

Social Media

NEW TOOLS BOOST MARKETING, EDUCATION, COMMUNITY

BY WILLIAM SWEETLAND and SUSAN C. THOMSON, M.A., M.B.A.

Ours has fast become the Age of Social Media. It began in the late 1990s with blogs (web diaries, or logs) and boomed over the last six years, with the creation of Facebook, YouTube and Twitter (See Social Media Defined, below). These newest comers, at first easy to put down as passing fads, have gone mainstream and become the Big Three of social media, taken up by millions of individuals and organizations — including health care organizations.

Enthusiastic adapters in health care say social media have become indispensable tools for connecting in new and personal ways with current and prospective employees and patients and with the public at large. In turn, the social media explosion has changed doctor-patient relations by empowering patients, giving them greater access to medical information and building connections among them.

Ed Bennett, director of web strategy for the University of Maryland Medical System, noticed that U.S. hospitals were beginning to use social media in “significant numbers” by late 2008. That December he started collecting information on the trend from hospitals identifying themselves to him as users. By August 2010, he counted 825. Among them, 631 had Facebook pages, 634 were on Twitter, 391 had YouTube channels and 87 were blogging. Allowing for those hospitals he hasn’t heard from, “the real number” using social media could be anywhere from 1,000 to 1,500, he said. He does not track Catho-

lic hospitals separately.

Scott Share, communications vice president for Catholic Health East, Newtown Square, Pa., recalled giving a presentation on social media to a group of 60 Catholic hospital executives. When he asked how many had personal Facebook pages, only three or four raised their hands.

That was last year, an eon ago in social media history.

Bennett said he conceived of his data bank two years ago as a resource for hospital staffers, “ammunition” they could use to make

the case for social media to their organizations’ leaders. “It’s different today,” he said. “Hospital leaders are either using Facebook on their own, or they know somebody who’s using it, or their kids are using it.” Catholic health care organizations and hospitals could not escape riding this wave of change even if they wanted to.

SOCIAL MEDIA DEFINED

Blog: a web-based diary, or log (the term is a blend of “web” and “log”), with regular commentary posted by an individual or a group of individuals. In most cases, blogs are interactive, allowing visitors to leave comments or send messages.

Facebook: a social networking website where any individual or group can create a personal profile page, update it at will and share messages and photos with other Facebook members.

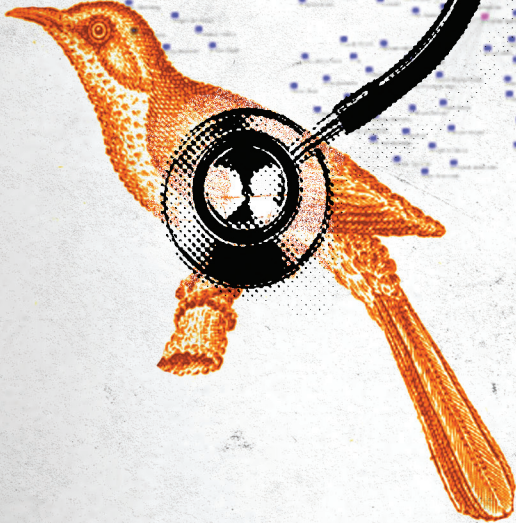
YouTube: a website where anyone can post videos for others to view on their computers.

Twitter: a platform for dispatching short text messages of up 140 characters, commonly known as “tweets,” for other Twitter participants, or followers, to read.



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Health Progress interviewed a smattering of communication experts at Catholic and other hospitals and found that they so far seem to be focusing social media programs in three areas — marketing, education and community building, including community building with and among employees. As often as not, aims and outcomes overlap among the three.

MARKETING

According to John Sharp, manager of clinical research informatics at the Cleveland Clinic, Cleveland, Ohio, advertising and marketing are the most frequent goals for hospitals using the new communication tools.

Enthusiastic adapters in health care say social media have become indispensable tools for connecting in new and personal ways with current and prospective employees and patients and with the public at large.

Joan Kessler, manager of public relations and communications at Mercy Health Partners in Muskegon, Mich., a Catholic hospital in the Trinity Health system, responded to a suggestion by Trinity in mid-2009 that she start a Facebook fan page for one of the system's programs. It was perfect timing, said Kessler.

Mercy Health had just begun its "Mercy Health Life" campaign, which offered advice to the public on the hospital's website on such topics as bariatrics, weight management and diabetes. Kessler decided to put up a Facebook page for "Mercy Health Life." The response was overwhelming, "many times what we thought it would be," said Kessler. In one year, 2,500 people signed up as fans on the program's Facebook page.

Kessler has put up more pages in the meantime, adding education as a dimension of the hospitals' Facebook use. "Safe Kids of West Michigan" aims at preventing children's accidental injuries. Another page focuses on the hospital's sports medicine program and another on the Muskegon area's medication disposal program, which explains where and when to dispose of medical waste.

"Now we're looking at many other hospital programs, trying to match them to the best social media channel," said Kessler.

Often, for Catholic hospitals, mission is a criti-

cal component of social media marketing.

An excellent example is Christus Health's six-minute YouTube video recounting of the Irving, Texas-based Catholic health system's history, going back to 1866. The production opens with a reading from the Gospel of Luke, pays homage to the system's founding religious orders and speaks of its mission "to care for the sick in the name of Jesus Christ."

In other cases, the hospital's Catholic identity can only be inferred. For example, in a YouTube video of the employee choir's Christmas concert at St. John's Mercy Medical Center in St. Louis, religious music and a crucifix, are conspicuously in the background.

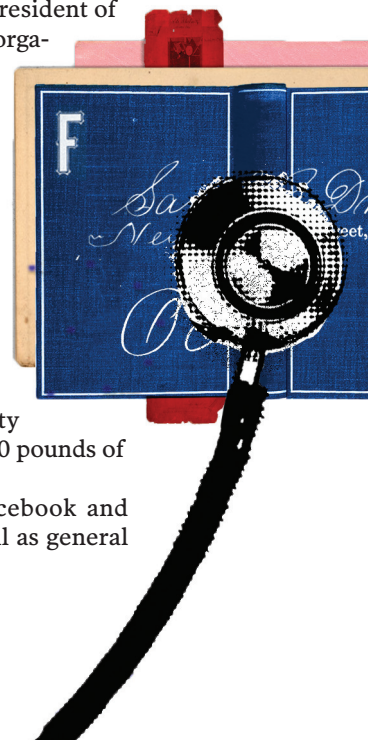
The inspirational quotes that pop up regularly on the Facebook page of St. Francis Hospital in Wilmington, Del., suggest the hospital's basis in faith, though, in an appeal to members of other faiths, the sources for the quote are as likely to be, say, the Dalai Lama as some Catholic thinker.

The mission of Catholic health care is highlighted, if implicitly, however, in many Facebook and YouTube stories featuring hospitals' medical mission trips abroad and charitable good works close to home, showing rather than stating in so many words their serious commitments to serve the poorest and neediest.

For Provena Health in northern Illinois, the social media items that get the most responses are those that "exemplify us living our mission in our community," said Lisa Lager, vice president of public relations and marketing. The organization "goes to great lengths" to stress the community involvement of its Urbana hospital, which lost its exemption from local property taxes several years ago on a determination that it was not providing enough charity care (although the precise amount of charitable care a tax-exempt hospital should provide remains legally undefined).

A series of Facebook entries over the summer drew repeated attention to the Urbana hospital's community garden where volunteers picked 5,400 pounds of corn for a food pantry.

As Provena has discovered, Facebook and Twitter can be put to special as well as general



marketing uses with no end of possibilities. Two of the system's hospitals have their own Twitter accounts, and all six have their own Facebook pages. So do several of Provena's system's ministries, including a nursing home, an assisted living center, an ambulance service, a resale store and an annual fund-raising event.

Avera McKennan Hospital and University Center in Sioux Falls, S.D., has set up niche pages for its foundation, fitness center, sports center and several internal departments.

Its infinite capacity for text and visuals makes Facebook a perfect medium for hospitals to tell human interest stories and, in the process, humanize themselves. It's where many of them introduce new staff physicians, recognize outstanding employees and celebrate patients successfully treated. St. Joseph's Hospital and Medical Center in Phoenix puts these success stories up regularly, with patient permission, of course. One told of 19-year-old Jacob Bayne, cured of a debilitating neurological order by deep brain stimulation. The story drew lots of comments and thumbs up on the page. A grateful Bayne himself weighed in, writing "thank you for making me happy again!"

Followers share with friends. Twitter tweets get retweeted. YouTube videos go viral. One social medium links to another. In this fast new whirl, what goes around doesn't just come around. It can go around and around again and again. The multiplier effect can be huge. From a marketing perspective, it's all "word-of-mouth at a scale you couldn't conceive of 10 years ago," Bennett said.

Inevitably, the unexpected happens. For example, the *Wall Street Journal* linked to a Provena video in a story about its hospital's tax case, surprising Lagger.

EDUCATION

At Bon Secours Richmond Health System in Richmond, Va., Nick Dawson, administrative director for community engagement, has so far figured out that his goals for social media include "improving the patient's experience" and "giving away" the hospital's "vast scientific medical knowledge to promote holistic healing and wellness."

Wait, give away core expertise? Isn't that counter-intuitive?

"Isn't there a saying that tells us that if you give away your riches, your core competence, it will come back to you many times over? It's a fundamental truth when you think about it," Dawson said. "And social media can help us do that" —

educate patients and the public, in other words — "in a big way."

To that end, Dawson has begun a project to capture in a series of multi-part videos 10 or so of the most common operations, showing "exactly what the patient experience is going to be like" through every step in the procedure.

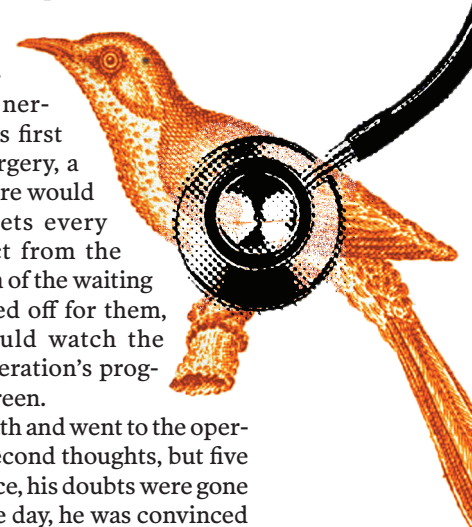
"Take a knee replacement," he said. "We want to get on film the experience of diagnosis. What is it like to be in the doctor's office? What is the doctor looking at? What decisions is he making, and how does that relate to the patient?" Then Dawson wants to capture the surgery itself and the patient's rehabilitation. His plan is to put the videos on YouTube, embed them in blogs and link to the blogs from Facebook and Twitter.

For St. Vincent's HealthCare in Jacksonville, Fla. a ministry of Ascension Health, Twitter has turned out to be a highly effective as an educational tool. David Meyer, vice president of strategic planning and marketing, came to his office one Monday in early November 2009, prepared, but nervous, about the hospital's first time to "live-tweet" a surgery, a mastectomy. The procedure would be chronicled with tweets every couple of minutes direct from the operating room. In an area of the waiting room specially partitioned off for them, the patient's family would watch the tweets and follow the operation's progress on a big computer screen.

Meyer took a deep breath and went to the operating room. Yes, he had second thoughts, but five minutes into the experience, his doubts were gone for good. By the end of the day, he was convinced that live tweeting could be a "powerful tool" for improving the satisfaction of patients and their relatives. He has since arranged live tweets of five other surgeries. Live tweeting also caught the imagination of the hospital's employees. The employee audience grew for each live tweet, Meyer said.

Dr. Alan Scarrow, a neurosurgeon at St. John's Hospital in Springfield, Mo., added video to a similar experiment he conducted there in July. As he removed a patient's pituitary tumor, hospital media staff tweeted live about the surgery and uploaded YouTube videos of it as the patient's family caught it all on a laptop in the waiting room.

The surgery went well, the family was appreciative and Scarrow said he'll do this again.





BUILDING COMMUNITIES

Sharp sees building patient communities as an important next step for hospitals experimenting with social media. “A lot of us have been chasing the viral video, which isn’t the most effective way of building communities and communicating the complex messages we need to get out there,” he said. “Hospitals are just beginning to think about how to develop [social media] communities.”

Precedents, along with a measure of the potential audiences for such communities, are evident in the dozens of online groups offered by the Association of Cancer Online Resources (www.acor.org) for patients with various types of cancer. These communities are old-fashioned listserves, with information shared in the pre-social media way — by e-mail, which everyone on a given list can read.

Abby Lowe, senior communications specialist for Christus Health, said Christus hasn’t attempted to build patient communities, at least not so far. “It’s partly because a number of great patient communities, both on- and offline, already exist out there,” she said. Further, she believes that the most useful patient communities are built by patients themselves “because they know what they’re looking for, what they need, and the support they need.”

Hospitals that choose to do it are finding that they can build communities — with more and more immediate interaction than has ever before been possible — by simply setting up special, dedicated Facebook pages. Avera McKennan, for instance, has one for anyone with a special interest in discussing health topics.

Swedish Health Services in Seattle offers a page where people who were born at Swedish or gave birth there can share their experiences and upload photos. Communications director Melissa Tizon said the page has attracted more than 3,000 fans and proved “a wonderful tool” for developing a community of people who become “brand ambassadors” for the hospital. She’s planning a second page, for cancer survivors, another group of people who have “had wonderful experiences at Swedish

that they’ve been burning to talk to people about,” she said. “Facebook pages give them a venue.”

From his medical perspective, Scarrow sees special community-building possibilities in Twitter as well as Facebook. He’s thinking about small groups, allowing physicians to interact with patients who share a special interest or diagnosis. As Bon Secours has discovered, this can also be done outside of the brand-name social media. Dawson said the hospital had custom-built its own social medium to share clinical knowledge with and provide “virtual companionship” for the “isolated, lonely, shut-in” people taking care of patients with brain tumors.

In another version of community, Lowe plans to use Twitter to tweet about the findings of a Christus task force on new directions in health care and dialogue with other health care organizations on that subject.

EMPLOYEE ENGAGEMENT

Some communications leaders have been surprised to find that the biggest audience for their social media campaigns is internal. For example, Lowe notes that employees are a key audience for the system’s social media programs, which include Facebook, Twitter, YouTube, LinkedIn and Dr. Tom Royer’s internal blog, “Wireside Chat with Dr. Tom.” Royer, chief executive of Christus Health, and a physician, blogs about the health care industry in general, as well as leadership and the mission of Catholic health care.

“Our Facebook page took us by surprise,” Lowe said. “We started it to talk to external stakeholders nationally and to build the Christus brand online. We thought we’d be talking to people outside the Christus family. But it turned out that most of our 3,000 Facebook fans were our own employees. We didn’t start a formal campaign to enlist Christus employees on Facebook; it just happened naturally.”

The effect, she said, has been another channel for Christus’ system-level leaders to listen to employees and for employees at system

Even those who have gone ahead with social media aren’t claiming to have all of the answers, or even all the questions, in hand yet. “I don’t think anybody can step up there and say, ‘We’ve got this all figured out.’”

RANDY QUERIN, public affairs specialist
at PeaceHealth St. John Medical Center

headquarters to converse with employees at the regional and local levels. “It allows us to open up the gates and tell stories across local, state and international boundaries. It makes our culture much richer.”

At the facility level, too, social media is gaining ground as a tool, she said. “Quite a few of our hospitals will launch Facebook in the next few weeks. Many of our hospitals have robust Twitter accounts,” she said.

“We’ve heard that 70 percent of some hospital worker groups don’t regularly check their e-mail, especially floor nurses, for example,” she said. “But they do go on Facebook regularly, especially at home. Our leaders can get through to employees on Facebook when they can’t be sure they’ll reach them by e-mail.”

GETTING STARTED

What are the goals for social media? Which ones will be used? Who will be responsible for them? How can patients’ privacy be assured? What kind of staff education is needed first? Many health care organizations get involved only after they think such questions through and, in many cases, get the answers down in writing.

Royer was one leader who didn’t need convincing. He set the pace for Christus Health’s 40-hospital group by starting an interactive blog in mid-2007. The next year, the system went on Facebook, Twitter and YouTube, scoring the social media equivalent of a hat trick.

Other organizations have moved more hesitantly.

For example, leaders at St. Rose Dominican Hospitals of Henderson, Nev, “didn’t just wake up one morning” and decide to go ahead, said communications director Jennifer McDonnell. The hospitals committed to Facebook, Twitter and YouTube in January only after staff prepared and the administration approved a 30-page social media proposal. They are most active on Facebook and Twitter, using both to announce events, post job openings and offer health advice.

Catholic Health East bars social media access for most of its 34 members pending completion of a policy and guidelines for social media use, Share said. Incorporated will be lessons learned from pilot social media projects it had six of its members undertake last year.

One of these was St. Francis Hospital in Wilmington, Del., which opted to try and continues to use Facebook and YouTube. Jenifer Harris, director of marketing and external affairs, was initially “mostly concerned about the posting of negative information in response to anything we put out there.” That fear factor is common but unwarranted, experienced social media users say: People do make disparaging remarks on social media

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NICK DAWSON, administrative director for community engagement

— but rarely. Harris said St. Francis never gets them, after all.

At Penrose-St. Francis Health Services in Colorado Springs, Colo., marketing manager Jill Woodford takes the occasional complaint as “a blessing in disguise” and seeks to turn it to the hospital’s advantage. “What really sets you apart is how you handle it,” she said. She responds in a conciliatory manner to every Facebook complaint, she said.

Like it or not, post it or not, for good or ill, the name of any good-sized organization, health care or otherwise, is likely to be out there in the social-media ether. People are talking there, making and unmaking reputations.

Anyone can listen in. Claire Celeste Carnes, director of marketing and communications at Providence Health & Services in Portland, Ore., for one, monitors Twitter for what’s being said not just about her employer but also about its competitors. “We see accounts competitors have won and lost and news stories positive and negative” about them, she said. When “something is relative and we think it’s accurate,” she passes the information along to management.

Social media dispel hospitals’ illusion “that they have control over their brand and the impression people have of their brand,” revealing instead what people really think about them, Bennett said. He cautions against passivity. Better, he said, “to be at the table and monitor what people are saying about you and respond in real time.”

“There are always going to be holdouts,” Bennett said. But given hospitals’ basic conservatism, “I think from what I’m tracking that their adoption of social media is very rapid.”

Said Catholic Health East's Share, "I think just like any new technology, there are early adapters, people who wait and see, and then there are late adapters." He put his organization, with its deliberate approach, somewhere in the middle. Among its members, though, "there are some that are really chomping at the bit" for approval to proceed, he said.

Even those who have gone ahead with social media aren't claiming to have all of the answers, or even all the questions, in hand yet. "I don't think anybody can step up there and say, 'We've got this all figured out,'" said Randy Querin, public affairs specialist at PeaceHealth St. John Medical Center, Longview, Wash.

MEASURING RESULTS

To gauge their social media success, hospitals inevitably look to the numbers. For PeaceHealth St. John, a signal achievement was a YouTube video that drew more than 2,000 views. Ministry Health Care of Wausau, Wis., prides itself on having the second largest number of Facebook followers of any health care organization in the state — more than 1,500 by late summer.

Numbers matter because they show "how many people you are reaching with your message," Woodford said. To build its counts, Penrose-St. Francis advertises on Facebook every few months, netting 75 or more followers each time, she said. To keep them engaged, the hospital occasionally invites them to give the thumbs-up "like" sign to a given Facebook post by a given time in order to be entered into a drawing for a prize like a CPR kit or a sleep mask.

More telling still are reports available from Facebook that can break a hospital's gross fan numbers down demographically. From these, Penrose-St. Francis knows that about half of its followers are younger than 45 and more than three-quarters are women. Followers skew the same way for others as well — 71 percent female and 21 percent between the ages of 25 and 34 for Ministry Health Care, for instance. At 80 percent female and 40 percent between 18 and 25, the tilt is even more dramatic for St. Mary's Health System in Evansville, Ind., confirming to web communications coordinator Catherine Willis that the system is realizing its social media goal of reaching younger people who don't read newspapers.

As Bon Secours has discovered, the Facebook-supplied demographics can be taken a step further and cross-referenced with a hospital's own patient database to learn more about certain patient groups. The hospital did this once, analyzing what groups had insurance and, if so, what kind, Dawson said.

For an ongoing gauge of return on its social media investment, the hospital watches its number of "direct referrals." These are people who identify themselves via social media as seeking medical attention and go on to become Bon Secours patients in response to the hospital's replies, which suggest how the hospital or its physicians might help. In one six-month period in early 2010, Dawson counted 58 of these.

The hospital gets yet another measure from a system it has built to monitor and measure relevant online buzz, not just in social media. "We go in and look at everything said about ourselves and our competitors online across the entire gamut, as far and deep as we can reach, and then we subjectively rank every single piece of our social media program," Dawson said. He called this process "all-consuming."

Social media can be consuming even for users who don't go to such elaborate ends to quantify results. Setting up Facebook and Twitter is only the beginning. To keep followers engaged, they must, like household pets, be regularly fed and groomed.

Memorial Health Care System of Chattanooga, Tenn., tweets a health tip every day. But media relations coordinator Brian Lazenby said the system gave up on Facebook after finding it "a tremendous manpower burden to keep the site current and relevant" for too small an audience.

The social media age is in its infancy, its future open-ended. Bennett predicts a process similar to what happened with websites, once considered cutting-edge. Now all major hospitals have them. With the possible exception of hospitals too small or with too little staff to take on the extra work that goes with social media, he said, "in three or four years, almost every hospital will be doing this."

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