Reaching Out to Your Community Using Social Media Platforms

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Why are you here?

A. Social media is fascinating!
B. I was forced!
C. What is a Tweet??
D. All of the above
Why you’re really here

- Social Media ➔ The point of no return
  - Difficult for businesses to function without it
  - Most people can’t function without it
  - It has changed our lives completely
  - And it’s a little scary

‘Objective’ly speaking

- Social Media Defined
- Social Media Content
- Social Media in the Home Care/Hospice Industry
- Social Media Speaks Volumes
Social media defined

- **social media** - noun plural but singular or plural in construction
- **Definition of SOCIAL MEDIA**
  - forms of electronic communication (as Web sites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (as videos)
- **First Known Use of SOCIAL MEDIA** - 2004

Various social media networks

- Facebook
- Twitter
- LinkedIn
- YouTube
- Pinterest
- Google+
- Instagram
- Home Health Connected
Facebook

- Facebook.com, Inc. co-founded in February 2004 by Mark Zuckerberg
- Originally developed for college students, by September 2006 was open to anyone over 13 with a valid email address
- Varied audience: 17-75 age group
- Can post more lengthy status updates, pictures, links, events, & ads

Facebook in 2013

- Daily active users have reached 665 million
- Monthly active users have passed 1.1 billion for the first time
- 751 million mobile users access Facebook every month
- Mobile-only active users total 189 million
- Mobile now generates 30% of its ad revenue up from 23% at the end of 2012
Twitter

- Social networking site established in March 2006 by Jack Dorsey and Biz Stone
- Tweets tend to be short (140 characters max), to the point, and use hashtag symbol to generate trending topics
- Users are given “handles” that are searchable with the @ symbol

Twitter in 2013

- Twitter is the fastest growing social network in the world by active users according to a GlobalWebIndexStudy.
  - 44% growth from June 2012 to March 2013
  - 288 million monthly active users
    - 21% of the world’s internet population are using Twitter every month
- Over 500 million registered accounts
- Twitter’s fastest growing age demographic is 55 to 64 year olds, registering an increase in active users of 79%
LinkedIn

- More than 2.6 million companies have LinkedIn Company Pages
- The largest professional business network on the planet
- Over 200 million users
- 2 new users join it every second
- 64% of users are outside the USA
- Average age is 49, average income is $104,000

LinkedIn

YouTube

- Video marketing will be a must-have for your business
- 1 billion unique monthly visitors
- 6 billion hours of videos are watched every month as of March 2013
  - August 2012: 4 Billion Hours Watched
  - May 2012: 3 Billion Hours Watched
- YouTube reaches more U.S. adults ages 18-34 than any cable network
The Revolution of Social Media

What Do I Say?

- The content you use on social media depends upon:
  - Your business/industry
  - Your audience
  - The social network you’re using
Content for Facebook

- Share “likeable” content
- Photos, photos, & more photos
- Relevant news (CMS updates, state budget updates - remember to site source)
- Opinions, articles that support your position
- Share/like others’ content
- Seasonal topics, awareness weeks/months
Content for Twitter

- Again, share content relevant to your business
- News articles, Retweet other users’ content
- Short links: bit.ly.urlwiki or ow.ly.nvmnq
  - TinyURL.com and bitly.com
- @Mention and thank followers for their RT’s
- Photos
- Legislative/Regulatory updates
- Updates of events (Conference, Fundraiser)
- “Twitter Chat”
Tweet Example

NG Home & Hospice @AMHCCNC
#AHHCANCA2013 @NCHomeCareTim
@TracyColvard thx to everyone who came out today! pic.twitter.com/DAXNDuhqco
02:10 PM - 26 Mar 13

Content Exercise

- Read both news articles
- Form Tweets and Facebook Posts
- Remember to source your content
- Refer to your handouts for help
- Helpful Handles:
  - @OfficialINAHC
  - @CMSgov
  - @CNN
Home Care/Hospice Agencies

- Avoid being overly promotional
- Content relevant to your business:
  - Milestones in your organization
  - Employee recognition (obtain permission)
  - Hosting events/open houses
  - Fundraisers
  - Job openings
  - Workshops
  - Newsletters/Blogs
  - Link back to website whenever possible!

Know. Your. Audience.

- Clients: Current and Potential
- Referral Sources
- Competitors
- Collaborative businesses (non-competitive agencies, DME)
- Employees
- Others?
Social Media Netiquette

- Develop Social Media policy and share with employees
- Share your expertise and tips to help others
- Build relationships and trust
- Join the conversation

Social Media Netiquette

- Follow relevant organizations, share their content
- Really listen to what people are saying
- Be your authentic self
- Be prepared to invest your time
- Post consistently and frequently
Social Media Netiquette

- Refrain from political and religious rants
- Do not post pictures of clients or mention the names of clients without written consent
- Do not write in all caps

Social Media Netiquette

- Do not write negatively about the competition or anyone in general.
- Do not sell continuously
- Do not post when you are angry or upset
Social Media Speaks Volumes

- News heard first via Social Media

@Fanner
I just crash landed at SFO. Tail ripped off. Most everyone seems fine. I'm ok. Surreal...
(at @flySFO) [pic] — path.com/p/tlwrZb

Social Media Blunders

Nestle, thanks for the lesson in manners. Consider yourself embraced. But it's our page, we set the rules, it was ever thus.
3 hours ago • Report

Darren Smith
Freedom of speech and expression
3 hours ago • Report

Nestle you have freedom of speech and expression. Here, there are some rules we set. As in almost any other forum. It's to keep things clean.
3 hours ago • Report

Paul Griffin
Your page, your rules, true, and you just lost a customer, won the battle and lost the war! Happy?
3 hours ago • Report

Nestle Oh... please... it's like we're censoring everything to allow only positive moments.
3 hours ago • Report
Social Media Blunders

@KennethCole
Kenneth Cole

 Millions are in uproar in #Cairo. Rumor is they heard our new spring collection is now available online at http://bit.ly/KCairo -KC

5 hours ago via BlackBerry® 
Favorite  Retweet  Reply

Retweeted by Kingfox and 98 others
How to Recover

- Prevent further escalation
- Listen
- Respond publicly to genuine criticism
- Treat personal correspondence as if it were public
- Be honest and open
- Ignore inflammatory comments

Risks of Social Media

- Security of patient info
- Discoverability/liability
- Patient consent issues
- Employee issues
  - Including “admin bullying”
- Boundary violations
- Ethical issues
Social Media Success
- Must have personality
- Be familiar
- Tell moving, inspiring, powerful stories
- Be mindful of video length
- Have savvy timing

Be Engaging
Photos get the most action
The most engaging post types on Facebook

Data: calculated from the top 10% of the most engaging posts of a random sample of 1000 Facebook pages.
Time period: April 24th - May 21st 2013
As a Reminder...

KEEP CALM AND HAVE FUN

The END!
- Questions??
Social Media Policy
Updated: [Date]

At [Employer], we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

This policy applies to all associates who work for [Employer], or one of its subsidiary companies in the United States ([Employer]).

Managers and supervisors should use the supplemental Social Media Management Guidelines for additional guidance in administering the policy.

GUIDELINES

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else’s web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with [Employer], as well as any other form of electronic communication.

The same principles and guidelines found in [Employer] policies and three basic beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects members, customers, suppliers, people who work on behalf of [Employer] or [Employer’s] legitimate business interests may result in disciplinary action up to and including termination.

Know and follow the rules

Carefully read these guidelines, the [Employer] Statement of Ethics Policy, the [Employer] Information Policy and the Discrimination & Harassment Prevention Policy, and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Be respectful

Always be fair and courteous to fellow associates, customers, members, suppliers or people who work on behalf of [Employer]. Also, keep in mind that you are more likely to resolved work-related complaints by speaking directly with your co-workers or by utilizing our Open Door Policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, members, associates or suppliers, or that might constitute harassment or bullying. Examples of
such conduct might include offensive posts meant to intentionally harm someone’s reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.

Be honest and accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about [Employer], fellow associates, members, customers, suppliers, people working on behalf of [Employer] or competitors.

Post only appropriate and respectful content

- Maintain the confidentiality of [Employer] trade secrets and private or confidential information. Trades secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.
- Respect financial disclosure laws. It is illegal to communicate or give a “tip” on inside information to others so that they may buy or sell stocks or securities. Such online conduct may also violate the Insider Trading Policy.
- Do not create a link from your blog, website or other social networking site to a [Employer] website without identifying yourself as a [Employer] associate.
- Express only your personal opinions. Never represent yourself as a spokesperson for [Employer]. If [Employer] is a subject of the content you are creating, be clear and open about the fact that you are an associate and make it clear that your views do not represent those of [Employer], fellow associates, members, customers, suppliers or people working on behalf of [Employer]. If you do publish a blog or post online related to the work you do or subjects associated with [Employer], make it clear that you are not speaking on behalf of [Employer]. It is best to include a disclaimer such as “The postings on this site are my own and do not necessarily reflect the views of [Employer].”

Using social media at work

Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by your manager or consistent with the Company Equipment Policy. Do not use [Employer] email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is prohibited.

[Employer] prohibits taking negative action against any associate for reporting a possible deviation from this policy or for cooperating in an investigation. Any associate who retaliates against another associate for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.
Media contacts

Associates should not speak to the media on [Employer’s] behalf without contacting the Corporate Affairs Department. All media inquiries should be directed to them.

If you have questions or need further guidance, please contact your HR representative.

This example was found at the following website:


The NLRB (National Labor Relations Board) is an independent federal agency that enforces the National Labor Relations Act which protects the rights of employees to act together to address conditions at work, with or without a union. This protection extends to certain work-related conversations conducted on social media, such as Facebook and Twitter. For more information about the NLRB and Social Media, please go to http://www.nlrb.gov/node/5078.

Examples of other companies’ social media policies can be found here:

http://socialmediagovernance.com/policies.php
Twitter Basics

Twitter is a social networking, “micro-blogging” service that allows users to send and read messages containing up to 140 characters.

Terminology:

- **Tweet** - A text-based message containing up to 140 characters
- **Retweet (RT)** - A re-post of another user’s tweet, signified by an “RT” preceding the tweet
- **Follower** - A user who subscribes to another user’s tweets
- **Handle** - A Twitter username, designated by the @ symbol
- **@Mention** - Use of a Twitter handle in a tweet
- **Reply** - A public response to a user’s tweet
- **Direct Message (DM)** - A private message between to Twitter users; Note: to DM, the sender must be followed by the recipient of the DM
- **Hash tag (#)** - A symbol that marks a keyword or topic; searchable to Twitter users
- **Shortened Link/ URL Shortener** - A tool that shrinks a link to better fit within the 140-character limit; examples include bit.ly and ow.ly

Facts:

- Twitter has 500 million registered users; over 300 million tweets are sent every day
- Accounts are accessed via Twitter.com, Twitter mobile app, and third-party applications (HootSuite, TweetDeck), which can all be reached through computers, smartphones, and tablets
- Tweets are publicly visible by default; however, users can restrict message delivery to just their followers (known as “protected” tweets)
- Every public tweet is archived digitally by the Library of Congress
- Google selectively indexes tweets, meaning tweets may show up in organic search results
- Photos can be shared directly through Twitter or through other third party services such as Twitpic and yFrog

Best Practices

- Be active, responsive and social
  - Tweet regularly, but no more than 10 times per day on an ordinary basis, and only when you have something to share
  - Monitor your account on a daily basis for mentions, retweets, and direct messages.
  - Engage your followers by tweeting interesting content, retweeting others, and responding to direct messages in a timely manner.
- Follow Twitter etiquette
  - When retweeting, avoid amending or editing the original tweet
  - When retweeted, thank the user for their retweet (“Thanks for the RT”)
  - When @ mentioned, acknowledge the mention (“Thanks for sharing our article”)
  - When sharing other’s content, give credit to the source (“via @NYTimes”)
  - When a user follows you, consider following them back (a “reciprocal follow”)
- Be a resource. Share useful information and links that keep your followers interested.
- Share your opinions. Users want to know there is a real person behind the handle.
- Keep it brief. Where possible, use less than 130 characters to leave room for comments and allow for retweets.
- Provide links to your Twitter account where possible (other social media properties, website, business cards, and e-signatures).
Content Exercise

Refer to your hashtags handout for ideas. Remember, Tweets can only be 140 characters, including the length of the link.

Assignment 1 - You are browsing the internet and come across a Home Health Care News article about NAHC’s President, Val Halamandaris speaking out against the almost 14% proposed reduction in payments for Medicare.

Short link: http://ow.ly/nEc36 (22 characters)

Tweet:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Facebook Post:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Assignment 2 - Someone brought to your attention a CNN article online about hospice and end of life care. You’d like to share this on your organization’s Twitter and Facebook pages.

Short link: http://ow.ly/nEci6 (22 characters)

Tweet:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Facebook Post:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Proposed changes to the Medicare home health prospective payment system amounting to $290 million in reductions in 2014 are not fair and not right, the National Association for Home Care and Hospice said in a statement Friday.

The proposed changes apply the full 3.5% rate cut authorized under law and are based on 13.63% margins projected for 2013, NAHC said, which is higher than the association’s estimate of 8% to 9%—leading NACH to believe the proposal is based on an “unsupportable” calculation.

“The proposal places the 3.5 million Medicare beneficiaries receiving home care services at risk of losing access to care as nearly half of the providers of this vital service would be paid less than the cost of care. It is neither fair nor right and needs to be changed,” said Val Halamandaris, president of NAHC.

In 2012, Medicare spent about $18.2 billion on approximately 3.5 million beneficiaries who received home health services, CMS estimates.

Written by Elizabeth Ecker
Do we want to die tethered to a machine?

By Stephan A. Mayer, Special to CNN

updated 2:14 PM EDT, Thu July 18, 2013

A resident of a Colorado hospice is comforted. In hospice, dying people are kept comfortable without extreme intervention.

STORY HIGHLIGHTS

- Stephan Mayer: Critically ill for five weeks, Mandela makes us think of how we want to die
- Mayer: There's an epidemic of people suffering as they die hooked up to machines
- He says we deny death, are scared, don't want loved ones to go, allow medicine to prolong life
- Mayer: One day you might need to decide when to allow someone you love to die

Editor's note: Stephan A. Mayer is director of the Neurological Intensive Care Unit at Columbia University Medical Center/New York Presbyterian Hospital in New York.

(CNN) -- Life is difficult. Death used to be simple. You simply died, and that was it. Now, in the modern era of high-tech medicine, death is difficult, too.

The predicament facing Nelson Mandela, who has been critically ill for the past five weeks and turns 95 on Thursday, brings into sharp focus an important question that eventually affects all of us. How do we want to die?

Mandela is one of the most influential and important people on Earth, but nothing about his situation is unique or special. Intensivists -- those doctors who specialize in intensive care patients -- will tell you that every day thousands of people all over the world are going through the same thing. Playing out the end game, many of them are stuck on a ventilator with a slim to vanishing chance of ever getting back to the life they knew and loved.

Modern society is confronting a tragic, silent epidemic of frail elderly people who suffer needlessly at the end of life because of unwanted life support. These folks are effectively left to die a slow death connected to machines. As a critical care specialist who has seen this process play out many times, it can be agonizing to witness.

How did we end up here? Why has death become so complicated?

Modern medicine is powerful, but it is a double-edged sword. The way we can bring people back from the brink of death is truly amazing. There is nothing more satisfying professionally than having a grateful patent walk back into the ICU after surviving a near-death experience. But more often, for very old people, aggressive life support doesn't work out so well. Prolonged ICU care often gradually evolves into a checkmate situation.

Intensivists know what it usually means when the condition of an elderly person hospitalized for weeks is described as "critical but stable." After weeks of aggressive support, the patient still cannot survive off the ventilator.

When this happens, the muscles start to wither away from a condition called ICU-acquired myopathy. Little may seem to be happening, but as the body inevitably continues to weaken, a relentless series of secondary
Abbreviations Commonly Used On Twitter

Because of Twitter's 140 character limit, users commonly abbreviate their tweets. These abbreviations are frequently used and don't typically require an explanation. However when space is available, attempt to spell out (rather than abbreviate) to avoid any confusion. Also avoid using too many abbreviations in one tweet! There are more abbreviations out there, see what you can find!

b/c, bc – Because

BTW – by the way

DM – Direct message, a private message or “direct message” to a person you follow

EM or EML – E-mail

FB – Facebook

FF – Follow Friday (#followfriday) A Twitter “endorsement” shows the user’s favorite people on Twitter

FYI – For Your Information

HT – Hat Tip, or “Heard Through”

LI – LinkedIn

MT – Modified Tweet

RT – Retweet

Thx or Tx – Thanks

TMI – Too Much Information

TTYL – Talk To You Later

TY – Thank You

YT – YouTube
Twitter Hashtags

A hashtag (the # symbol, followed by a word or acronym) is used to mark keywords or topics in a tweet. It was created organically by Twitter users as a way to categorize a message. People also use hashtags to help their tweet show more easily in Twitter Search. Clicking on a hashtagged word in any message shows you all other tweets marked with that keyword. Hashtags can occur anywhere in the tweet - at the beginning, middle or end.

Hashtags related to home care, home health, and hospice include the following:

#hospice
#homecare
#homehealth
#ltc (long-term care)
#longtermcare
#eldercare
#snf (skilled nursing facility)
#HPM (hospice and palliative medicine)
#deathwithdignity
#palliative
#EOL (end of life)
#endoflife
#nursing
#nurse
#meded (medical education)
#caregiver
#caregiving
#grief
#aging
# boomers
# seniors
complications will ensue, such as pneumonia, delirium and failure of the circulatory system or kidneys. In most cases, patients need to be continuously sedated to minimize obvious pain and suffering.

When do you stop? How do you stop? And who decides? These are the wrenching issues that confront the family. The fundamental question is this: When is it time to accept the inevitability of death, change the goal of care to comfort, and let the patient have peace?

It used to be that doctors struggled with withdrawing life support, or wouldn't even consider it. At the height of the Jack Kevorkian era in the mid-1990s the chairman of our hospital ethics committee, a good friend and colleague, told me that withdrawing life support should always be difficult and make me uncomfortable. I couldn't have agreed less, but I didn't tell him.

Thankfully over the years, his views and those of most physicians have changed. Unlike my generation, medical students are now trained in ethics and palliative care. More patients have advance directives and living wills. Every intensivist will tell you that withdrawing life support and helping someone "make the transition" with comfort and dignity is one of the most satisfying and useful things that they can do. But despite this progress, there is still a fundamental disconnect. The epidemic of futile support at the end-of-life persists.

The major reason is a perfect storm created by the power of modern medical technology, our cultural emphasis on patient autonomy and the innate human tendency to deny and hide from the reality of death.

Death is scary and makes us uncomfortable. Modern culture has insulated us from witnessing death. We are out of touch with the life cycle. We deny death.

We also believe that the patient should call the shots and get the care he or she wants. But what happens when the patient can no longer express his or her wishes? Spouses, children and family are forced to make life-and-death decisions that they never volunteered to make, sometimes may not be equipped to make, or unrealistically assumed they would never have to make. But make no mistake: Unless death is sudden, one day you will need to decide when to allow someone you love to die, and someone will have to make that decision for you.

Intensivists often hear this: "I know my dad wouldn't want this, but I just can't bring myself to do it." Advance directives or a living will do not necessarily mean you will get the end-of-life care that you want. This is because withdrawing life support depends on your decision-makers, usually your loved ones, understanding and believing that you are past the point of no return. It depends on accepting death.

Mandela fought for freedom all of his life, and the world does not want to lose him. Now all we can hope for is that he is comfortable, and getting the care that he would want. If and when the day comes that he has fought long enough, it will be OK to let him be free.

http://www.cnn.com/2013/07/18/opinion/mayer-end-of-life-care