

# Website Operations

Guide to work request strategy and prioritization

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## SLA/prioritization of requests

Website update requests are prioritized based on impact to the organization, alignment with PSJH website content strategy and Digital Experience goals, and the date the update was requested. Requested implementation dates may need to be adjusted according to priority and team bandwidth.

|   | Request Type   | Criteria   | Typical Response Time (business days)         |
|---|--|--|---|
| Aligned with content strategy + DeX goals | Urgent updates   | <ul style="list-style-type: none"> <li>• Incorrect information</li> <li>• Business-critical updates</li> </ul>       | 1-2 days (urgency confirmed with team)        |
|   | Location updates   | <ul style="list-style-type: none"> <li>• Website location pages</li> <li>• Google listings, Yext, etc.</li> </ul>    | 3-5 days                                      |
|   | New locations  | <ul style="list-style-type: none"> <li>• Website location page</li> <li>• New entry in Google, Yext, etc.</li> </ul> | 5-10 days depending on scope                  |
|   | Service content updates  |  | 5-15 days depending on scope                  |
|   | New service  |  | 5-15 days depending on scope                  |
|   | Document upload/replacement  | Website PDFs   | 5 days  |
| Not aligned                               | Content update/new content that is not conversion-focused or consumer facing |  | 10-20 days depending on scope, team bandwidth |

## PSJH Website Content Strategy

Website Operations strives to maintain a simple, accurate, conversion-focused consumer site featuring as little friction and noise as possible for users.

We prioritize the expansion and optimization of transaction-oriented location and department pages, a library of global procedure and services pages, the strategic deployment of patient stories to serve as social validation throughout the content funnel, and the migration of non-consumer content to subdomains.

### Main site tenets

#### *Meet the primary intent of incoming users*

Get users where they want to go. For a location page, this is an above-the-fold address, phone number, driving directions. For a procedure page, it's patient-centric informational content. For a caregiver profile, scheduling an appointment. At the highest point in the funnel – exploration and research, off-site brand campaigns – where user intent is not declared, our content must pull double duty by both creating intent (identifying a problem) and meeting that intent (position the brand as the solution) in one go.

### *Move users down the funnel.*

Beyond meeting the primary user intent, content should provide relevant paths to nurture users down funnel through supplemental, contextually relevant content that either validates leads or facilitates conversion. A few examples: displaying a clinic’s caregivers and their review stars on a location page, or providing social validation through testimonials or relevant patient stories. Even at the discovery phase of the funnel, it’s essential to provide clear next steps – a vanity URL, app download, email capture – to ensure we never lead our audience to a dead end.

### Digital Experience goals

As governed by Digital Experience, the Website Operations team prioritizes work that supports Digital Experience key initiatives.

### *Digitally registered users*

Registration or onboarding of a user on a PSJH digital platform, such as MyChart activation, Follow My Health activation, Health Connect or Circle app download and activation.

### *Digitally scheduled and completed transactions*

Appointments scheduled digitally and completed through MyChart or Follow My Health, ODHP or Scorpion, Express Care Retail/Virtual/at Home.

### *Digitally engaged users*

Monthly active users for MyChart or Follow My Health, Health Connect apps, Circle app.

### *Brand equity*

Rank #1 or #2 in brand equity in each region

## Location and Department Pages

Traditional “blue link” organic listings are pushed far down the search results page in favor of ads and local listings. With the ability for users to call or access directions straight from Google, there has been a “decline” in organic web traffic and leads. In reality, this traffic and lead volume is being rerouted through local listings.

- Example: The Oregon Providence subdomain has seen a 17% decline in organic traffic YOY and a 32% increase in Local Listing KPIs (June 2018 vs June 2017).

On-site content that is not associated with a specific location (such as a generic service page or a condition page) is served less frequently in these localized results, and consequently is bringing in fewer qualified visitors.

### Location name

The most effective location name contains the specialty keyword and region modifier.

Health systems with consistent, optimized location naming conventions—specifically, location names that include the specialty (i.e. primary care) and relevant geo-term (i.e. Santa Monica)—show much more consistently in map packs and organic search listings.

## Location content

Content should be specific to the location, not generic information that can be found on a global service page or WebMD. The goal is to highlight the location's specific features, such as equipment, caregivers, specialties, etc.

A location page's main content should clearly describe/display:

- Services, specialties and procedures – ideally in bulleted lists to improve readability and clearly indicate these to search engines
- References to location (metro area, city name, neighborhood, etc.)
- Differentiators (why choose this hospital or clinic?)
- Awards, accreditations, rankings
- Real-world context for patients (transportation, parking instructions, local amenities, how to prepare for visit, etc.)

## Departments vs. Locations

Departments are similar to locations: they have their own names, addresses and phone numbers. However, departments are considered part of a main location, typically a hospital. The name of the main location (hospital) is featured on its page beneath the title of the department.

## Service Pages

The primary goal of a service page is navigational—to direct users to relevant locations or caregivers—rather than informational. Content is concise and high level so that it applies to any location. Specific information regarding equipment, caregivers and facilities should be applied to location and department pages.

Global service pages are natural spots to surface service-specific consideration content, covering topics such as “types of primary care physicians” or “how to choose a primary care doctor.” Content should convey the elements of PSJH SEO strategy: expertise, authority and trustworthiness.

A service page should contain:

- High-level definition of the service
- Differentiator: Why PSJH? Keep your value propositions high-level and relevant for the entire PSJH system.
- Related specialties (subservices) and procedures – ideally in bulleted lists to improve readability and clearly indicate these to search engines
- Conditions and treatments – also ideally in bulleted lists
- Locations: Each service page will be mapped to location pages where the service is offered. These locations will be dynamically displayed on the service page and presented according to proximity to the user.

## Procedure Pages

Procedure pages, similar to service pages, serve the primary goal to direct users to relevant locations or caregivers. Content is concise and high level so that it applies to any location. Specific information regarding equipment, caregivers and facilities should be applied to location and department pages.

Content should be written for both existing and prospective patients. Language should be simple and topics should be aligned with patient concerns, anxieties and questions. The content should be helpful and clear, not overly encyclopedic or academic. It should convey the elements of PSJH SEO strategy: expertise, authority and trustworthiness.

A procedure page's main content should contain:

- Definition: What is the procedure? Is it established or new? Is it known by other names (either academic or popular)?
- Differentiator: Why PSJH? Why should the patient choose PSJH for this procedure? Keep your value propositions high-level and relevant for the entire PSJH system.
- What to expect: Write helpful contextual information for patients, such as how to prepare, what to expect day-of and post treatment, etc.
- Complications: Provide transparency around potential complications and risks of the treatment.
- Locations: Each procedure page should be mapped to location pages where the procedure is offered/performed. These locations will be dynamically displayed on the procedure page and presented according to proximity to the user.
- Videos: A video that provides visual context and showcases expertise can help build trust and social proof. Many Google search results pages for these procedures also feature video carousels.

## Patient Stories

Patient stories provide social validation and reinforce the middle “consideration phase” of the funnel.

While we'd recommend against a heavy investment in patient stories, and would de-prioritize the creation of this content in favor of more foundational Location page and Procedure content, we do believe there is value in:

- Leveraging and optimizing the existing patient stories throughout the system
- Tactical creation of local and global stand-out patient stories/videos that can dynamically relate to relevant location pages, procedure pages, services pages, and caregiver pages—and simultaneously live across multiple platforms (YouTube, Google My Business, etc.)

Patient stories should quickly and fluently provide social validation for prospective patients. Short, engaging videos and readable text with pull quotes will ensure users aren't bogged down by the detour.

Ensure patients who come across a patient story are routed down funnel by dynamically relating and linking to the hospital pages, location pages, caregiver profiles, or procedure pages referenced in the story.