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Social Media in Healthcare: Lessons for the Digital World

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About ECRI Institute

- ▶ Independent, not-for-profit applied research institute focused on patient safety, healthcare quality, risk management
- ▶ Website for HRSA grantees. Log in with email address and password at: www.ecri.org
- ▶ **Have not activated your profile yet? Email us at:** Clinical_RM_Program@ecri.org
- ▶ 50-year history, 400-person staff
 - AHRQ Evidence-Based Practice Center
 - Federally designated Patient Safety Organization

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Learning Objectives

1. Identify risks to patient privacy and organizational reputation inherent in social media use
2. Recall opportunities and strategies for minimizing risks and getting the most out of social media
3. Identify strategies for managing responses to online ratings, reviews, and social media discussion about the facility or providers
4. Recognize patient safety risks associated with use of cell phones and other personal electronic devices in healthcare

Overview

- ▶ Social media definitions
- ▶ Why should I care about social media?
- ▶ What are some of the risks social media can create for me or my organization?
- ▶ How can I work with providers to minimize risks?
- ▶ What other risks do cell phones introduce?

What Is Social Media, Anyway?

- ▶ Traditional media:
 - One-directional
 - No reader or viewer feedback
- ▶ Social network:
 - A group of people with one or more common attributes
 - Not strictly online: family, employer, hobby
- ▶ Social media:
 - Multidirectional
 - Connects social networks

Why You Should Care about Social Media

- ▶ Record producer, 1962, didn't sign the Beatles: "Guitar bands are on the way out"
- ▶ Social media is more than just a fad
- ▶ Some tools will come and go; conversations with (and among) the community will not
- ▶ Don't misjudge the moment and be left out of the conversation



Just How Prevalent Is Social Media?

2.27 billion	Active Facebook users/month
1 billion	Hours of YouTube video watched daily
500 million	Active Instagram users/day
188 million	Active Snapchat users/day
106 million	LinkedIn visitors/month
157 million	Active Twitter users/day
293,000	Facebook statuses/minute

Sources: Zephoria Digital Marketing; YouTube “YouTube in Numbers”; Omnicore; Techcrunch.com; Blake; DMR

What Are U.S. Adults Doing Online?

72%	Adult internet users who look up any health information online
65%	Internet users who feel better informed about health
62%	Smartphone owners who use their phone to look up health info
35%	Adults who attempt to self-diagnose online
26%	Adults who read or watched someone else’s experiences about health or medical issues online
18%	Adults who sought online rankings or ratings of providers
16%	Adults who sought others who had similar health concerns

Sources: Pew Research Center “U.S. Smartphone Use in 2015”; Pew Research Center “Health Online”

How Can Social Media Help? Not Just Marketing

- ▶ 3-year study of 888 women (Colorado)
- ▶ Up-to-date MMR (measles, mumps, rubella) vaccinations for infants at 200 days:
 - Social media reminders: 95.63%
 - Interactive website: 95.47%
 - Control (no web or social media): 91.80%

Source: Glanz et al.



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Have a Plan

- ▶ Who “owns” social media?
- ▶ Monitor for mentions and comments
- ▶ Which media will you use?
- ▶ Set policies—and train on them
 - Define appropriate usage
 - Emphasize privacy and confidentiality
 - Remind users to be respectful
 - Outline consequences for violations

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Polling Question #1

- ▶ Does your health center or free clinic have a social media policy?
 1. Yes
 2. No
 3. We do, but I don't think it's adequate
 4. I'm not sure

What Are the Risks?

- ▶ Violations of patient privacy
- ▶ Damage to reputation
 - Yourself
 - Your health center or free clinic
 - Your profession

Social Media Is Conducive to Privacy Violations

- ▶ Social media promotes storytelling, which is great, but ...
 - It's easier than ever to share something you shouldn't
 - When it happens, it's very public
 - And it's permanent



BEFORE THE OREGON STATE BOARD OF NURSING

In the Matter of) STIPULATION FOR VOLUNTARY
 [REDACTED] CNA) SURRENDER OF NURSING ASSISTANT
) CERTIFICATE
)
 Certificate No. [REDACTED] CNA) Reference No. [REDACTED]

[REDACTED] (Certificate Holder) has been certified as a nursing assistant in the State of Oregon since December 30, 2009.

Certificate Holder came to the Board's attention on September 19, 2011, when it was reported

Certificate Holder came to the Board's attention on September 19, 2011, when it was reported that she had published demeaning photographs of patients on her online Facebook page, and had made derogatory comments about the subjects of the photographs.

Certificate Holder denies that she took the photographs herself, but admits that she posted them on the internet.

678.442 Certification of nursing assistants; rules.

(2) In the manner prescribed in ORS chapter 183, the board may revoke or suspend a certificate issued under this section or may reprimand a nursing assistant for the following reasons:

(d) Violation of any provisions of ORS 678.010 to 678.445 or rules adopted thereunder.
 (f) Conduct unbecoming a nursing assistant in the performance of duties.

Oregon Nurse Aide Gets 8 Days in Jail

- ▶ Facebook photos of 2 patients—and bedpans
- ▶ Jury found her guilty of “invasion of personal privacy”
 - Fired by nursing center
 - Lost nursing certificate
 - 8 days in jail
 - Must write “insightful” 1,000 word apology
 - Two years probation, no working with children or elderly

Source: Associated Press

Well-Meaning Isn't Enough

- ▶ Facebook photo of patient smiling, seated in wheelchair
- ▶ Caption: “Fly away until another day soon soon we will be on are [sic] way”
- ▶ Intended as memorial to deceased patient
- ▶ Employee claims family gave permission; state could not verify
- ▶ Employee loses job; facility cited by state

Source: Ornstein

Unintentional Identification

- ▶ Rhode Island physician writes about patients on Facebook
 - No names, no intentional identifiers
- ▶ Description of injuries helped a third party identify the patient
- ▶ Consequences
 - \$500 “administrative fee” from state medical board
 - Continuing education
 - Lost privileges at hospital in question

Source: “RI Doctor Reprimanded”

Policies to Manage Privacy Risks

- ▶ HIPAA education (Health Insurance Portability and Accountability Act)
- ▶ Never identify patients without permission
 - That means photos, too
 - Even if you think they’re not identifiable, they might be
- ▶ Never speak badly about a patient
- ▶ Consequences for violations

American Medical Association Guideline

- ▶ Be cognizant of privacy standards
- ▶ Safeguard patients' personal information, and monitor for accuracy and appropriateness
- ▶ Maintain patient-physician boundaries
- ▶ Separate personal and professional content
- ▶ Alert colleagues to unprofessional content
- ▶ Be aware of consequences for reputation and career

Source: AMA

National Council of State Boards of Nursing

- ▶ Privacy, confidentiality as legal and ethical obligation
- ▶ No images, no names, no resident info without care need
- ▶ Do not disparage residents, employers, or coworkers, ever
- ▶ Maintain professional boundaries
- ▶ Do not speak on behalf of the organization unless authorized

Source: NCSBN

Not Just Privacy: Inviting Reputational Damage

- ▶ Knowingly false or misleading statements
- ▶ Medically inaccurate statements
- ▶ Profanity, racial slurs, sexist statements
- ▶ Direct insults

Social Media Gone Very, Very Bad



KitchenAid
@KitchenAidUSA

Obamas gma even knew it was going 2 b bad! 'She died 3 days b4 he became president'. #nbcpolitics



The Onion ✓
@TheOnion

Everyone else seems afraid to say it, but that Quvenzhané Wallis is kind of a c[REDACTED] right?

#Oscars2013

← Reply ↻ Retweet ★ Favorite ⋮ More



Source:
Schenker

Selfie with Severed Heads

- ▶ Dental students and a professor at a workshop
- ▶ Cadaver heads used to demonstrate surgical techniques
- ▶ Photo passed around private group chat
 - Students, professor wearing masks, looking at camera
 - Heads face-up and identifiable
- ▶ Signs at entrances prohibited photographs
- ▶ “Disturbing and an inexcusable deviation from anything Yale would expect to occur.”

Source: Collins

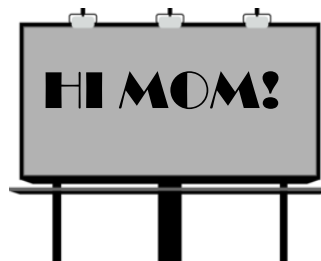
“Mini-Satans” on Snapchat Prompts Stand-Down

- ▶ Snapchat video, photos of two Navy corpsmen
 - One individual giving middle finger to newborn, caption: “How I currently feel about these mini Satans”
 - Video shows a female corpsman holding infant by the armpits, rocking to music in the background
- ▶ Two individuals removed from patient care
- ▶ Naval Criminal Investigative Service investigation
- ▶ Navy surgeon general orders stand down

Source: Martinez

Would You Put It on a Billboard?

- ▶ Stick with the “normal” voice for official communications
- ▶ Use irony and sarcasm sparingly—or never
- ▶ Don’t force jokes
- ▶ Think: How can this go wrong?



Smartphone Risks Besides Social Media

Distractions, Texting, and Patient Safety

Digital Distractions

- ▶ Multitasking is nothing new, but smartphones make it easier (and worse)
- ▶ 2010 survey of perfusionists: nearly 50% texted during heart-lung bypass surgery
- ▶ 2012 survey of operating room clinicians: 41% personally witnessed mobile device distractions
- ▶ “Multitasking is dangerous—cognitive scientists have shown that engaging in a secondary task disrupts primary task performance.”

Sources: Smith et al.; Patterson; Sinsky and Beasley

An Interrupting Text Message

- ▶ Resident using smartphone to enter order in computerized provider order-entry system (CPOE) to stop warfarin
- ▶ Personal text message interrupts, and resident responds
- ▶ Never goes back to complete CPOE order, warfarin continues
- ▶ Patient eventually needs emergency open heart surgery
- ▶ “Detaching” from patient care

Source: Halamka

Anesthesiologist Accused of Texting, Patient Dies

- ▶ 61-year-old patient dies 10 hours after atrioventricular (AV) node ablation
- ▶ At deposition, cardiologist accuses anesthesiologist of being distracted:
 - Alleges he “made up” data for medical record
 - Didn’t notice low O₂ levels until patient had been blue for 15–20 minutes
 - Attorneys identify Facebook post made during a different surgery

Sources: Burger; Texas Medical Board

Managing Distractions

- ▶ Work with your medical staff, nursing leadership
- ▶ Recognize you won’t stop all interruptions—and some may be necessary
 - Try to limit personal interruptions, allowing clinical issues
 - Coach staff to tell family they may not respond promptly
- ▶ Highlight patient safety risks
- ▶ Remind staff their online activity will be discoverable
- ▶ Enforce rules consistently

Source: Rivera-Rodriguez and Karsh

Texting Orders

- ▶ Joint Commission: “The use of secure text orders is not permitted at this time.”
- ▶ Why not?
 - Nurses will have to transcribe texted orders into the electronic health record (EHR); creates work burden and error risk
 - Verbal order allows for real-time clarification not available in texts
 - EHR/CPOE alerts need to be clarified with recipient
- ▶ If orders cannot be entered into CPOE, verbal order is the fallback

Source: Joint Commission “Use of Secure Text Messaging”

Other Risks of Texted Orders

- ▶ Can't verify sender or recipient
- ▶ Messages not saved for later reference and validation
- ▶ Autocorrect
- ▶ If orders cannot be entered into CPOE, verbal order is the fallback

Source: Joint Commission “Clarification”

Texting Other Patient Information

- ▶ Joint Commission:
 - “Organizations are expected to incorporate limitations on the use of unsecured text messaging in their policies protecting the privacy of health information.”
- ▶ Centers for Medicare and Medicaid Services (CMS): Use and maintain systems that are
 - secure,
 - encrypted, and
 - minimize the risks to patient privacy and confidentiality as per HIPAA regulations

Sources: Joint Commission “Use of Secure Text Messaging”; CMS

Strategies to Manage Texting

- ▶ Assess threats: device loss or theft; improper disposal; data interception
- ▶ Prohibit texting of protected health information (PHI) or limit the type of information shared via text (e.g., condition-specific information or identifying information)
- ▶ Train the workforce on the appropriate use of work-related texting
- ▶ Enforce password protection, encryption for devices that create, receive, or maintain PHI

Source: Greene

Strategies to Manage Texting (cont.)

- ▶ Inventory mobile devices used for texting PHI (provider-owned or personal devices)
- ▶ Ensure proper removal of PHI when devices are “retired”
- ▶ Require note in medical record when info received by text influences a medical decision
- ▶ Specify retention period (or immediate deletion) of all texts that include PHI
- ▶ Consider alternative technology (e.g., vendor-supplied secure messaging application)

Source: Greene

Smartphones in the Hands of Patients

Consumer Ratings Sites

Polling Question #2

- ▶ Does your health center or free clinic have a policy for monitoring and responding to online reviews and comments?
 1. Yes, we actively monitor for such comments and have a plan to respond
 2. We do not actively monitor for such comments, but we have a plan to respond when one comes to our attention
 3. No, we do not have such a plan
 4. I'm not sure

Consumer Rating Sites

- ▶ Healthgrades: <http://www.healthgrades.com/>
- ▶ RateMDs: <http://www.ratemds.com/>
- ▶ Vitals: <http://www.vitals.com>
- ▶ Angie's List: <http://www.angieslist.com>
- ▶ Yelp: <http://www.yelp.com>

Physician Ratings Sites

Survey of 2,137 adults (2014)

19%	Consider ratings sites "very important" when choosing a provider
37%	Of those who looked at ratings sites, avoided a physician because of bad ratings
35%	Of those who looked at ratings sites, chose a physician because of good ratings
26%	Express concern about physician retaliation after a negative review

Review of 112,000 physicians' ratings on RateMDs.com (2012)

3.93/5	Average physician rating
45.8%	Rated a perfect 5/5
11.8%	Rated less than 2/5

Sources: Hanauer et al.; Gao et al.

Responding to Negative Posts

- ▶ Probably OK:
 - Ask them to remove negative posts
 - Counteract with positive stories
 - Counteract with your own brand
 - Contact hosting site (e.g., Facebook, YouTube)
- ▶ Not so much:
 - Have patients sign agreements not to post negative reviews
 - Make up positive stories
 - Respond to posts to "clarify"
 - Attack the poster

Learn from Criticism

- ▶ Treat reviews as an early warning system
- ▶ Don't just dismiss them; is there something to learn?
- ▶ “First we did what anyone would do, we just ignored it ... Then new patients were actually canceling appointments because of reviews and we realized this could be more serious than we thought.”

Source: Reddy

Smartphones in the Hands of Patients

Recording Office Visits

Secret Recordings

- ▶ No way to know how many recordings are made
- ▶ Emails to ECRI Institute:
 - “A major problem”
 - “I guess I am old guard and view a secret recording as wrong”
 - “Any potential good is ‘far outweighed by the potential for a whole lotta bad’”
 - “Manifests a lack of trust of the patient for the provider”

Physicians Report Feeling Violated

- ▶ May 2015 review: “Reactions ... are strong and mixed”
(Source: Tsulukidze et al.)
- ▶ Physicians:
 - Feeling vulnerable
 - Questioning their assessments and decision-making
 - Feeling they are perceived as adversary
 - Assuming negative motivations
(Source: Rodriguez et al.):

Recording Conversations: Isn't It Illegal?

- ▶ Who must consent to an audio recording varies by state
- ▶ State laws typically address wiretapping, have not kept pace with technology
- ▶ Two tests for courts to consider:
 - Was the conversation private?
 - Who consented to the recording?
- ▶ Most states require consent of only one party

Trying to Stop Secret Recordings

- ▶ Make sure policies are up to date
- ▶ Facility policy: Prohibit recording of any kind without provider's consent (even though only patient consent is legally required)
- ▶ Post clear, unambiguous signage
- ▶ If you suspect a recording, ask
- ▶ Consider inviting patients to record openly, especially when you think it will increase patient's understanding
- ▶ Understand: a patient determined to record secretly is going to do so
- ▶ Consult with counsel for specific legal concerns

Recordings on Social Media

- ▶ You won't know if you aren't monitoring social media
- ▶ Report recordings as privacy violations
 - Facebook: User agrees not to do or share anything "that is unlawful ... [or that] infringes or violates someone else's rights"
 - YouTube: "encourage[s] you to let us know if videos or comments on the site violate your privacy or sense of safety"

Sources: Facebook; YouTube "Privacy Complaint Process"

Responding to Recordings on Social Media

- ▶ Resist the temptation to comment or reply
- ▶ Follow the same rules as on ratings sites:
 - Don't attack
 - Don't clarify
 - Don't make things up

An Opportunity for Customer Service

- ▶ Take the conversation offline
- ▶ Does the recording signal a patient need?
 - Is there anything to clarify with the patient?
 - Does the patient need help remembering care instructions?
- ▶ Consider the provider's communication techniques/skills

Recorded Conversation during Colonoscopy

- ▶ Patient records instructions for postoperative care
- ▶ Phone stays on, records anesthesiologists:
 - Another provider would “eat [patient] for lunch”
 - Joked about firing a gun up patient's rectum
 - “And really, after five minutes of talking to you in pre-op I wanted to punch you in the face and man you up a little bit.”
 - Described patient as “retard” and “big wimp”
- ▶ Assume you're being recorded
- ▶ Remember the billboard rule

Source: Abbott

Other Mobile Device Concerns

- ▶ Infection control
- ▶ Device charging
 - Tripping hazards
 - Electrical safety
 - Plugging phones into devices
- ▶ Malware
- ▶ WiFi bandwidth

Key Take-Aways

- ▶ You're always representing your organization—on duty or off
- ▶ No photos of patients on personal social media, *ever*
- ▶ Protect your reputation: "Would I put this on a billboard?"
- ▶ Prohibit texting physician orders
- ▶ Use complaints and reviews as an opportunity for quality improvement

Polling Question #3

▶ How many people are listening to this webinar?

1. 1
2. 2
3. 3
4. 4
5. 5 or more

Questions?

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Thank You

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