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Medicine 2.0 Meets Ontario Hospitals: Why Hospitals Have Been Slow to Adopt Social Media

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Abstract

Eighty percent of Canadians are using the Internet and many are using social media. In the U.S. one in five consumers are using social media to access information about hospitals and it is influencing their decisions about where to seek care. Despite this growth, hospitals in Canada and the U.S. appear reluctant to join the conversation with just 27 and 21 per cent of hospitals respectively maintaining a social media presence despite mounting evidence that social media can increase health literacy, aid in fundraising, allow for patient self-care and facilitate research and educational opportunities. The barriers that are preventing hospitals from fully embracing social media include fear of the unknown, lack of established best practices, difficulties in determining return on investment and hospital culture and values barriers that are in conflict with social media culture and values.

Keywords: health communication, social media, health literacy, fundraising, internet, hospital culture

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Introduction

There is no question that social media has become a major source of information and social exchange for many people. A study undertaken by the Pew Research Centre (2010) reported that 65% of adult Internet users in the U.S. are using social media, with the greatest growth in usage in the 50 – 64 age category where there was an increase of 60% in a single year. This growth should be of particular interest to hospitals, as older adults are one of the largest consumers of health care services and this trend will continue as the population ages. Yet today, less than 27 per cent of Ontario hospitals are using social media.

A recent National Research Corporation Ticker Survey (2011) revealed that one in five Americans use social media websites as a source of health care information. When asked about social media's influence, one in four respondents said it was "very likely" or "likely" to impact their future health care decisions and when asked about their level of trust in social media, 32 percent said "very high" or "high".

While these studies are American, it is reasonable to assume that similar trends are at work in Canada, where approximately 80% of Canadians are using the Internet (Statis-

tics Canada, 2009). Despite the dramatic growth in social media, many Ontario hospitals have been slow to join the conversation.

According to Statistics Canada (1997) there are 978 hospitals in Canada. The latest figures from the website *sharing info on Social Media in Canadian Healthcare* or SMiCH (2011, May) indicates that the total number of Canadian hospitals represented by either a Facebook page, Twitter account, YouTube channel or blog is 261, or less than 27%.

A U.S. study of hospital social media usage involving 1800 hospitals (Edwards, Mehta, Nowacki & Thaker, 2011) points to similar usage patterns, with 21% of those examined using social media. That study also found that the majority of hospitals were using social media for unidirectional communication and that those more likely to utilize social media were hospitals in large, urban centres or those that primarily treated children or youth.

A scan of Ontario hospital blogs, YouTube channels and Facebook sites reveals that there is little in the way of two-way dialogue. The majority of those using social media are using it as they would any traditional communications vehicle: to disseminate information in a top-down, one-way fashion, and often re-purposing content that appears to have been developed originally for other media.

Like many organizations, Ontario hospitals face structural and cultural barriers that impede full adoption of social media strategies. These include fear of the unknown, necessary caution regarding personal health information and lack of resources.

This paper will examine the reasons why hospitals have been slow to adopt social media and explore best practices broadly and in healthcare specifically. It will review the current social media strategies at The Scarborough Hospital and two other hospitals including best practices literature. Using the data gathered, a new strategy for The Scarborough Hospital has been created; one that focuses on policy, practice and education in order to move social media beyond the confines

of the public relations office and establish a two-way dialogue with the community in an effort to increase patient satisfaction.

Description of Organizations Studied

The organizational focus of this paper is The Scarborough Hospital (TSH), a hospital corporation with two general hospital sites located in Scarborough, Ontario. The Scarborough hospital has approximately 550 beds and almost 100,000 emergency department visits each year. A major surgical centre, TSH serves over 46,000 patients each year.

Also profiled is Rouge Valley Health System (RVHS) and the Children's Hospital of Eastern Ontario (CHEO). RVHS includes two general hospital sites – one in Scarborough and one in Ajax, Ontario. There are 479 beds in total and between the two sites there are more than 109,000 emergency visits each year.

CHEO is a 170-bed facility located in Ottawa, Ontario, with almost 60,000 emergency visits each year and a variety of specialized clinics for children.

Research Problem

Why do hospitals remain slow to adopt social media? Do common barriers exist that prevent hospital's adoption of social media? Are there best practices and mitigation strategies that can help them move forward?

Review of Literature

There can be no doubt that social media is revolutionizing the way we exchange information and, by extension, live our lives.

With iconic traditional media outlets like Time Magazine famously declaring on its cover that Twitter would change our lives (2009), even the most passionate traditionalist is

forced to recognize that there might be something to social media.

"Given the tremendous exposure of social media in the popular press today, it would seem that we are in the midst of an altogether new communication landscape" (Kietzmann, Hermkens, McCarthy & Silvestre, 2011, p. 241).

Social media sites "employ mobile and web-based technologies to create highly interactive platforms via which individuals and communities share, co-create, discuss and modify user generated content" (Kieztmann et al., 2011, p. 241).

Social media is very closely related to web 2.0, which describes a "change in the way people interact with information online, moving from passive consumption to active creation of content" (Scanfeld, Scanfeld & Larson, 2010, p. 182). While some use the terms interchangeably, Jones (2009) explains that web 2.0 allows information to be freely inputted and distributed instantly and social media, while similar to web 2.0, is different because it focuses on people and building community rather than content. According to Jones (2009) YouTube by itself is web 2.0 in nature and not a social media site; when you add in channels it becomes or begins to act like social media.

Added to the definitional landscape is the notion of health 2.0, which refers to the use of web tools like blogs, podcasts and wikis to personalize healthcare, allow collaboration and promote education (Hughes, Joshi & Wareham, 2008).

The literature supports the view that hospitals have been slow to embrace social media.

"Compared to other sectors, healthcare organizations have been relatively slow to be comfortable with social media as a way to connect with patients. Although the use of social media in healthcare is growing by leaps and bounds… few have begun to tap into this rich reservoir of real-time, real-life stories to improve the delivery of care" (Change Foundation, 2011, p. 4).

The Change Foundation identified a lack of accepted best practices as the major stumbling block to Canadian healthcare

organizations delving into social media. Other cited reasons include ethical and privacy issues and reluctance to invest scarce resources in something new.

Harlow (2011), on the other hand, cites privacy, security and liability as the prime reasons keeping health care out of social media. In a blog posting commenting on how slow hospitals have been to adopt social media, Hirsh (2009) concurs, making the following observation: "not surprisingly, healthcare organizations have been slow to embrace this new technology because of all the regulations and express consent laws that must be followed in the healthcare industry".

In commenting on why Australian hospitals were anti-social media, Berek-Lewis (2011) suggests that the reason may be rooted in hospital and health care culture.

> Health care is still a somewhat closed world. Yes, doctors and hospitals deal with patients all day every day, but this is not a balanced relationship. Although patients are becoming more fluent around their own health, the authority of doctors and 'the system' can still be overbearing and limit opportunities for open, two-way communication … Welcoming patients into your (online) social sphere has deep ethical implications, but may simply be a step too far for doctors who draw clear lines between their professional and private lives. (Berek-Lewis, 2011).

Hawn (2009) cites similar cultural issues at play, pointing out that using social media in health care changes the locus of control to the patient, which may make many providers very uncomfortable.

Ed Bennett, a prominent blogger who is widely acknowledged as one of the pioneers of hospital social media, suggests that the slow adoption is related to health care values, some of which are in direct contrast to web or health 2.0 values. Health care, Bennett suggests, is risk averse, while health 2.0 values risk taking. Health care values information from authoritative sources, long deployment lead times and intel-

lectual property that is closely guarded; all of which do not align with health care 2.0 values (Bennett, 2009).

The evidence that adopting social media practices may have tremendous benefits for health care and hospitals is growing. Citing numerous real life-examples, Seeman (2008) suggests that web 2.0 could increase consumer health literacy, aid in philanthropy and volunteer recruitment, allow for better patient self-care and self-empowerment and facilitate research and educational opportunities.

McNabb (2009) is also optimistic about the power of social media to improve population health. "Twitter and other social media tools might not bring health to all, but they can help to bring accurate health information to more people than ever before. After all, one fact sheet or emergency message about an outbreak can be spread through Twitter faster than any influenza virus" (McNabb, 2009, p. 566).

Despite the growing body of evidence supporting the efficacy of social media in healthcare hospital uptake remains low, with many hospitals going so far as to ban social media usage at work outright (Howell, 2010). Two of the three organizations profiled in this paper have banned social media usage for all staff except those in the corporate communications office.

Despite the relative youth of the social media field, some best practices are quickly emerging. The Change Foundation (2009) has developed a seven-point strategy for hospitals that includes not blocking access, understanding privacy issues and developing a policy for employees' use of social media and taking it to the Board of Directors.

Tobin (2011) suggests that would-be social media practitioners follow six steps in creating a strategy that will be familiar to any practitioner working in traditional media: discovery/research, community analysis, goal setting, engagement plan (content, channel and campaign), training and implementation, and metrics/measurement.

The suggestion of having appropriate social media guidelines and policies in place is one that appears frequently (Lau-

by, 2009; IBM, Bennett, 2009 & Change Foundation, 2011). Bennett has posted a list of hospital social media policies on his website, allowing an easy reference point for anyone looking to develop their own policy.

Measurement is another area of best practice for social media. Paine (2007) points out that in order to measure you need to know what you're measuring.

> The tools and techniques for measuring your own blog are typically financial in nature – assessing ROI, impact on sales or lead generation. …measuring what consumers are saying about you in their blogs is not all that dissimilar to traditional media analysis. You are looking at the accumulated content of many blog postings and determining trends and tendencies based on that content. (Payne, 2009, p. 3).

Payne also points out that you can measure outcomes (changes in behavior such as sales or reputation), outtakes (what an audience understands or their perception/reaction) or outputs such as rankings or number of view.

Research Questions

RQ 1: What are the barriers preventing Ontario hospitals from fully embracing social media strategies?

RQ 2: Are there physical barriers (i.e. firewalls) that are preventing full utilization?

RQ 3: Are there Ontario hospitals that have lifted the ban on social media at work? What was the impact? What can others learn from that experience?

RQ 4: Are there common best practices that can help hospitals move forward in social media?

Methodology

The social media practices of three Ontario hospitals were examined for this paper.

The Scarborough Hospital's current social media strategy has not been committed to paper. At TSH the corporate communications office consists of one manager and three communications officers, and they have responsibility for all internal and external communications for the hospital and the hospital foundation, including any social media. Internet access for staff is tightly controlled, and only members of the corporate communications department have access to social media. No formal social media policy for staff has been developed and Klout score is the only metric formally tracked and reported. Less than 10 per cent of overall staff time is devoted to social media.

At RVHS the three-person corporate communications office also has full responsibility for social media. Access to social media sites at work is limited to corporate communications staff, which works from a short plan (Appendix C). Staff members here have developed a unique set of measurement tools in addition to using Facebook analytics and counting traffic – they calculate advertising value equivalents (AVE's) by calculation of or calculating what a posting would cost if it were a paid on-line, click-through advertisement. There is no specific budget set aside for social media.

CHEO has a small communications team of just two people. The hospital does not have a formal strategy per se, but it does have a well-developed framework that is shared at education sessions. Staff has access to social media sites and many have been trained on how to use them.

CHEO has divided their social media efforts into three stages: foundational, pilot and expansions. The foundational stage, which the hospital is currently in, consists of educating staff, developing policy and establishing a social media presence. The pilot phase will include a number of as yet unidentified projects that will have measurable impact on the organization or clinical outcomes. While the pilot projects have not yet been developed, one is being considered that would focus on the hospital's asthma clinic. This initiative would work towards shortening appointment times through on-line

Table 1

Comparison of hospital social media strategies, October 1, 2011

Element	CHEO	Rouge Valley Health System	Scarborough Hospital
Channels/tools in use	Twitter Facebook YouTube LinkedIn	Twitter Facebook YouTube Ping Weblog	Twitter Facebook YouTube LinkedIn Weblog
Formal policy	Yes	Yes	No
Written strategy	Framework	Yes	No
Strategy contains measurable goals, objectives or KPIs	No	No	N/A
Facebook traffic	4,121 likes	262 likes	397 likes
Social media target audience(s) defined	Parents of patients	"The community"	Not defined
Non-corporate posts on Facebook	Some	Minimal	Minimal
Twitter followers	782	550	1,141
Who is blogging?	N/A	Mostly President	Variety of staff
Metrics	Traffic/followers, Klout, Google Analytics, Facebook Analytics	Traffic/followers, Facebook Analytics, AVEs	Traffic/followers, Klout, Peer Index, Facebook Analytics, Wordpress Analytics
Current Klout	53	34	50

education and exchange, thereby reducing wait times for additional patients seeking their first visit to the clinic.

The metrics CHEO uses include Klout, Facebook analytics and counting and analyzing the content of Facebook posts. Like the previous two hospitals, CHEO has no specific budget for social media, but as Ann Fuller, CHEO's Director of Communications points out: "there are enough free tools out there that you can always put something together."

Results and Analysis

RQ 1: What are the barriers preventing Ontario hospitals from fully embracing social media strategies?

The barriers that are preventing hospitals from fully embracing social media include fear of the unknown, lack of established best practices, difficulties in determining return on investment and, perhaps most importantly, cultural/social barriers that are in sharp contrast to social media culture and values.

As more and more Ontario hospitals make the transition to social media, consistent best practices will emerge. Younger physicians, who are more familiar with social media and whose training included communications skills will also aid in the cultural shift away from a "closed" environment that makes social media difficult.

RQ 2: Are there physical barriers (i.e. firewalls) that are preventing full utilization?

While this paper did not specifically measure how many hospitals have banned the use of social media at work, it is clear that it is still a common practice due to concerns around patient confidentiality and appropriate use of work time.

RQ 3: Are there Ontario hospitals that have lifted the ban on social media at work? What was the impact? What can others learn from that experience?

Lifting the social media ban at CHEO followed a period of staff education and management did not report any instances of excessive "time wasting" following this action. Defining what is and isn't appropriate in the social media arena is an on-going challenge at CHEO, one that is tackled by a staff social media committee that includes communications, clinical staff, IT staff and an ethicist.

RQ 4: Are there common best practices that can help hospitals move forward in social media?

Best practices for hospitals include educating staff, creating a staff policy, lifting the firewall, measuring results and continuing to experiment and innovate. Monitoring what other hospitals and industries are doing in the social media arena is an important part of the process as well.

Conclusions and Future Directions

Social media can be a powerful tool for hospitals if it is understood and utilized ultimately to improve patient outcomes. Ensuring that patient confidentiality is not breached will be a constant and on-going challenge.

Based on the experiences of the hospitals discussed in this paper as well as the best practices in the literature and on-line, a social media strategy for The Scarborough Hospital has been created.

Similar to the framework used by CHEO, the plan has been divided into three main phases – foundational, pilot and expansion. This plan, which is found in Appendix B below, focuses on the foundational phase in detail, with some brief notes about the following two phases.

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Appendix A
CHEO's social media framework

Vision:

With the right precautions, we can help make a difference in the lives of children, youth and families by spreading our expertise outside our walls and beyond the patients we can see in our clinics each year

CHEO's 7-point philosophy to social media:

1. Set realistic goals
2. Make strategic choices to managed needed resources
3. Adopt low-risk tools first. Where adding risk, pilot first
4. Build an on-line community
5. Encourage positive dialogue
6. Discussion of patient-specific issues in public forums is off limits; discussion of patient non-specific issues should be encouraged
7. Share our experiences

CHEO's Social Media Approach

Phase 1: Foundation building

- Educate CHEO leaders, program managers and staff on the opportunities & risks of social media
- Establish policies and a governance model to guide our social media activities
- Build the foundational elements of CHEO's social media presence
- Build an on-line community
- Identify potential pilot projects to lead us into Phase 2
- Phase 1 foundational elements: Twitter, Facebook, YouTube, Linkedin

Phase 2: Pilot programs
Phase 3: Expansion

Governance Model

Individuals

- Any individual participating in social media must take responsibility for his/her content
- Any individual participating in social media must comply with the CHEO "Social Media Policy" and the CHEO "Privacy" policy.

Departments/programs

- Must document plan
- Follow governance, obtain approvals
- Work towards best practices
- Comply with CHEO Social Media Policy and privacy policy
- Ensure content is accurate and up-to-date
- Share their experiences with their colleagues

Public relations department:

- Monitor the approval process for all social media activities
- Provide counsel, training & support on social media best practices
- Update Social Media policies supporting tools, as needed
- Schedule & lead meetings of Social Media Task Force
- Monitor and moderate "corporate" accounts
- Social Media Task Force
- Conduct annual review/audit of "official" social media activities to ensure consistency with CHEO values and social media policies
- Conduct annual brainstorming activity to identify potential future opportunities for CHEO participation
- On an annual basis, identify potential improvements to best practices, governance model, and employee policy

- Identify and select pilot projects

Content strategy

- CHEO website remains the primary content vehicle for sharing health information and hospital news.
- Use social media tools to drive traffic back to CHEO website
- Health information for tweets and posts to come from:
  - Approved CHEO materials
  - Established, trusted sources, such as Canadian Pediatric Society, About Kids Health, leading pediatric hospitals
  - Canadian Asthma Association, etc.

Content targets:

- Primary: Parents of school-aged children
- Secondary:
  - Teens and pre-teens
  - Family doctors, pediatricians and other health providers in the community.

Appendix B
A social media strategy for The Scarborough Hospital

Background

More than 80 per cent of Canadians use the Internet and many are using it to access social media. YouTube, Facebook, Twitter and other platforms are growing in popularity and are becoming important vehicles for sharing information and fostering two-way dialogue.

Social media presents real opportunities for the Scarborough hospital in the following areas:

- **Reputation:** TSH can strengthen its reputation with patients, potential staff and the community through effective use of social media.
- **Fundraising:** Social media strategies can be used to connect with existing and potential donors.
- **Government relations:** Social media can be used to generate support and enhance government relations efforts such as the current campaign to gain approval for the new operating rooms at The General site.
- **Crisis communications:** A well-developed social media-based network can be invaluable during a public health crisis such as SARS or H1N1.
- **Patient outcomes:** By sharing accurate and timely information with patients, providing support, coaching or learning opportunities, patients can take a more active role in their health and outcomes can be improved.

The Scarborough Hospital has been gradually building a social media presence since early 2010, and is establishing itself as a leader among Canadian hospitals. We were not the first hospital to recognize the importance of social networking, but we are among a select few to embrace a wide range of platforms as part of a regular, sustained communication strategy. The number of Canadian healthcare organizations using

social media is, however, growing, and The Scarborough Hospital has an opportunity to remain ahead of the curve and to influence the way in which social networking is used to build reputation and engage patients and communities.

In developing a social media strategy, our goal is to build the reputation of The Scarborough Hospital and forge new relationships—both real and virtual—with a full range of key audiences. Strategically, we will use social media to position our hospital as a responsive, caring organization that is a leading source of healthcare information and expertise.

While we have been focused on developing effective communication channels, we have lacked a formal social networking strategy to guide our planning. Industry-wide, this has been identified as a common struggle—a lack of best-practice guidelines has left organizations unsure how to integrate social media into their communication efforts. Healthcare organizations also face the additional challenges of patient confidentiality and the need to closely control how information is shared. Defining a clear strategy has thus been closely tied with developing appropriate usage policies.

This document is meant to provide guidance for The Scarborough Hospital as we continue to implement new and measurable ways of reaching and engaging our audiences through the use of social media. Building on existing activities it seeks to map out the next 12 months while providing a framework for future activities.

Like the social media strategy developed at other hospitals including The Children's Hospital of Eastern Ontario, the strategy at The Scarborough Hospital has been divided into three phases:

1. Foundational

2. Pilot
3. Expansion

The focus of this document is the foundational phase, which will cover the next 12 months.

Phase One – Foundational
The focus of this phase is on building a strong base for future social media activities. Education, policy development, and the creation of a strong governance model are activities that will be included in this phase, along with building a strong network/community that supports The Scarborough Hospital.

Objectives:

- Create the necessary internal framework to support social media including policy and a governance model.
- Provide social media education to staff and physicians.
- Build the hospital's community of supporters utilizing the website, the electronic community newsletter, Facebook, Twitter and YouTube.

Goals:

1.1 Develop social media policy for TSH staff and physicians.
Measure: Approved by Board of Directors
Timeline: January 2012

1.2 Working with the ethicists and IT, develop a governance framework for social media.
Measure: Framework developed, regular meetings scheduled
Timeline: February 2012

1.3 Provide education to TSH staff on social media basics using an on-line learning module.

Measure: 40% of staff educated
Timeline: June 2012

1.4 Recruit potential super-users/early adopters outside the communications office to assist in social media strategy, include two physicians. Provide appropriate education/support.
Measure: 12 (an increase from the current four)
Timeline: March 2012

1.5 Increase Facebook presence through a joint campaign with the Foundation … people would be encouraged to "like" the Scarborough hospital with a $10 donation from an outside company for each "like".
Measure: 5000 likes (an increase from the current 397)
Timeline: November 2012

1.6. Continue the month-over-month increase in Twitter followers through a variety of strategies.
Measure: 2000 (an increase from the current 1,138)
Timeline: August 2012

1.7 Through research on best practices and success stories, develop a strategy for the use of YouTube including metrics and content goals.
Measure: Strategy developed
Timeline: April 2012

1.8 Expand existing blog (http://transformingtsh.com/) and develop strategy to increase readership and comments.
Measure: 1000 hits per blog post (increase from the current 300)
Timeline: September 2012

Target audiences:

- Patients

- Family members of patients
- Community members/potential donors
- Staff and physicians

There has been no attempt to identify distinct audience groups as part of the social media strategy. In preparation for the opening of the TSH Centre for Chronic Disease Management in three years, specific attempts will be made to develop communities of patients and family members.

This effort will begin with the dialysis/chronic kidney disease group, which has a well-established patient support group. Corporate communications staff will work with the support group and attempt to facilitate the formation of an on-line community that mirrors the real-life community.

Integration

Social media efforts will continue to be integrated with traditional communications vehicles including print publications, the hospital's website and the electronic community newsletter, which currently has over 2500 subscribers and continues to grow.

Culture change

A successful social media strategy requires an authentic voice, transparency and openness. This aligns with the traditions established through the hospital's community engagement strategy, which began in 2008. Over time, the TSH culture has become more open and communicative and this trend should continue with a greater adoption of social media.

Capacity/resources

Corporate communication staff is currently working on the launch of the new intranet, which should be complete in 2012. Once the launch is complete, approximately .5 FTE's will be freed up to devote to social media and other on-line efforts.

Subsequent phases:
Phase two, pilot project, will see TSH's social media team (which will include some of the early adopters and committee members identified in phase two) developing social media pilot projects designed to support specific business or clinical goals. The opening of the TSH Centre for Chronic Disease Management affords us a particular opportunity as social media can be used to help patients self-manage chronic conditions. Pilot project may include some of the following:

- A food and nutrition project for diabetics that would see them enter their regular diet online and receive coaching and education from a registered dietician who would reach out when he/she sees troubling entries or trends;
- On-line chats (Twitter-based) for nephrology patients and/or family members with physicians or social workers;
- A Twitter-based patient feedback/satisfaction project that would invite patients to provide their live feedback while in specific areas of the hospital. This would help TSH to gather accurate, real-time data regarding patient satisfaction and wait times.

A maximum of two pilot projects will be selected; learnings will be applied to Phase 3 which will see TSH extend its social media strategy.

A. Males
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