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December 13, 2021

VIA EMAIL: Cindy@hsli.com
Ms. Cindy Dolan, CPA, CWCP
President & Chief Executive Officer
Hospital Services of Louisiana Inc.
Louisiana Hospital Association Trust Fund
4646 Sherwood Common Blvd
Baton Rouge, LA 70816

      Re: Updated White Paper re Social Networking in Health Care
             Our File No.: 840290.000

Dear Ms. Dolan:

Included herein is an updated White Paper regarding Social Networking in Health Care. Please do not hesitate to contact me should you have any questions.

Connecting with Social Media: Update on Hospitals' Use, Opportunities, and Best Practices in Healthcare

By

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Executive Summary

Connecting to people is the benchmark of social media. When used effectively, social media can help healthcare businesses, especially hospitals, increase revenue, recruit employees, educate patients, and increase consumer satisfaction. Today, roughly seven-in-ten Americans engage in the use of social media on one of the major platforms including Facebook, YouTube, Instagram, LinkedIn, Snapchat, TikTok, Twitter, or Reddit[1] A majority of the hospitals utilize social media to some capacity to promote services or to disseminate educational information to their market base. As we discussed in more detail below, data suggests that hospitals are using social media platforms more than ever; however, such utilization occurs at different types of engagement. This paper discusses the data found concerning hospital engagement on social media along with a discussion of best practices and risk mitigation relative to the use of social media by hospital entities.

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[1] See Anderson and Auxier, Pew Research, "Social Media Use in 2021," April 7, 2021. https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/
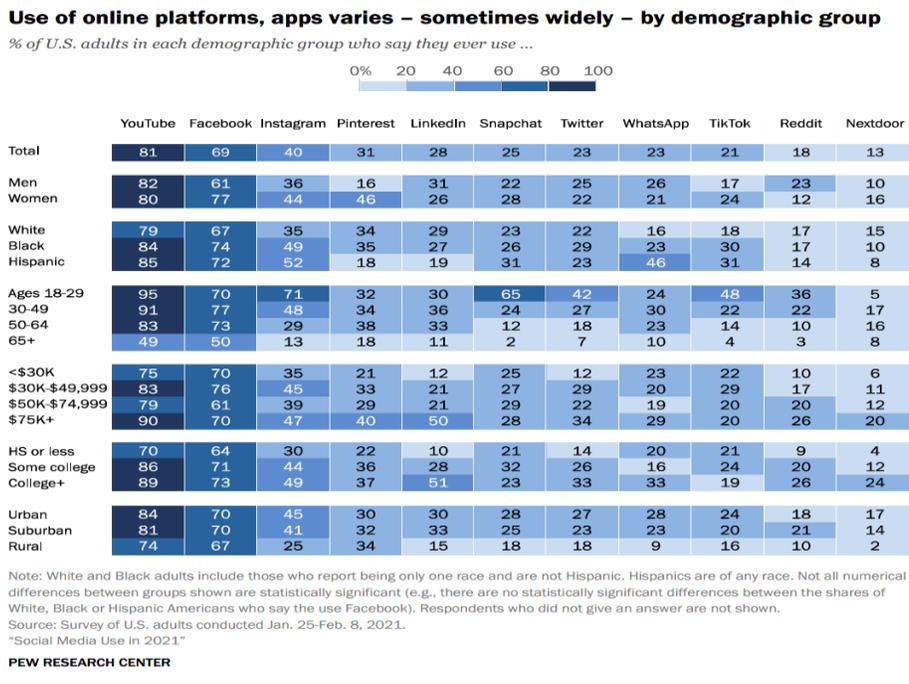
Background on social media in 2021

When reviewing trends in social media over the years, studies have focused on the platforms individuals use to engage and the age of individuals using those platforms. The most recent research by Pew confirms the major platforms used in 2021 for social media are YouTube and Facebook with 81% and 69% utilization.[2] As to other platforms, 40% of adults admit to using Instagram, Pinterest, or LinkedIn.[3] Interestingly, except for YouTube and Reddit, most of all of the social media platforms listed above have shown little growth since 2019.[4]

When breaking down the utilization of the various social media platforms by age adults 18 – 29 confirmed an 84% utilization; 30 – 49 confirmed an 81% utilization, 50 – 64 a 73% utilization, and those over 65 a massive drop to 45% utilization[5]. Breaking down the social media platforms by age also follows a pattern:

1. Ages 18 – 29 – focus on Instagram, Snapchat, YouTube, or TikTok (with over 65-95% of all respondents to the Pew survey confirming consistent use of these platforms.)
2. Ages 30-49 – focus on Facebook, Instagram, and YouTube (with over 50-90% of all respondents to the Pew survey confirming consistent use of these platforms).
3. Ages 50-64 – focus on YouTube and Facebook (with over 78-90% of all respondents to the Pew survey confirming consistent use of these platforms).
4. Ages 65+ - mainly using YouTube and Facebook with about 50% respondents confirming these numbers[6]

According to the Pew survey, the use of online platforms and apps vary between different demographic groups as outlined below:

Use of online platforms, apps varies – sometimes widely – by demographic group
% of U.S. adults in each demographic group who say they ever use …

	YouTube	Facebook	Instagram	Pinterest	LinkedIn	Snapchat	Twitter	WhatsApp	TikTok	Reddit	Nextdoor
Total	81	69	40	31	28	25	23	23	21	18	13
Men	82	61	36	16	31	22	25	26	17	23	10
Women	80	77	44	46	26	28	22	21	24	12	16
White	79	67	35	34	29	23	22	16	18	17	15
Black	84	74	49	35	27	26	29	23	30	17	10
Hispanic	85	72	52	18	19	31	23	46	31	14	8
Ages 18-29	95	70	71	32	30	65	42	24	48	36	5
30-49	91	77	48	34	36	24	27	30	22	22	17
50-64	83	73	29	38	33	12	18	23	14	10	16
65+	49	50	13	18	11	2	7	10	4	3	8
<$30K	75	70	35	21	12	25	12	23	22	10	6
$30K-$49,999	83	76	45	33	21	27	29	20	29	17	11
$50K-$74,999	79	61	39	29	21	29	22	19	20	20	12
$75K+	90	70	47	40	50	28	34	29	20	26	20
HS or less	70	64	30	22	10	21	14	20	21	9	4
Some college	86	71	44	36	28	32	26	16	24	20	12
College+	89	73	49	37	51	23	33	33	19	26	24
Urban	84	70	45	30	30	28	27	28	24	18	17
Suburban	81	70	41	32	33	25	23	23	20	21	14
Rural	74	67	25	34	15	18	18	9	16	10	2

Note: White and Black adults include those who report being only one race and are not Hispanic. Hispanics are of any race. Not all numerical differences between groups shown are statistically significant (e.g., there are no statistically significant differences between the shares of White, Black or Hispanic Americans who say the use Facebook). Respondents who did not give an answer are not shown.
Source: Survey of U.S. adults conducted Jan. 25-Feb. 8, 2021.
"Social Media Use in 2021"

PEW RESEARCH CENTER

[2] See Anderson and Auxier, Pew Research, "Social Media Use in 2021," April 7, 2021. https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/
[3] Id.
[4] Id.
[5] Id.
[6] Id.

Analysis of the table above breaks down the users for the platforms by sex, race, age, income level, education, and geographic location. Looking at the data, more Hispanic (52%) and Black Americans (49%) use Instagram compared with White Americans (35%). LinkedIn usage tracked with higher levels of education more so than with people who attained lower levels of education since over half of adults who have a bachelor's or advanced degree (51%) say they use LinkedIn, compared with smaller shares of those with some college experience (28%) and those with a high school diploma or less (10%)[7]. Analysis of the social media data is important for Hospitals because it can guide facilities to how, when, where, who and what to engage when dealing with incorporating social media in business activities. Social media is already used by health organizations, providers, and consumers for a range of functions, including finding information, gathering data, education, marketing, and equalizing relationships between providers and consumers.[8]

Much has changed since 2011, as to social media and its utility in healthcare. For example, social media is used by a range of healthcare stakeholders for quality improvement (QI) initiatives. According to Walsh, Howley, et. al., social media has been used in a wide variety of ways by health organizations, service providers, consumers, and the general public to engage in health service design or QI activities or to try and influence change in health services. These healthcare stakeholders use social media as a place to gather relevant information, conduct consultations, advocate for change, create networks between people working on projects, and act as a virtual setting for collaborative discussions.[9] With new engagement and innovation, healthcare facilities should and will collectively connect to consumers via social media in new ways. New engagement, innovation, and technology allow healthcare facilities to engage consumers also bring with them new risks.

Social media is the dominant application consumers use as an information resource to review healthcare providers, obtain health education, learn new trends, and engage the healthcare business community. As such, healthcare facilities must not ignore but embrace the continued growth of this trend and look for meaningful and profitable ways to engage these emerging social channels to help continue to grow their brand, reputation, and market share. Change and innovation also present new risks for healthcare facilities when deciding the who, what, when, where, and how to use social media. As such, setting best practices for the organization is imperative for success.

This paper intends to assist healthcare providers/facilities explore and evaluating social media as another tool to engage its consumers while considering, evaluating, and mitigating the potential risks involved.

Social Media and its evolution: Web 1.0, 2.0, and 3.0

In 2009, social media was still booming, and Web 1.0 was the dominant content on the Internet at the time. Web 1.0 simply meant that users would search and read third-party content on the internet. In other words, Web 1.0 meant no interaction between two or more users who share information or collaborate on the Internet to share information (Web 2.0). Web 1.0 was a content delivery network (CDN) that enabled the showcase of the piece of information on the website.

As Wikis, Blogs, Snapchat, Video Chat, and Social Networking (through numerous apps listed above) started to evolve, Web 2.0 was born. Web 2.0 refers to worldwide websites which highlight user-generated content, usability, and interoperability for end users. Web 2.0 is also called the participative social web. It does not refer to a modification to any technical specification, but to modify the way Web pages are designed and used for interaction between and amongst parties via the creator of user-generated content in a virtual community.

Web 3.0 is the evolution of web utilization and interaction which includes altering the Web into a database. Web 3.0 data isn't owned but instead shared across all platforms. Web 3.0 promises to establish information in a more accessible method for machine conception as opposed to human capacity. Web 3.0

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[7] See Anderson and Auxier, Pew Research, "Social Media Use in 2021," April 7, 2021.
https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/
[8] Walsh, L., Hyett, N., Howley, J. et al. The risks and benefits of using social media to engage consumers in service design and quality improvement in Australian public hospitals: findings from an interview study of key stakeholders. BMC Health Serv Res 21, 876 (2021). https://doi.org/10.1186/s12913-021-06927-x
[9] Id.

utilizes a new language that machines can use to reason about information and make new conclusions, not simply match keywords.

Soon, with Web 3.0 information can and will be shared on social media through decentralized blockchains. We are not there yet, but quickly approaching Web 3.0.

Healthcare Facilities Social Media Engagement: What can it do

Social media engagement is designed to allow consumer input on consumption, participation, education, or other activities, with the goal of greater participation and increased feedback by the community. Facilities that set up social media accounts and provide information encourage market consumption within their service area and beyond. Participation, via social media, encourages a higher level of audience engagement and provides interactions that can help people experience a sense of belonging. Hospitals that offer incentives, such as prizes or coupons, or respond to audience messages encourage this level of audience engagement.[10] Further engagement occurs when facilities learn from and adapt to emerging social media discussions and invite consumers to engage in new products or services.[11] Social media allows healthcare facilities to engage consumers in numerous ways including:

1. Recruitment of professionals/support staff
2. Patient Feedback
3. New Service Lines
4. Patient Education
5. Branding Opportunities
6. Increase in efficiency of care
7. Advertising
8. Quality Improvement
9. Population Health

Utilization and collaboration of social media platforms by healthcare facilities should always include Information Technology (IT) department along with Risk Management to address and mitigate liability exposure for potential issues/threats.

Communications Decency Act and Section 203

In the 1980s, two defamation actions brought in New York courts against two different online platforms, Prodigy and CompuServe, addressed the issue of who was a "publisher" or "distributor" on the issue of libel. In one case, CompuServe was dismissed on summary judgment because its service showed that it did not police its bulletin boards and therefore had no "publisher" or "distributor" liability for the defamatory utterances at issue. However, in the other case, the court found Prodigy did act as a "publisher" of the offending speech because it marketed its service as "actively utilizing technology and manpower to delete notes from its computer bulletin boards based on offensiveness and 'bad taste.'" The court noted that Prodigy was "clearly making decisions as to content" and therefore was a "publisher" of the offending speech for libel law.

These two lawsuits were the impetus for the Communications Decency Act of 1996 (CDA). The CDA insulates an internet service provider (ISP) from liability for the offending speech by establishing Section 230, which provided a "Good Samaritan" protection to ISPs so that those who chose to exercise editorial control over content would not be subject to publisher liability. Section 230 contains two primary provisions that establish immunity for ISPs. First, Section 230(c)(1) states "that interactive service providers **and users** may not be held liable for publishing access to material posted by another information content provider." Section 230(c)(2) states "that no ISPs which voluntarily restrict access to content will be held liable for its own "moderation" decisions." Under Section 203, the ISP is given wide discretion by immunizing actions "taken in good faith to restrict access to or availability of material that the provider or user considers to be obscene,

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[10] Richter, Jason P. PhD, FACHE; Muhlestein, David B. PhD, JD; Wilks, Chrisanne E. A. Social Media: How Hospitals Use It, and Opportunities for Future Use, Journal of Healthcare Management: November 2014 - Volume 59 - Issue 6 - p 447-460
[11] Id.

lewd, lascivious, filthy, excessively violent, harassing, or otherwise objectionable, whether or not such material is constitutionally protected." There are several exceptions to Section 230. including: (1) under federal criminal laws; (2) under intellectual property laws; (3) based upon any state law that is "consistent with" Section 230; and (4) under the Electronic Communications Privacy Act of 1986.

When determining whether Section 230 applies to a specific case, courts use a three-pronged liability test. First, the defendant must be a "provider or user of an interactive computer service." An interactive computer service, as defined by the law, "provides or enables computer access by multiple users to a computer server." Second, the defendant must not be an "information content provider," or a "person or entity that is responsible, in whole or in part, for the creation or development of information provided through the Internet." Finally, the plaintiff's claim must treat the defendant as the "publisher or speaker" of the content in question. If a case meets all three requirements, Section 230 applies, and the defendant is not liable.

CDA challenges to Section 203 – Social Media's Advanced Algorithms – How it applies to Users

The first major case to identify limits to the Section 230 liability shield was _Fair Housing Council of San Fernando Valley v. Roommates.com_ (2008). In this case, Roommates.com operates a website that matches people looking for housing with available rooms. Users are required to disclose their sex, sexual orientation, and familial status, then list their roommate preferences, including those same characteristics, and Roomates.com automatically matches them with potential roommates and allows them to search for potential roommates based on their characteristics.

The Fair Housing Councils of San Fernando Valley and San Diego sued Roommates.com for violating the Fair Housing Act (FHA), a federal law, as well as the California Fair Employment and Housing Act (FEHA). The FHA prohibits housing discrimination based on sex and familial status, among other traits and the FEHA prohibits housing discrimination based on sex, sexual orientation, and familial status, among other traits.

The case went to the Ninth Circuit Court of Appeals, which ruled that Section 230 did not apply because Roommates.com requires users to provide information about their sex, sexual orientation, and familial status as a condition of using the website. Because Roommates.com induced the illegal content in question, it could be liable for breaking federal and state housing law.

A more recent case, _Lemmon v Snap, No. 20-55295 (9th Cir. May 4, 2021),_ was another case where the 9th Circuit rejected Snap's argument that the plaintiff's negligent design claim was merely another ill-fated attempt at a "CDA workaround." The Court distinguished the instant case from another creative pleading attempt to bypass CDA immunity in past disputes that depended on third-party content.

The Snap case was brought by the surviving parents of two boys ("Plaintiffs") who were involved in a tragic high-speed car accident. Snapchat is a mobile app that allows users to take ephemeral photos and videos, also known as "snaps," and share them with friends. A Snapchat filter is essentially an overlay that can be superimposed over a photo or video taken on Snapchat and might include geotags, the time, or something fanciful, or in this instance, the real-life speed of the user. The Complaint alleged that Snap, Inc. ("Snap") incentivized young drivers like their sons to drive at dangerous speeds when using its negligently designed Speed Filter within the Snapchat app. Shortly before the crash, one of the boys in the car opened Snapchat to document how fast they were going.

The plaintiff's suit alleged that Snapchat encouraged dangerous speeding because it knew or should have known that many teenage and young adult users of the app wanted to use Snapchat to capture a mobile photo or video showing them hitting over 100MPH and then share that snap with their friends. The Plaintiffs also documented other similar fatal accidents purportedly linked to the Speed Filter and other lawsuits advancing similar claims.

In examining the Plaintiffs' Amended Complaint, the District Court granted Snap's Motion to Dismiss and held that the CDA barred the Plaintiffs' negligent design lawsuit claim because it sought to treat Snap as the publisher or speaker of third-party content. (_Lemmon v. Snap, Inc., No. 19-4504_ (C.D. Cal. Feb. 25, 2020)).

On appeal, the Ninth Circuit reversed, holding that because the Plaintiffs' claim neither treats Snap as a "publisher or speaker" nor relies on "information provided by another information content provider," Snap is

not entitled to CDA immunity on the Plaintiff's distinct negligent design claim. (*Lemmon v. Snap Inc., No. 20-55295* (9th Cir. May 4, 2021)). The panel found that the Plaintiffs' negligent design lawsuit did not treat Snap as a publisher or speaker because the Plaintiffs' claim turned on the design of Snapchat and Snap's role as a product's manufacturer (i.e., a claim that Snap negligently designed a product (Snapchat) with a defect (the interplay between Snapchat's in-app reward system and its Speed Filter). According to the Appeals Court, the duty to design a reasonably safe product was fully independent of Snap's role in moderating or publishing third-party content.

CDA immunity was also unavailable in this case because the Plaintiffs' negligent design claim did not turn on "information provided by another information content provider." The panel noted that the Plaintiffs' negligent design claim rested on Snap's acts and stands independently of the content that Snapchat's users create with the Speed Filter.

Why are these cases important to a health care facility's social media policy?

If a health care facility or entity decided to promote or distribute health misinformation, especially now during the pandemic, could it violate the second prong of the Section 230 analysis above: meaning could the healthcare facility be responsible, in whole or in part, for the creation or development of information provided through the Internet and be considered a "publisher or content" provider that would limit Section 230 protections. Healthcare facilities need to be mindful of the content they publish to avoid disinformation or libel issues and afford Section 230 protection depending on how they use their social medial platforms.

Fraud and Abuse Concerns in Social Media

Fraud and Abuse laws govern much of healthcare facilities' activities both at the Federal and State levels. It is important to note that activities that implicate the fraud and abuse laws when conducted in person implicate the same laws when conducted through social media. Examples of this parallel might include a manufacturer's and/or other health care company's grant funding and other sponsorships to entities in a position to refer federal and other health care program businesses. Such a relationship could potentially violate the fraud and abuse laws.

To further this example, in the case of conferences and academic or scientific meetings, grantor control of content, speakers, materials, and attendance is indicative of potentially fraudulent activities, particularly where the content focuses on a branded product or class of branded products or where the content suggests or directs an unapproved use.

Today's Web 2.0 phenomena including third-party, disease-specific websites, academic websites, blogs, fan pages on Facebook, live-tweeting in connection with events, exist the same concerns about sponsor influence. And the same questions arise that could implicate fraud and abuse laws including:

1. When does "sponsorship" equal direction?
2. How does sponsorship influence content?
3. Is there full disclosure of the sponsor's participation?
4. Is the event, or in the case of Web 2.0, the "site" or "posting" or "page" a sham means of promoting an illegal use or of soliciting referrals?

If the Web 2.0 medium is overtly healthcare facilities sponsored, then the same concerns apply here as to traditional face-to-face healthcare facilities events. The same types of communications, in real-time, are possible, together with Q&A and feedback that might occur through social media outlets. As such, the same scrutiny relating to the prevention of fraud and abuse one would apply to real-time (face to face) meetings/seminars/events for healthcare facilities should also be applied to Web 2.0 meetings/seminars/events even though these Web 2.0 functions might occur entirely on the Internet with no face-to-face meeting.

One major difference is that the content, once posted to the web, easily can be copied, altered, and re-posted. So, in addition to concerns about the use of consultants to present content, sponsors have the added concern about whether redistribution of the content over the web will be attributed back to the sponsor,

especially where the content is altered. This raises the issue of whether the sponsor must monitor all its communications and make corrections when content is altered or incompletely re-posted.

Manufacturers and other healthcare providers/facilities often turn to consultants for guidance and research. Fraud and abuse laws apply to the use of consultants in real-time and should also be applied in the Web 2.0 context. For example, if the consultant is a paid consultant and is blogging, the question becomes when and how can those communications be attributed to the healthcare facilities paying said consultant? There might not be an answer, but transparency via disclosure would be a factor. One example of transparency might be the healthcare provider/facility disclosing that the communications made by the consultant are not the opinion of the healthcare provider/facility and the consultant is a paid consultant by the healthcare provider/facility. Such disclosure is an attempt to show the public and the users browsing the social media site that the healthcare provider/facility is being transparent and avoiding the appearance of impropriety.

Based on the ramp-up of fraud and abuse investigations along with the explosion of consumers into social media it is incumbent on healthcare facilities to ask whether their existing fraud and abuse policies, procedures, and monitoring activities are meaningful in a Web 2.0 environment. If they are not, then there are two choices: (1) Do not engage (or disengage) in online activities or (2) revamp policies and procedures to accommodate the unique challenges of the ways facilities are engaging consumers via Social Media.

Mitigating Exposure

Healthcare facilities must adopt a variety of policies, both general and specific, regarding their social media activities (across all platforms) these include:

Establish Social Networking Policies

Social media engagement creates new issues for facilities and their employees. To mitigate these issues, facilities should, at the very least, have a basic generic social media policy. However, since most facilities use more than one social media app, facilities should create social media policies that address each platform it uses. In addition, HIPAA privacy and security regulations apply to social media. Thus, privacy is a preeminent concern not only among social media users but also among regulators. Social media pages and other Internet postings might contain information and audio/visual content of a personal nature that could contain personal health information (PHI). Other interactive sites a facility may create might allow for viewing and sharing media or creating communities of like-minded people, including sites dedicated to diseases, treatments, and discussion boards that contain social networking features. Often this data is shared with "friends" or tagging patients or blogging with patients which might trigger HIPAA or local state privacy concerns.

To attempt to contain liability it is a good idea to review all of the facilities' social media platforms in respect to how the facility is engaging the consumer and focus on policies to address potential breaches of PHI or other liability exposure. For example, the simple act of "friending" a patient might be considered a HIPAA violation if people think the patient went to see that provider for the provision of medical care or discussing general health care treatment without stating PHI could allow others to recreate (re-identify) the PHI from inferences in a post. Additionally, tagging patients in photographs create an actual record identifying someone. As such, healthcare facilities should not encourage the use of cameras or cell phones with cameras by employees while involved in direct or even indirect patient care where PHI could be compromised. Lastly, employees' or contractors' blogging regarding patients creates a serious issue because blogging about a patient in and of itself is a potential HIPAA violation. Thus, healthcare facilities should have monitoring programs or establish monitoring capabilities for their respective social media outlets to monitor and prevent issues that might involve a release of PHI or other statements that might trigger fraud and abuse exposure.

The bottom line is social media policies establish rules on content, on what behaviors and disclosures are prohibited, and the activities/limitations/guidelines for a facility's social media platform. When employees are on notice regarding these policies, the employer is empowered to take action for violations.

General principles for creating social networking policies include:

Encouraging or Discouraging – If you encourage social networking, then an employee might be acting on the healthcare facility's behalf and the content the person creates could be attributed to the healthcare facility, making the healthcare facility a content provider and potentially exposing it to liability.

Time and Place – Work hours vs. off-hours. Regulating off hours but job-related discussions is generally acceptable. Note, however, that the Fair Labor Relations Act, including the recent ruling by the NLRB, protects discussion of work terms and organization activities ("protected activity") and that some states, including New York, provide limited protection of employee conduct outside of work hours where the conduct does not involve company resources.

Authorized or Unauthorized – Include procedures for obtaining authority for those activities that require company authorization. Again, policies should require that the poster identify his employment status and that he or she state explicitly when he is expressing his personal views and not the views of the organization.

Disclaimer – social media platforms should have a disclaimer that discussions are for purely educational purposes and not intended to create a provider-patient relationship.

Define Content Rules

Rich and relevant content is the most critical factor in successful social media programs. All companies using social media need to establish social media content rules that should include the following:

1. The policy should dictate healthcare provider vision, mission, and goals
2. Define healthcare provider social media sites – what are they?
3. The policy should include a disclaimer as to medical advice
4. The policy should dictate posts by others not affiliated with the provider are their own opinion and not attributable to the hospital
5. Reservation by the provider to review, edit, remove postings
6. Common sense rules
   a. No posts from minors without parent's permission
   b. Users should check copyright policies of material before publishing
   c. Respect others
   d. No foul language
   e. Do not post personal information
   f. Do not friend patients
   g. Do not advertise a business, services, or events
   h. Avoid spamming
7. The policy should dictate time, hours, and email/contact for the person responsible for oversight of provider social media sites
8. Be transparent with posting information
9. Do not violate HIPAA/HITECH and Local privacy laws
10. The policy should have decision analysis regarding posts to provide social media site
11. Twitter guidelines should provider have a Twitter page
12. General Guidelines for Provider Social Media Policy:

   a. Do not disclose any information about the hospital that is proprietary or confidential information as defined in this section.

   b. Do not disclose business information about the Hospital's patients, clients, affiliates, or the Board of Directors, employees, or any person/entity (specifically or generally) without its prior written permission.

   c. Do not post information that is defamatory, obscene, discriminatory, or harassing to anyone, particularly and Hospital's patients, clients, affiliates, or the Board of Directors, employees, or any person/entity.

d.   Don't disclose Hospital's patients, clients, affiliates or the Board of Directors, employees, or any person/entity's (or anyone else's) confidential or other proprietary information, such as physical data, business plans, current or anticipated products, software, research, inventions, processes, techniques, designs, or other technical data.

e.   Do not disclose any intellectual property including logos, trademarks, service marks, or copyrights (including, for example, text, images, and videos) that do not belong to you or the User posting such content. Get permission from the owner(s) (including Hospital) before sharing or publishing their intellectual property including logos, trademarks, service marks, or copyrights (including, for example, text, images, and videos).

f.   Do not post information in violation of policies in the Hospital's Employee Policy Manual.

g.   Realize that your comments are "on the record" for the world to see. Never use profanity or demeaning language, and do not write anything that is not suitable for all audiences.

h.   If you are contacted by the news media or a blogger regarding Internet postings, please refer the inquiry to your supervisor or an authorized user as identified in the Hospital Policies.

i.   Take care to make certain that readers will not confuse your views with those of the Hospital. If you are posting, do not refer to your position in the Hospital or mention the Hospital's name or anyone else Hospital's patients, clients, affiliates, or the Board of Directors, employees, or any person/entity (specifically or generally) without its prior written permission.

j.   If you identify yourself as an employee, refer to events at the Hospital, or provide a link to another entities' website or comment on business or policy, you should identify yourself as an employee of the Hospital and state that your views contained in your posting are your own, not the views of the Hospital, patients, clients, affiliates or the Board of Directors, employees, or any person/entity (specifically or generally).

k.   Do not post on social media using cell phones or personal devices during work, including tablets or other electronic media.

l.   Do not post any content that is personal health information of any kind, including without limitation patient images whether or not containing patient identifying information, on any Social Media Site. You are also prohibited from using the Social Media Site to provide advice or medical commentary or to use the Social Media Site to make, recommend, or increase referrals to physicians.

m.   Do not return fire. If a negative post or comment is found online about _____(Hospital), an employee, a physician, or other _____(Hospital) affiliate, do not counter with another negative post. Instead, offer to remedy the situation through positive action. Seek help from _____(Hospital Social Media Moderator/Marketing) in defusing these situations

n.   DO NOT OFFER MEDICAL ADVICE. No one should respond to a post, create a post or blog, or respond to a blog by offering any medical advice or otherwise create a physician-patient relationship while using social media. Medical advice is strictly between a physician and a particular patient and

should be formed solely between the physician and patient to avoid conflicts and other ethical issues.

o.   Users shall not use Electronic Systems to harass other Users or other individuals as it might create a hostile work environment.

p.   VIOLATION OF THE GUIDELINES, OR OTHER INAPPROPRIATE BEHAVIOR NOT LISTED HERE, MAY RESULT IN REVOCATION OF ACCESS, OR OTHER DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE.

Tailor Policies

In addition to the issues cited above, healthcare facilities have added regulatory, legal, and medical risks that must be considered:

Content – When doctors, nurses, and others communicate with each other or with patients through social media or social media-like institutional systems, the content generated could be considered part of the patient's medical record. For example, a patient portal and its communications should be considered part of the patient's medical record.

Conclusion

Social media plays a large role in the healthcare delivery system, healthcare operations, quality improvement, population health, education, and much more. Social media utilization does create risks; however, these risks can be easily mitigated using good social media policies that establish guidelines and allow for the quick remediation of issues that might take longer through traditional avenues. The potential for healthcare facilities to reach a targeted audience with a Facebook post, Twitter tweet, YouTube video, or Instagram post is enormous. In addition to the above-suggested policies, a facility might even consider, depending on its budget, a full-time marketing position and public relations staff to manage its social media presence to assist in outreach and revenue generation. Facilities may feel they are participating in social media simply means posting articles or accomplishments to sites daily. However, social media can have a larger impact both at the facility and in the community/population using resources to sufficiently engage and build a targeted audience. Facilities desiring to take this route should consider incorporating it into their marketing strategy along with risk management and IT. By using the tools to mitigate the risks involved, facilities can increase health promotion, disease prevention, and other community needs while improving customer service and quality that will lead to a more loyal customer base.

Sincerely yours,

Conrad Meyer

CM/jrm