.
Relevant	This objective is highly appropriate to the facility as currently day surgery patients are using overnight beds.	Currently unable to meet present needs of patients within the region requiring specific services such as rehabilitation. Furthermore, aging and growth of population is anticipated.	Competitors in local region with up-to-date marketing communications put NSPH at risk of losing patients to them through lack of confidence and insight about the hospital facilities.
Timed	Within the next 12-18 months.	2-5 years.	12-18 months. *Continual updating.

Table 4 presents three highly relative objectives for growth. Each objective fulfils the five SMART criteria. The first two objectives meet the requirements of the aging target market by filling the need for up-to-date facilities and increased patient capacity. The final objective details how marketing communication will help to achieve brand awareness. Simply put, this objective is to enhance the popularity of the private hospital's brand through an increased market communication presence. This will be measured through a 10% increase of 'in-patients' over the course of the financial year 2017-2018. Specific measures for achieving this include developing a LinkedIn and Facebook profile, utilising SEO, as well as enhancing and continually reviewing all other forms of current marketing communications (See Table 2: Marketing Communications Mix).

5.0 Conclusion

Five clear representations of the internal and external environmental influences on the given private hospital have been made throughout this report. They each work towards a concise understanding that an intervention is required for the marketing communication efforts of this organisation as well as detailing what gaps in the Sunshine Coast health care marketplace may be achieved. This report has fulfilled the objective of critically evaluating a variety of credible and academic sources that lead to an understanding that the private hospital can overcome weaknesses internally and threats externally to expand its current level of productivity and meet key developmental objectives. This report recommends that the focus should first be on enhancing marketing communication. To create an effective communication plan, the findings in this report should be used to form key strategies and tactics.

References

- Australian Bureau of Statistics, 2006. *Private Health Insurance: A Snapshot 2004-05*. [Online]
Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4815.0.55.001>
[Accessed 20 August 2016].
- Australian Bureau of Statistics, 2010. *National Regional Profile: Nambour (Statistical Local Area)*,
Canberra: Australian Federal Government.
- Australian Bureau of Statistics, 2011. *2011 Census Quickstats: Sunshine Coast Region*. [Online]
Available at:
http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/316?opendocument&navpos=220
[Accessed 11 August 2016].
- Australian Bureau of Statistics, 2013. *2011 Census Stats: Kawana*. [Online]
Available at:
http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/SSC30855
[Accessed 10 August 2016].
- Australian Bureau of Statistics, 2013. *Buderim*. [Online]
Available at:
http://censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/SSC30254?opendocument&navpos=220
[Accessed 10 August 2016].
- Australian Federal Government, 2016. *Federal Budget 2016-2017: Part 2 Expense Measures*. [Online]
Available at: http://budget.gov.au/2016-17/content/bp2/html/bp2_expense-15.htm
[Accessed 11 August 2016].
- Australian Institute of Health and Welfare, 2013. *Australian Health Statistics: 2012-2013*, Canberra:
Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare, 2016. *National Health Priority Areas*. [Online]
Available at: <http://www.aihw.gov.au/national-health-priority-areas/>
[Accessed 10 August 2016].
- Australian Private Hospitals Association, 2016. *Major parties commit to improving private health insurance for Australians*. [Online]
Available at: <http://www.apha.org.au/wp-content/uploads/2016/06/Major-parties-commit-to-improving-private-health-insurance-for-Australians.pdf>
[Accessed 11 August 2016].
- Barr, P., 2014. *A Chronic Problem: Hospitals and Health Networks*. [Online]
Available at: <http://www.hhnmag.com/articles/5227-a-chronic-problem>
[Accessed 20 August 2016].

Brown, L. & Barnett, J., 2004. Is the corporate transformation of hospitals creating a new hybrid health care space? A case study of the impact of co-location of public and private hospitals in Australia. *Social Science and Medicine*, 58(2), pp. 427-444.

Canta, C. & Leroux, M., 2016. Public and Private Hospitals, Congestion, and Redistribution. *Journal of Public Economic Theory*, 18(1), pp. 42-66.

Consumers Health Forum of Australia, 2016. *Health fund profits up while their members lose out – time for change*. [Online]

Available at: <https://chf.org.au/media-releases/health-fund-profits-while-their-members-lose-out-time-change>

[Accessed 24 August 2016].

Moschis, G. & Bellenger, D., 2003. What Influences the Mature Consumer?. *Marketing Health Services*, 23(4), pp. 16-21.

Nambour Selangor Private Hospital, 2015. *About Our Hospital*. [Online]

Available at: <http://www.nambourselangor.com.au/About%20Us/About%20Our%20Hospital>

[Accessed 10 August 2016].

Queensland Government, 2016. *Nambour General Hospital*. [Online]

Available at: <https://www.health.qld.gov.au/services/sunshinecoast/nambour.asp>

[Accessed 10 August 2016].

Sunshine Coast Private Hospital , 2015. *About Us*. [Online]

Available at: <http://sunshinecoasthospital.com.au/>

[Accessed 11 August 2016].

The Sydney Morning Herald, 2016. *Why can't Australia fix your hip without hurting your hip-pocket?*.

[Online]

Available at: <http://www.smh.com.au/business/comment-and-analysis/why-cant-australia-fix-your-hip-without-hurting-your-hip-pocket-20160817-gguk1w.html>

[Accessed 20 August 2016].

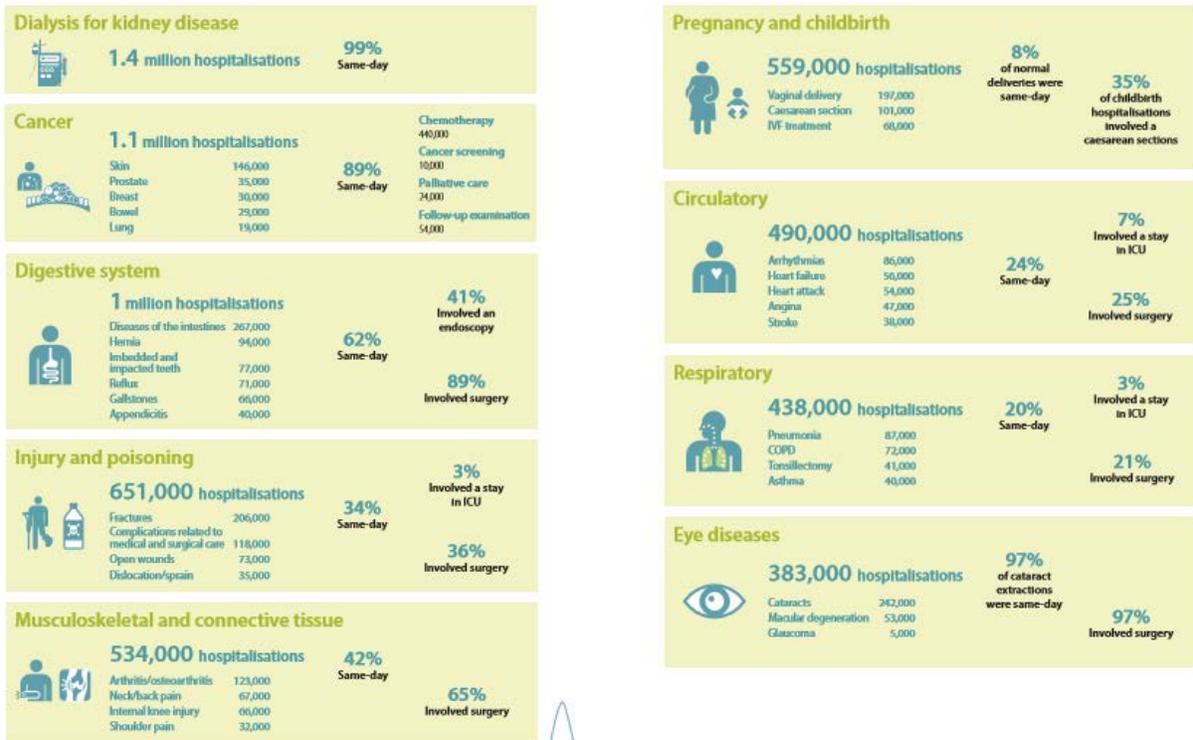
Wiederhold, B., 2013. *Annual Review of Cybertherapy and Telemedicine 2013 Positive Technology and Health Engagement for Healthy Living and Active Ageing*. 1 ed. Washington D.C: Burke : IOS Press.

Zion Market Research, 2015. *Electronic Medical Record Market- Global Industry Perspective, Comprehensive Analysis and Forecast, 2015 – 2021*, Florida: WhaTech.

Appendices

Appendix 1: Infographic: Australia's hospitals at a glance

Why did people go to hospital in 2014–15?



Australia's hospitals 2014–15 at a glance

Source: <http://www.aihw.gov.au/hospitals/>