HEALTHCARE PR

Launch PR: hospital, unit or technology

Three launch types, three different stories. Run them through one template and you get one day of coverage.

Swipe →

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THREE STORIES

The news value is different each time

HOSPITAL	A city story: access, jobs, investment, told over months
UNIT	A service story: a patient group who used to travel or wait
TECHNOLOGY	A patient-consequence story. The machine is never the news

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NEW HOSPITAL

Five news moments, spread over months

1. Announcement: site, investment, capacity, specialties
2. Construction and hiring: jobs, local training partnerships
3. Clinical leadership named: each lead doctor is a story
4. Opening: inauguration, media walk-through, doctor panel
5. First ninety days: service stories, early reviewed data

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NEW UNIT

Answer three questions in paragraph one

- Who is this for?
- What did those patients do before?
- How do they access it now?
- Then brief referrers: route, speed, feedback, a number that answers

  A referrer briefing often produces more patients than the coverage

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NEW TECHNOLOGY

Structure the release around access

1. The patient group and specific use, stated by the clinical lead
2. What patients had to do before, if verifiable
3. Eligibility and referral routes
4. The device's regulatory status, stated precisely
5. What it does not do, and who it is not for

The hospital, not the manufacturer, is accountable for what the release says.

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CLAIM RISKS

The claims that come back to bite

- **First in India: hard to prove, easy to dispute**
  Say now available in this city or first in this group
- **FDA approved when it was 510(k) cleared**
  Use the manufacturer's exact wording, confirmed in writing
- **Painless, scarless, faster recovery, 100% accurate**
  Clinical claims that cannot hold for every patient
- **A launch that becomes a doctor's personal advertisement**
  Code of Medical Ethics treats that as unethical

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THE ASSET KIT

Prepare it before the date is announced

RELEASE	Staged series, one service release, or one with regulatory status
SPOKESPEOPLE	Leadership and lead doctors, unit lead, or clinical lead, not vendor
VISUALS	Wards and b-roll before patients arrive, no identifiable patients
REFERRERS	City-wide outreach, essential for a unit, useful for technology
WEB	New pages and Google Business Profile updated before coverage lands

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WHEN DATES SLIP

Communicate the slip better than the slip

- Announce dates only when firm; until then say a season
- Tell referrers and booked patients first, directly
- Update website, GBP, social and call scripts the same day
- Send reporters a short honest note with new timing

Never fill a delay by inaugurating something that is not ready.

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WHAT TO MEASURE

Judge the launch on what changed

- Outlets that wrote their own, accurate stories
- Branded and service-specific search in the following weeks
- Visits to the new service page
- Enquiries, appointments and referrals for the service

Modest coverage with steady accurate referrals did its job. Wide coverage with ineligible enquiries did not.

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READ THE FULL GUIDE

Launch PR, in full

- The asset kit table for all three launch types
- How to run a referrer briefing that works
- Launch day and the fortnight after
- gauravphogat.com/launch-pr-new-hospital-unit-or-technology

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