HEALTHCARE PR

Measuring PR beyond the clippings file

Did communications change what patients, doctors and the public know and do? That is the question a PR report must answer.

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THE PROBLEM

Why the clippings file misleads

- A national daily and a small portal count the same
- A negative story counts the same as a positive one
- Nothing says whether a single patient noticed
- AVEs price editorial space at ad rates. AMEC says drop them

Clippings are a record of outputs. The mistake is treating outputs as results.

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BARCELONA PRINCIPLES

AMEC's rules, read for a hospital

1. Set goals first. More coverage is not a goal
2. Measure outputs, outcomes and potential impact
3. Outcomes for patients, referrers, staff and regulators too
4. Qualitative and quantitative. Was the story accurate?
5. All channels, including search and AI assistants

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THE CHAIN

From objectives to impact

OUTPUTS	Coverage, quotes, appearances. Assessed for quality
OUT-TAKES	Message pull-through, accuracy, journalists returning unprompted
OUTCOMES	Branded search, enquiries, referrer conversations, review sentiment
IMPACT	Service-line volumes, trust recovered, position in a new city

Most hospital reports stop at outputs. Out-takes are cheap and change the conversation.

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SHARE OF VOICE

Narrow it and weight it

- Define the conversation: cardiac stories in city media
- Weight by quality: an expert quote beats a name in a list
- Track which doctors are quoted, on what, how often
- Separate tone. Crisis coverage inflates voice while damaging brand
- Track whether the key message came through

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CODING SHEET

Six fields per piece of coverage

OUTLET	And its relevance to the target audience
PLACE	City and language
LINE	Which service line
VOICE	Which spokesperson was quoted, if any
MESSAGE	Tone, and whether each key message appeared accurately

A few minutes per item turns a clippings file into data you can trend.

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DEMAND SIGNALS

Contribution, not proof

- Branded search for hospital, unit and doctor after coverage
- Doctor profile visits from direct, referral and branded traffic
- Calls and WhatsApp enquiries mentioning the story or doctor
- Compare a unit with coverage against one without

You cannot trace an interview to an admission. Anyone claiming otherwise is guessing.

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MONTHLY CHECKLIST

If you do nothing else

- Code every piece for outlet, spokesperson, tone, message
- Update share of voice for two or three defined conversations
- Check branded search and enquiry trends
- Log journalist interactions, note what did not work
- Drop AVEs and raw reach totals from the report

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READ THE FULL GUIDE

Measuring PR beyond clippings, in full

- What PR ROI a hospital can honestly claim
- Tracking what AI assistants say about you
- A one-page monthly report for the CEO
- gauravphogat.com/measuring-pr-beyond-clippings

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