

Using **social media** as a tool to facilitate **consumer engagement** in service design and quality improvement

A guide for hospitals,
service providers
and consumers

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Acknowledgements

Thank you to Tim Benson, Deborah Brealey, Joanne Brodie, Danarose Brown, Tim Chestney, Gina Etienne, Sally Fraser, Peter Gourlay, Jessica Hooppell, Katrina Lewis, Nicole Michelsen, Angeline Ng, Kim Pedler, Kerryn Pennell, Kristy Sealby, Deb Verran, and the contributors who have chosen to remain anonymous, for their valuable feedback on draft versions of this guide.

We acknowledge the Traditional Custodians of the Lands where this research was conducted including the Wurundjeri, Boon Wurrung, and Dja Dja Wurrung peoples. We pay respects to the Traditional Custodians who care for Country and Elders past and present, and recognise that First Nations people's sovereignty was never ceded.

All research, including the development of this guide, was undertaken within a National Health and Medical Research Council Postgraduate Scholarship supported PhD project (GNT1168409).

The authors acknowledge that this guide was completed with the assistance of a La Trobe University Social Research Platform Grant.

Recommended citation

Walsh L, Hill S, Hyett N, Hewson D, Howley J, Juniper N, Li C, MacLeod-Smith B, Rodier S. 2022. Using social media as a tool to facilitate consumer engagement in service design and quality improvement: A guide for hospitals, service providers and consumers. Centre for Health Communication and Participation, La Trobe University, Victoria, Australia. doi: 10.26181/17169089

This guide is up to date at January 2022.

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Executive Summary





Welcome to 'Using social media as a tool to facilitate consumer engagement in service design and quality improvement: A guide for hospitals, service providers and consumers'. Social media has the potential to engage consumers in hospital service design and quality improvement (QI), but it is currently underutilised in Australia^{1,2}. Hospitals have indicated that further guidance in conducting social media-based engagement activities may support greater use of social media as an engagement tool³.

Researchers from the Centre for Health Communication and Participation at La Trobe University, along with an advisory committee of consumers and service providers, developed this guide. It draws from findings of a review of international literature, and new research exploring the use of social media as a consumer engagement tool in Australia. This is the first guide of its type in Australia.

Objectives of the guide

- To help hospitals, service providers, and consumers understand how social media can be used as a consumer engagement tool
- To provide evidence-based strategies and actions for implementing social media as a consumer engagement tool in Australian public hospital service design and QI
- To provide implementation tools for social media-based consumer engagement

Who is the guide for?

We developed this guide for three main groups of people involved in service design and QI in hospitals:

- **Hospital decision makers:** Service providers and consumer representatives in hospital executive and/or governance roles; Communications professionals who are responsible for managing organisational social media pages and developing communication plans
- **People who are involved in service design and QI projects:** Service providers and consumer representatives who are involved in planning, implementing, and evaluating service design and QI projects
- **Consumers:** Patients, family members, and carers; People in consumer representative roles

How to use this guide

This guide provides information around the use of social media as a consumer engagement tool. Consumer engagement, social media and QI are all very complex areas of health, with no ‘one size fits all’ approach. This guide is not prescriptive – it is designed to help you and your team discuss and plan your approach to social media-based consumer engagement. As you read through this guide remember:

- Different organisations or people may find different sections useful. This will depend on their level of experience of using social media as a consumer engagement tool, and/or their type of consumer engagement project.
- We recommend that hospitals, service providers and consumers start small with using social media to engage with consumers and build on their experiences over time. You do not have to implement every strategy in the guide at once!
- Not all organisations or people will be able to implement all strategies outlined in the guide. Limits on time, staff and money may restrict the approaches you can take, especially in small hospitals. Even if it is unlikely that your organisation will be able to implement a strategy or action, discussing it as part of your planning is still worthwhile. Discussion may lead you to coming up with new solutions or help you understand and plan for risks associated with a chosen approach.
- The use of social media for consumer engagement is relatively new in Australia. We are still learning from the experience of hospitals and stakeholders. There may be new challenges or solutions you experience that are not in the guide because we have not found them through our research yet.
- This guide is a comprehensive approach to social media as a tool for consumer engagement in hospital service design and QI, but there is more to each of those individual areas than is covered in this guide. We have not covered broader topics such as face-to-face consumer engagement activities, social media marketing, or detailed QI methods, in this guide. We have provided some links to additional resources to help you understand these broader topics in the “**Want to know more about...?**” boxes throughout the guide and in **Appendix 2**. We also recommend you consult with the experts in your own hospital if you need further information or advice.
- Consumer engagement is more likely to be successful using a range of engagement methods. Using social media in partnership with a range of other engagement approaches (such as face-to-face, surveys etc) will maximise your chances of attracting a more diverse range of consumers and community members to your service design or QI activity.

Navigating through the guide

The guide is organised into three main parts. The diagram below outlines the contents, purpose and intended audience of each part of the guide.

PART 1

Background

Part 1 is for service providers and consumers who wish to understand why social media is useful as a consumer engagement tool, and the risks and benefits of use.

- How and why this guide was developed (p. 6)
- Key definitions used in this guide (p. 6)
- Background information about social media and health (p. 7)
- The benefits and risks of using social media for consumer engagement (p. 10)

PART 2

Using social media as a consumer engagement tool in your hospital

Part 2 is for service providers and consumers who are implementing social media-based engagement in their hospital. It presents evidence-based strategies and actions for using social media for consumer engagement.

- Preparing your organisation for the use of social media as a consumer engagement tool (p. 15)
- Using social-media based engagement in your service design or QI project (p. 28)
- Information for consumers (p. 37)

PART 3

Appendices

Part 3 provides additional resources for people who want to learn more about some of the topics covered in this guide.

- **Appendix 1:** Social media use across the IAP2 spectrum (p. 46)
- **Appendix 2:** Additional consumer engagement and QI resources (p. 49)



'Key point' boxes provide a summary of the key information in each section

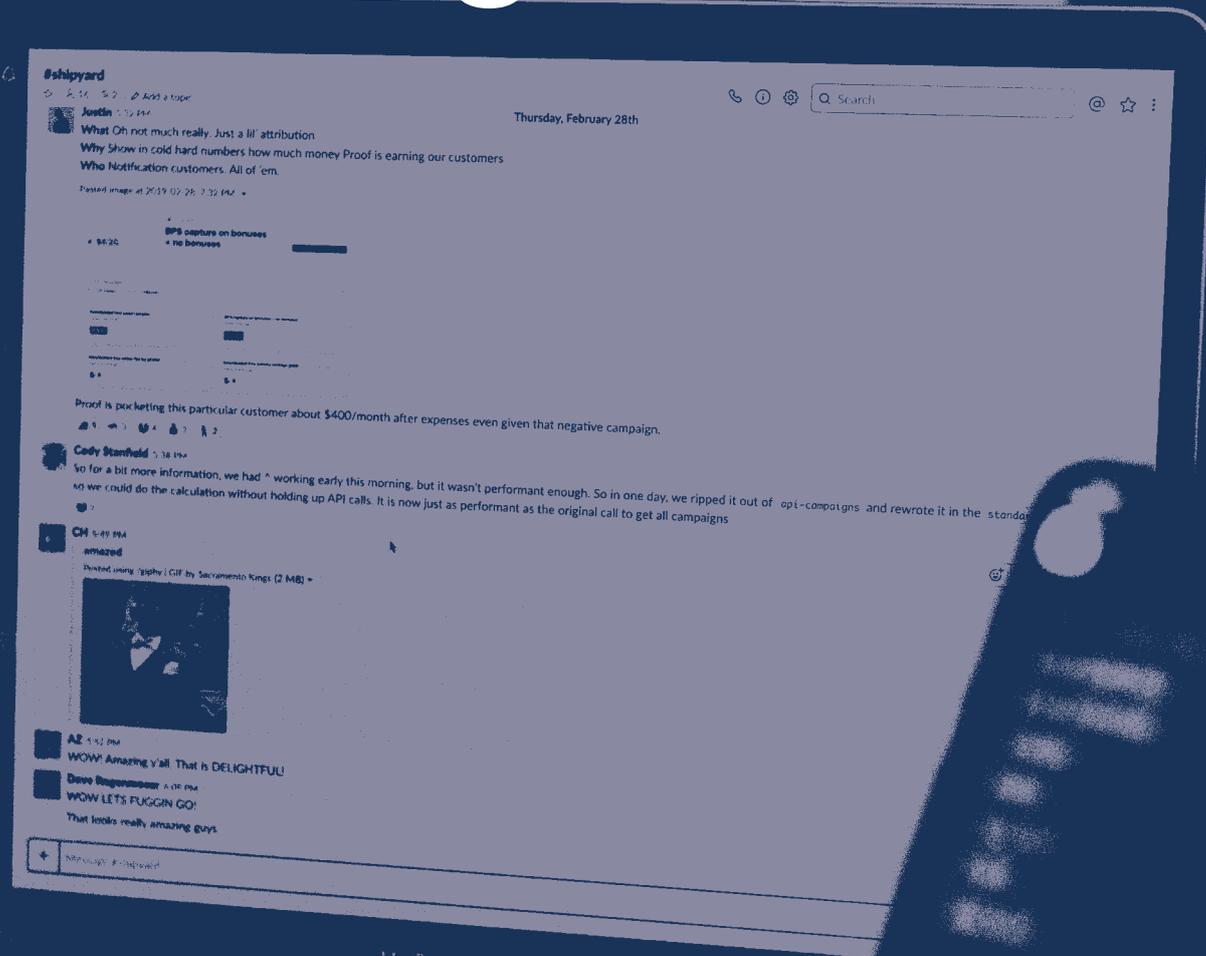


'Want to know more about...?' boxes provide links to additional useful resources

Implementation Workbook

A separate workbook of implementation tools accompanies this guide. The Implementation workbook provides tools and checklists to help implement the strategies and actions outlined in the guide. Each section of the guide will direct you to the relevant tool in the Implementation workbook. The workbook also includes a section linking social media-based consumer engagement activities to **Standard 2: Partnering with Consumers from the National Safety and Quality Health Service Standards (NSQHS Standards)**.

Part 1: Background



1.1. How and why we developed this guide

Partnering with health consumers in the planning, design, delivery, measurement and evaluation and improvement of hospitals is a requirement of public hospital accreditation⁴. There is interest in the use of social media for consumer engagement activities^{3,5,6} but hospitals have indicated they needed further guidance before undertaking such activities³. That is why we decided to produce this guide, the first of its kind in Australia.

Because consumer engagement in service design and QI involves collaboration and working in partnership, we co-produced this guide with an advisory group of health consumers and service providers.

We conducted two research studies to inform the guide:

1. A scoping review of all relevant international literature on the use of social media as a tool for engaging stakeholders in the design or improvement of a variety of different health organisations. The scoping review examined methods and experiences of use.
2. An interview study of 26 Australian public hospital stakeholders (consumer representatives, quality improvement staff, consumer engagement staff, communications staff) exploring their experiences of, and opinions about, the use of social media as a tool for consumer engagement.

You can access the academic papers from our research [via the project website](#).

As well as co-producing this guide, the advisory committee provided oversight of the research project. The advisory committee were involved in setting the research questions, designing the research methods, recruitment, data analysis and co-authoring academic articles.

The experience of people working in public hospitals was used to develop this guide. If you are using this guide as part of consumer engagement activities in service design and QI projects outside of a public hospital, please take your organisation's own context into account when considering the strategies within the guide.

1.2. Key definitions used in this guide

Consumers: People, families, carers, and communities who are current or potential users of hospitals or other health services⁷. The authors of this guide wish to acknowledge that the term 'consumer' may not be the preferred term for all users of this guide. We have chosen this term because it is widely used and understood in Australian hospitals and aligns with existing language in common health quality improvement and service design guidelines, policies and processes (such as the National Safety and Quality Health Service Standards).

Consumer engagement: Partnering with consumers in the planning, design, delivery, measurement and evaluation and improvement of hospitals or other health services⁷.

Quality improvement: “The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes, better system performance and better professional development (p 1).”⁸

Service provider: Any employee of a hospital or other health service, whether in a clinical or non-clinical role. Depending on context, this definition may also include people with lived experience employed as peer workers, although they may also be considered consumers (see definition above).

Social media: Any online platform that allows users and audiences – not just site owners or managers - to create content and interact with each other⁹.

1.3. Social media and health

Key points:

Social media is any online platform or application which allows users (not just site owners) to create content and interact with each other.



- 80% of people in Australia use social media.
- Although social media use is lower in older age groups, rates of use in people over 50 are still high (66% of people aged 50-64, and 47% of people over 65, have at least one social media account).
- Health organisations, service providers, and consumers use social media to share information, network and gather data.

What is social media?

Any online platform that allows users and audiences to create content and interact with each other is considered social media⁹. This definition includes platforms such as Facebook, Twitter, Instagram, YouTube, WhatsApp, Slack and Basecamp, and privately developed platforms with functions that allow user interaction (such as forums and chat rooms).

Who uses social media in Australia?

89% of people living in Australia use the internet¹⁰, and almost 80% of Australia’s population are social media users¹¹. In 2020 Facebook was the most popular platform (89% of social media users had a Facebook account), followed by YouTube (54%), Instagram (45%), LinkedIn (20%), Pinterest (20%) and Twitter (20%)¹². The common perception that young people are more likely to use social media is true - 99% of Australians aged 18-29 have a social media account¹³. However, older people also use social media - 66% of people aged 50-64 and 47% of those aged 65+ have at least one social media account¹³.

Health-related use of social media

Hospitals around the world are incorporating social media in their communication strategies^{14,15}. Health-related social media use can increase consumer-to-consumer and provider-to-consumer support, improve self-management of conditions, increase consumer access to information, create more equal relationships between health professionals and their patients, and improve health service data collection¹⁶⁻¹⁸.

Using social media for consumer engagement

An emerging area of practice is using social media to engage consumers in service design and QI activities. Our research showed that social media has been used internationally to engage a range of health stakeholders in service design and quality improvement (QI) activities¹. Social media can be used as a place to gather service design and QI-relevant information, conduct consultations, form groups to advocate for change, create networks between people working on projects, and as a virtual setting

for collaborative discussions and project work^{1,2}. In Australia some hospitals and health services are using social media for consumer engagement activities such as recruitment of consumers, gathering data to inform service design and QI, and as virtual spaces for consumer consultation or codesign activities².

The diagram below maps some examples of social media-based engagement activities to the domains of the **IAP2 Public Participation Spectrum**. See **Appendix 1** for more information about how the methods of engagement outlined in this guide map to the IAP2 Spectrum.



Want to know more about social media?



- Talk to your communications team.
- Look at your hospital's organisational social media pages.
- [Yellow Social Media Report](#) examines social media use in Australia. It contains information about the use of different social media platforms across different demographics.
- [Introduction to Social Media \(Tasmanian Government\)](#) is a short self-learning resource about the basics of setting up social media channels for businesses/ organisations.
- If you want to see health-related use of social media in action:
 - Look up the social media accounts of the organisations listed in **Appendix 2**. You can find their accounts by searching the organisation's name on popular social media sites such as Facebook or Twitter, or heading to the organisation's website and clicking on the links to their social media pages (often listed alongside other organisational contact information)
 - Head to Twitter to check out health-related hashtags such as [#DisabilityTwitter](#) [#ChronicIllness](#) [#MedTwitter](#) [#NurseTwitter](#). On social media sites, the hashtag symbol (#) is used at the start of keywords as a way of linking conversations together, and allow you to click the hashtag to find other posts talking about the same topic. [How to Use Hashtags](#) from Twitter provides more information about how hashtags work on social media.

1.4. The benefits and risks of using social media for consumer engagement

Key points:



The benefits of social media-based consumer engagement include:

- More people getting involved in engagement activities
- Decreased costs of engagement activities
- Improved efficiency of organisational communication
- Improved organisational transparency
- Development of new relationships
- Improved clinical practice
- Improved ability for consumer to initiate engagement with hospitals

The risks of social media-based consumer engagement include:

- Harms caused by the negative actions of other social media users
- Organisations losing control over some communications
- A lack of deep and ongoing engagement with consumers

The use of social media as a tool for consumer engagement in hospital service design and QI activities comes with both benefits and risks. In this section we present the potential benefits and risks of social media-based consumer engagement that we identified through our research.

Benefits

Our research has identified many potential benefits of using social media to engage consumers in service design and QI activities. Understanding the potential benefits may help you to design your consumer engagement activities or assist you if you are advocating for the use of social media as a tool for consumer engagement in your organisation.

The potential benefits of using social media for consumer engagement include:

- **More people can participate in consumer engagement.** This mainly happens because social media removes the barrier of physical attendance. This may particularly benefit people with disability and chronic illness, people who work, people who live far away from the hospital, people who have children or other caring responsibilities and people who cannot easily access transport.
- **Decreased cost of engagement activities.** This can benefit consumers because they do not need to pay for transport or parking, or take as much time off work, to engage in service design and QI activities. Organisations can also benefit by decreasing the costs of face-to-face engagement activities, such as venue hire and catering.

- **Improved efficiency of organisational communication.** Social media communication may be faster and reach more people than other communication methods commonly used by hospitals.
- **Increased organisational transparency.** Sharing information about service design and QI activities through social media can help build trust in the hospital and increase understanding of how the organisation works. Increases in understanding and trust can improve an organisation’s reputation.

Not everyone can physically get into the hospital to give their opinion or attend a focus group, so I think it’s really important that a hospital does do a lot of different avenues of consulting with the community, and social media would be one way to do that.

– Consumer engagement manager, VIC

There are going to be a few that get through that can just make it a world of hurt, there’s always those people.

– Consumer representative, VIC

- **New, or strengthened, collaborative relationships between consumers, providers, and organisations.** Social media can connect organisations or individuals with potential new partners. Social media can also strengthen existing relationships by providing opportunities to interact between formal meetings. Social media use can also facilitate connections with groups of people who are less likely to be involved in face-to-face engagement activities, such as young people, Aboriginal and Torres Strait Islander people, rural and remote people, non- or intermittent-service users, culturally and linguistically diverse communities, and people with disability and chronic illness.
- **Improved clinical practice for service providers.** Through connecting with consumers on social media, service providers may gain new insights into their lived experience, which can improve clinical practice. Social media also provides opportunities for peer-to-peer learning for service providers who connect through social media.
- **Improved ability for consumers to initiate engagement** with the hospital. Social media may provide more opportunities for consumers to raise concerns, provide feedback, or suggest changes to hospitals and their services than hospital-initiated feedback or engagement activities. There may also be benefits for consumers who provide feedback in a public way on social media, such as being supported by other people who have had the same experience or getting a faster response to their communication.

Risks

The use of social media as a tool for consumer engagement in hospital service design and QI is not without risks. Understanding the potential risks is important so you can take steps to manage them.

The potential risks identified through our research are:

- **Other social media users causing harm to consumers, providers, or organisations.** Deliberate actions, such as bullying, trolling, hacking, users misrepresenting themselves or breaches in privacy or professional boundaries can cause harm. Harm can also be caused unintentionally by loss of control or context of messages which can lead to misunderstandings or misinterpretation, or users becoming distressed after an interaction on social media and not being supported while distressed. Service providers were concerned about being identifiable while online and accidentally revealing aspects of their private life through their social media activities. Consumers were concerned about being recognised as a service user if they interact with a hospital through social media.

Section 2.1.3. Making social media spaces safe (p. 25) provides advice about reducing the risk of harm caused by user interactions on social media.

- **Organisations losing control over some communications.** Two-way, and potentially public, communication on social media means that hospitals will not have the same control over messages as they might through other communication methods. Feedback about hospital services given on public platforms can potentially harm an organisation's reputation. There may also be legal risks if defamatory material is posted, or users discuss illegal activities, on public hospital social media pages.

Section 2.1.2. Building your organisation's social media presence

(p. 20) includes advice around balancing transparency and control of communications, particularly around feedback given on social media.

- **A lack of 'deep' engagement leading to poorer quality of information to inform service design and QI.** Short posts or quick scrolling on social media may not fulfill the need for ongoing collaboration in co-design activities. People who use social media may not be representative of the organisation's service population, and activities conducted on social media will not reach people who are not social media users.

Section 2.2. Using social media-based consumer engagement in your service design or QI project (p. 28)

provides a range of ways social media can be used, including for co-design activities. To maximise reach of your consumer engagement activities, we recommend using social media-based engagement in partnership with other consumer engagement methods (face-to-face, surveys etc).

Part 2: Using social media as a consumer engagement tool in your hospital



In part 2 of this guide, we provide practical and evidence-based strategies to support the implementation of social media as a consumer engagement tool in hospital service design and QI activities. These strategies are based on the enablers identified through our research.

The three sections in this part of the guide correspond to different audiences and/or different stages of implementation of social media-based consumer engagement. These sections are:

- **2.1. Preparing your organisation to use social media as a consumer engagement tool (p. 15)**

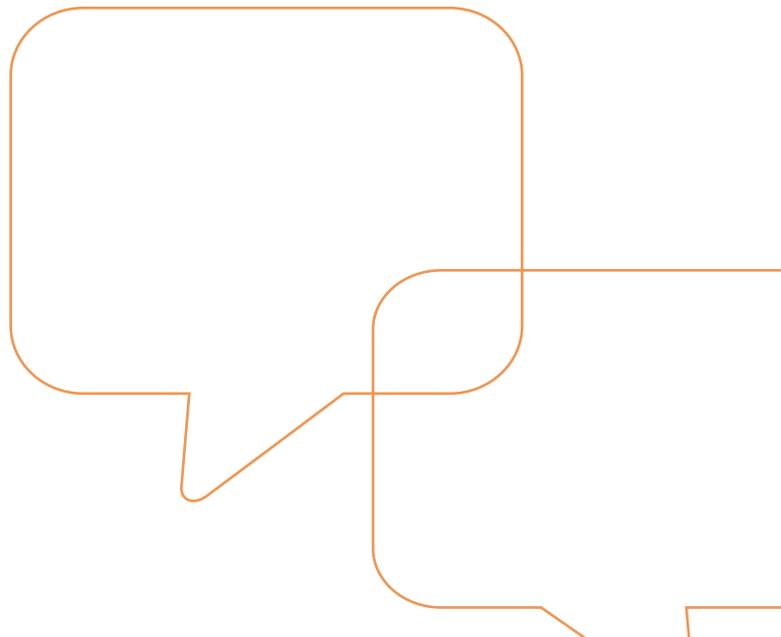
This section provides organisational-level strategies to support implementation of social media as a consumer engagement tool in service design and QI activities. This section is most suitable for service providers and consumer representatives who take part in organisation-level decision making (e.g., hospital executive and/or governance roles), and communications professionals who are responsible for managing organisational social media pages and/or developing organisational communication plans.

- **2.2. Using social media-based consumer engagement in your service design or QI project (p. 28)**

This section provides strategies to support the use of social media as a consumer engagement tool within service design or QI projects. This section is most suitable for service providers and consumer representatives who plan, implement, and evaluate hospital service design and QI projects.

- **2.3. Information for consumers (p. 37)**

This section provides specific information for patients, carers, family members and consumer representatives about how they can use social media to engage with hospitals.



2.1. Preparing your organisation to use social media as a consumer engagement tool

This section provides organisational-level strategies to support implementation of social media as a consumer engagement tool in service design and QI activities. There are three topics in this section:

- **2.1.1. Establishing organisational readiness (p. 15)**
- **2.1.2. Building your organisation’s social media presence (p. 20)**
- **2.1.3. Making social media spaces safe (p. 25)**

This section is most suitable for service providers and consumer representatives who take part in organisation-level decision making (e.g., hospital executive and/or governance roles), and communications professionals who are responsible for managing organisational social media pages and/or developing organisational communication plans.

Social media is a really important communications tool, and the buy-in needs to come from the very top of the organisation. We do have a chief executive who sees the value in social media, so that’s been fantastic.

– Communications manager, VIC

2.1.1. Establishing organisational readiness

A supportive executive and good governance of social media are vital for its effective use as a consumer engagement tool.

Key points



A supportive executive and good governance of social media are essential for effective social media-based engagement. To establish organisational readiness for social media engagement, organisations should:

- Have organisational systems and structures in place around social media engagement, including policies and processes, which are clear, easy to access, and co-designed with consumers
- Adequately resource social media-based engagement activities
- Foster a culture which supports innovative approaches to consumer engagement, quality improvement, and communications
- Provide opportunities for service providers and consumers to develop skills in social media-based consumer engagement
- Evaluate the outcomes and impacts of social media-based consumer engagement activities



Table 1 outlines features which indicate that a hospital, and their service providers and consumers, are well prepared for social media-based consumer engagement. This table has been developed by mapping organisational enablers for social media-based consumer engagement against the domains of the **Organisational Strategy for Improvement Matrix (OSIM)** from Safer Care Victoria (State of Victoria) and the Clinical Excellence Commission (State of New South

Wales). An **Organisational Readiness Checklist** to aid implementation has been adapted from this table and is provided in the **Implementation Workbook**.

Your organisation may use another tool to assess or plan strategies around organisational readiness for service design or QI. You are welcome to adapt the table below, or the checklist in the Implementation Workbook, to suit your own planning or assessment needs.

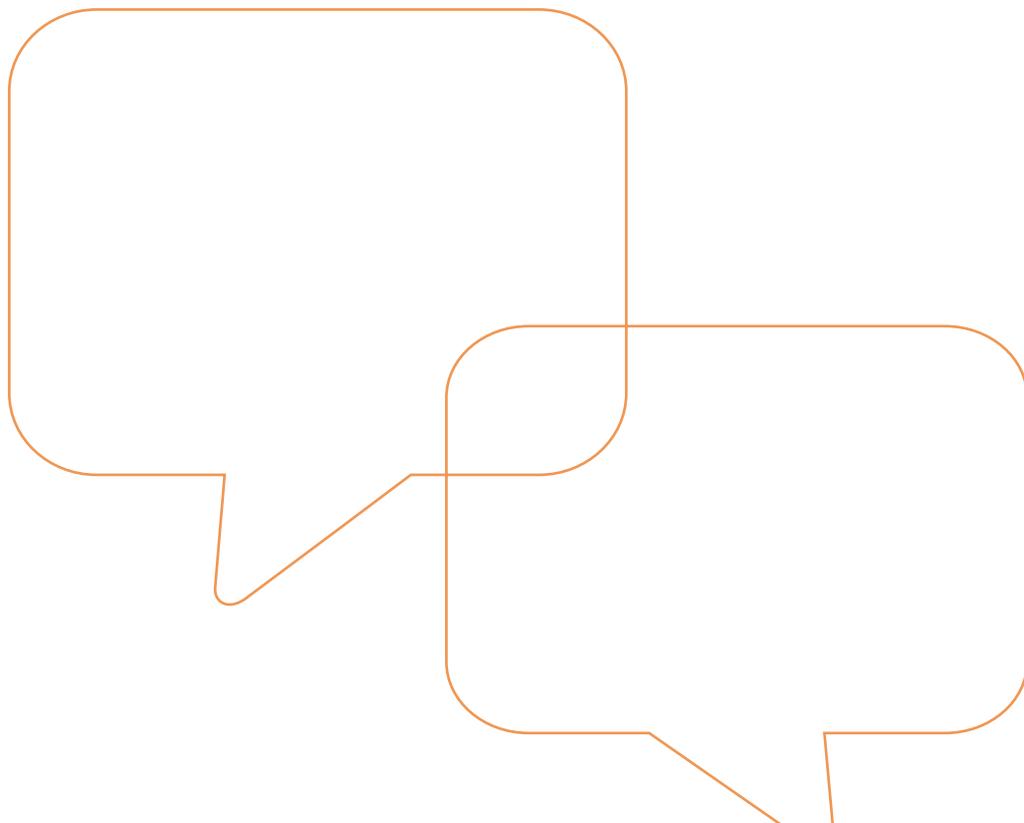
Table 1. Indicators of organisational readiness for using social media as a consumer engagement tool in service design and QI activities

OSIM Domain	Organisational readiness indicators
<p>Organisational systems and structures</p> <p><i>The organisation's processes and management of processes, and its demonstrated ability to drive improvement</i></p>	<ul style="list-style-type: none"> • Social media governance documents (including policies and written processes) are easily available to all users (consumers and providers) and cover social media-based consumer engagement activities. • Social media governance documents are not only solely focused on risk avoidance. They also provide guidance on using social media to promote and improve services. • Organisational social media policies and processes align with other organisational policies and requirements, such as organisational codes of conduct and the <u>Australian Charter of Healthcare Rights</u>. • Organisational social media policies and processes comply with legal requirements including, but not limited to, legal requirements around confidentiality, privacy and copyright • Organisational social media governance documents describe how information gathered through social media will be used, and the measures in place to protect staff and patient privacy. • Consumer representatives and service providers collaborate to develop organisational governance documents and plans related to social media-based consumer engagement. • Organisation has clear processes in place for how consumer feedback/patient experience feedback informs service design and QI which includes feedback received through social media channels. • The administrative requirements of engaging consumers in service design and QI activities (through social media and other methods) are not so onerous that they serve to prevent consumer engagement. • Documentation around requirements for ethics approval for consumer engagement in service design and QI activities is clear, easily accessible by all stakeholders, and easy to follow. • Remuneration policies and processes for consumers who take part in engagement activities are easy to follow, accessible to staff and consumers, and include information about remuneration for all modes of engagement (including face-to-face and social media).

OSIM Domain	Organisational readiness indicators
<p>Workforce capability and development</p> <p><i>The knowledge, skills and abilities of the workforce related to improving work processes and systems, and availability of training to build capability</i></p>	<ul style="list-style-type: none"> • There are staff with social media expertise within the organisation who can act as champions and mentors. • Staff with social media expertise have regular contact and clear communication pathways with consumer engagement and quality improvement staff. • Relevant position descriptions, workplans and work appraisal processes include social media-based consumer engagement activities. • Training in social media-based engagement methods is provided to service providers and consumer representatives involved in consumer engagement activities. Speak to your state consumer organisation (a list of organisations is provided in Appendix 2 of this guide) and/or your communications team to find out what social media and consumer engagement training is available. • All users (consumers and providers) participating in social media-based consumer engagement activities can access training and ongoing support in the use of technology and social media platforms. • Adequate resourcing in terms of money, staff, time, and equipment is allocated to social media-based consumer engagement activities, including for any moderation processes where required. • The hospital supports access to social media for all users (consumers and providers) when required. This includes access to internet, social media platforms and relevant software, and may extend to the provision of hardware if use of social media for engagement is essential and the user does not have access to a computer or mobile device.
<p>Results and system impact</p> <p><i>The means by which results are measured and tracked, and the emerging benefits communicated</i></p>	<ul style="list-style-type: none"> • Plans for the evaluation of social media-based consumer engagement activities are made at the same time as planning the activity. Evaluation plans for social media-based consumer engagement activities are made when planning activities. Evaluation measures may include analytics data, sentiment analysis, user experience, impacts on the outcomes of service design or QI activities, or other appropriate measures. • The evaluation of social media-based engagement activities is based on a range of data types – not just the data provided by social media platforms (e.g., Facebook Insights data). This type of data typically only gives the numbers, and demographic breakdown of people, who have seen the post or activity. It does not provide more useful evaluation data such as whether people acted on the posts, or whether there has been a change to services because of social media-based engagement activities. Evaluations based solely on social media audience demographics data will not be sufficient to evaluate social media-based consumer engagement activities. • Be aware that highly targeted social media activities may not align with existing social media performance measures around levels of reach or engagement. When a social media activity is highly targeted towards a narrow audience, it is essential to determine measures of success beyond reach and engagement statistics alone. • Mechanisms are in place for sharing the outcomes of service design and QI activities with the consumers who contributed data and/or expertise to them. • Mechanisms are in place for sharing the knowledge and experience gained through social media-based consumer engagement activities within the organisation and more widely with other services, including consumer representative organisations.



OSIM Domain	Organisational readiness indicators
<p data-bbox="172 434 319 495">Culture and behaviours</p> <p data-bbox="172 515 331 925"><i>The mechanisms to support and embed a continuous improvement environment, including leaders' awareness of their role in driving improvement</i></p>	<ul data-bbox="400 434 1406 1115" style="list-style-type: none"><li data-bbox="400 434 1342 495">• The leadership of the organisation supports the use of social media as a tool for consumer engagement.<li data-bbox="400 515 1302 575">• There is whole-of-organisation buy-in to the use of social media as a tool for consumer engagement.<li data-bbox="400 595 1401 685">• Departments/staff responsible for social media-based consumer engagement (including communications, quality improvement, consumer engagement, information technology, and consumer representatives) work together effectively.<li data-bbox="400 705 1406 795">• Communications staff communicate with other areas of the hospital, including consumer representatives, and understand their own role in designing and improving hospital services.<li data-bbox="400 815 1385 904">• The information gathered, and consumer contributions made, through social media-based consumer engagement are not viewed as being of lower importance than information or contributions through other engagement methods.<li data-bbox="400 925 1382 1115">• The organisation has a role in publicly advocating for high speed, low cost, internet access Australia-wide. Advocacy efforts may include collecting data about the impacts that a lack of internet access has on your patients, staff and community, making submissions to government which advocate for improving digital access, or supporting the efforts of organisations such as the Good Things Foundation, or ACCAN and their 'No Australian Left Offline' campaign.



Want to know more about preparing your organisation for social media-based engagement?



- Talk to your quality improvement, consumer engagement and/or communications teams.
- [Social Media Playbook – Government Digital Service \(UK\)](#)
- The UK Government Digital Service presents their own approach to using social media as a model for other organisations.
- [Social Media \(NSW Government\)](#)
- This page provides links to examples of other state and territory social media policies and community guidelines. It may be useful for people reviewing or developing their own organisational social media policies and/or community guidelines.
- The [Australian Health Practitioner Regulation Authority has developed social media guidelines](#) for health professionals.
- Existing tools for evaluating consumer engagement, such as the [NSQHS Standards User Guide for Measuring and Evaluating Partnering with Consumers](#), may help with the development of evaluation plans for social media-based consumer engagement.
- [The Evaluation Framework 2.0](#) from the UK Government Communication Service provides a very comprehensive approach to evaluating and reporting communication activities, including stakeholder engagement activities.
- There are links to a range of health consumer organisations and websites in **Appendix 2** for those wanting additional background information on consumer engagement in health.
- There are links to Australian government health QI websites in **Appendix 2** for those wanting additional background information on QI in health.

2.1.2. Building your organisation's social media presence

A strong and trusted public social media presence is important for effective social media-based consumer engagement. Organisational social media pages are avenues for building trusted relationships between hospitals, service providers and consumers. Having a large social media following also helps with recruiting consumers to engagement activities. Hospitals being able to demonstrate that they have skills to effectively manage social media communities on their organisational pages can increase consumer and provider confidence that social media-based engagement activities will be safe and well-run.

Key Points:



To build your organisation's social media presence in a way that supports consumer engagement activities via social media:

- Consider which platforms to use for organisational pages and understand platform features which may impact engagement with target audiences
- Promote organisational social media pages to your consumers and the wider community
- Develop high quality and engaging content
- Engage with target audiences to understand their social media engagement and content needs
- Have a process in place for managing patient or consumer feedback given through social media

Social media-based engagement is also a way to engage consumers and community members in the spectrum of participation. The **International Association for Public Participation (IAP2) Spectrum** is a useful tool to understand the variety of ways that consumers and community members participate in service design and QI activities, and lays out the features of each level of engagement. In **Appendix 1. Social media use across the IAP2 spectrum**, we have mapped out the different models of social media use appropriate for each level of the IAP2 spectrum.

Table 2 outlines specific actions that managers of hospital social media pages can take to build their public organisational social media presence.

An implementation tool for **Building your social media community** is provided in the **Implementation Workbook**.

Social media is a touch point with consumers that you can't ignore. From our hospital's perspective, we have consumers across all platforms who actively connect to us. That's not just observers, that's people who have actively chosen to follow us or chosen to like us, so they're part of our core community.

– **Communications manager, VIC**

Table 2. Strategies for building a hospital social media community

Strategy	Actions to support this strategy
<p>Consider which platforms to use and understand platform features which may impact engagement with target audiences</p>	<ul style="list-style-type: none"> • Collaborate with consumer representatives (including members of specific target audiences) in the development of organisational social media plans and strategies. • Understand the range of communication channels – including existing social media platforms – used by the organisation, and any restrictions on access and use of new/ existing channels due to infrastructure or organisational policy constraints. • Have organisational pages across multiple social media channels. • Consider adding Instagram to your suite of channels – our research has found that Instagram may be underutilised by hospitals as a communication channel when compared to the proportion of Australians who have an Instagram account. • Audit the demographics of your current social media audience using the data available from the platforms you use. This may help you to identify if there are important groups of people you are missing from your social media audience or determine which groups of people may be more likely to get involved in social media-based engagement activities. • Work to make your social media channels more accessible. ‘Social Media for People with Disability’ from Media Access Australia is a good starting point for understanding and addressing disability access issues on many common social media platforms. • Utilise social media platform features which encourage two-way engagement, such as polls and quizzes. • Understand social media features like algorithms and targeted advertising, and use these to reach target audiences and/or increase engagement.
<p>Promote organisational social media pages to consumers and the wider community</p>	<ul style="list-style-type: none"> • Promote social media pages through existing organisational communication channels (e.g., website, email, display boards within the hospital, newsletters, health information outputs). • Encourage service providers to tell consumers about the existence of organisational social media pages. • Encourage consumer representatives and staff who use social media to share organisational social media pages and posts with their social media networks. • Connect your organisational social media pages with the social media pages of relevant consumer- and condition-specific organisations. To find consumer- and condition-specific organisations on social media: <ul style="list-style-type: none"> – Links to the websites of state and federal consumer groups are in Appendix 2 – Speak to your consumer representatives, patients and carers about the organisations they follow on social media – Search social media sites using relevant key words (e.g., names of organisations, conditions) to find organisational pages/accounts



Strategy	Actions to support this strategy
Develop high quality and engaging content	<ul style="list-style-type: none"> • If a social media channel's primary target audience is consumers or community members, then most posts on the channel should be consumer-focused (e.g., consumer representative profiles, patient stories, health information for the community) rather than staff- or organisation-focused (e.g., staff or organisational awards, staff profiles, organisational activities which don't include consumers). • If your organisation is trying to reach a range of audiences through social media (e.g., consumers/community, staff, research community) consider using different platforms for different target audiences/purposes. • Collaborate with members of target audiences to create content that is relevant to them and their community. • Collaborate with consumers who represent diverse backgrounds and experiences from your hospital's community and target audiences when creating social media content. • Provide opportunities for consumers to make and contribute their own user-generated content. • Co-create or share social media content with consumer- and condition-specific organisations. • Share content that is evidence-based and trustworthy. • Share content that is suitable for low-English literacy audiences, including Simple or Plain English content, audio-visual content and content translated into other languages where appropriate. • Publicly acknowledge and celebrate the contributions consumers make to service design and QI through social media and share the outcomes of social media-based consumer engagement activities. • Ensure it is very clear when information shared on organisational social media pages is related to fundraising or may lead to other costs or other commitments, such as being placed on a mailing list or attending an event. It can be difficult for some social media users to distinguish between health information or engagement opportunities, and fundraising, events or similar posts. Being inadvertently led into signing up to mailing lists or fundraising activities through social media can erode trust in the organisation and its communication channels. • Aim for a consistent organisational style across your communications (social media, website, audio-visual material, printed health information etc). Your organisational look and feel – including organisational 'voice', and the visual, writing and communication styles, should be as similar as possible across all platforms.

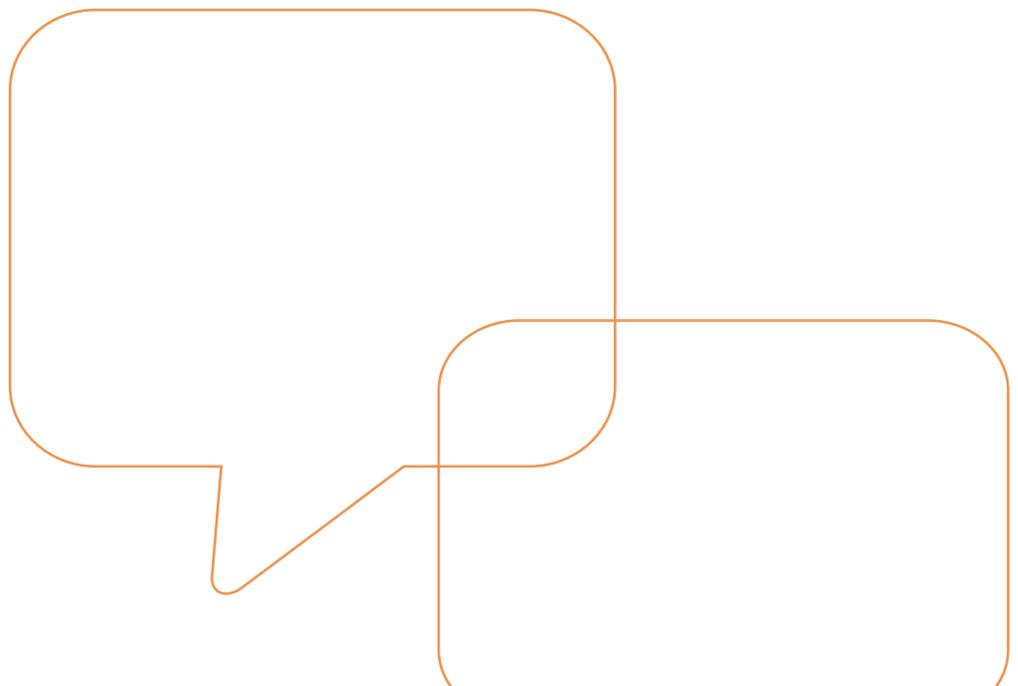
Strategy	Actions to support this strategy
<p>Have a process in place for managing patient or consumer feedback given through social media</p>	<ul style="list-style-type: none"> • Actively monitor and moderate organisational social media channels (more information in Section 2.1.3. Making social media spaces safe) • Develop processes around managing consumer feedback given through social media. Understand that, if organisational social media pages are available, some patients and consumers will use the pages to provide feedback for a variety of reasons. These reasons include: <ul style="list-style-type: none"> – feeling safer or more confident sharing negative feedback in public social media spaces because of the potential to gain support from others with similar experience. – feeling safer or more confident to share feedback because social media can provide some anonymity. Anonymity may be important because the person does not want to be identifiable by the organisation, or they do not want people outside the organisation to identify them as a service user. – wanting to share positive experiences or compliments on social media to publicly acknowledge organisations or providers. – other feedback pathways or mechanisms failing to meet their needs or are too difficult to find/use. – response or action is faster or more reliable when feedback is given through social media. • Ensure the process for managing patient or consumer feedback received through social media does not create barriers to giving feedback. Adopt a ‘no wrong door’ approach to receiving feedback and design proactive ways to support patients and consumers to engage with the feedback process no matter the method they use to communicate with the organisation. Processes which support feedback through social media include: <ul style="list-style-type: none"> – Acknowledging the feedback received. – Passing any feedback received through social media (positive or negative; via public posts or private messages) on to the department(s) responsible for handling feedback. – Asking people who provide feedback via social media whether they would like to be contacted by patient liaison/consumer engagement or other relevant departments for follow up. – Enabling patient liaison/consumer engagement staff or other people responsible for handling feedback to communicate directly with patients/consumers through social media channels. • Do not use processes which redirect users to alternative feedback pathways without support or without passing on the feedback received through social media (e.g., telling users that they will need to complete an online form to get their concerns addressed because feedback is not received through social media). We do not recommend these processes because they create barriers to giving feedback and do not consider the reasons why people may use social media as a feedback mechanism. • Organisations need to determine when/if they will remove or hide feedback (particularly negative feedback) from their social media sites. Reasons and procedures for removing or hiding social media posts need to be clearly documented in social media policies and processes so they can be implemented consistently by the people moderating social media accounts. Make the reasons and procedures for removing or hiding social media posts easily available to users on social media pages (e.g., as part of community standards). It is important to understand that while negative feedback viewable to the public may affect an organisation’s reputation, removing feedback can have negative impacts on consumer/patient trust and the perception of organisational transparency. • Understand that receiving large volumes of unsolicited patient experience feedback through social media channels likely indicates that other feedback mechanisms offered by the hospital are failing to meet patient/consumer needs. • Use the same processes whether the feedback received through social media is positive or negative.



Want to know more about building your social media community?



- Talk to your communications team.
- [Planning, creating, and publishing accessible social media campaigns](#) from the UK Government Communications Service provides detailed information about creating accessible social media content
- [Towards active engagement: Understanding how organisations are using technology to connect with diverse groups during COVID-19](#) from Monash University examines how organisations working with diverse communities use digital communication and online platforms.
- [Yellow Social Media Report](#) examines social media use in Australia and contains information about the patterns of use of different platforms across different demographics. It may help you plan your organisational social media approaches and content based on which groups of people are more likely to use different platforms.



2.1.3. Making social media spaces safe

The safety of social media as a tool for consumer engagement in service design and QI activities is a significant concern for organisations, service providers, and consumers. Ensuring that social media spaces are as safe as possible for all users is an important part of planning social media-based consumer engagement activities.

Table 3 outlines strategies for making social media-based consumer engagement safe. It is not a comprehensive guide to social media monitoring, moderation or eSafety. Your communications team will be able to provide further advice about e-safety and the monitoring and moderation of social media.

An implementation tool for **Planning a safe social media community** is provided in the **Implementation Workbook**.

Key points



To increase the safety of social media spaces:

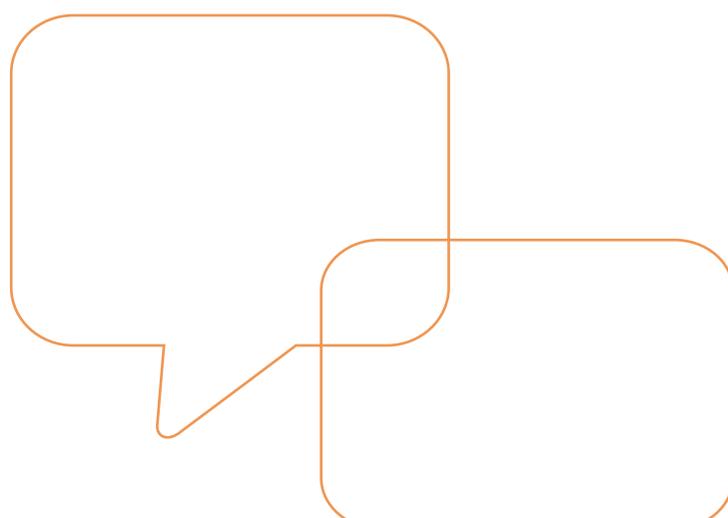
- Make social media governance documents and community standards accessible for all users
- Have plans in place for monitoring and moderating social media pages and groups
- Design moderation strategies and community guidelines in partnership with target audiences and people who use the platforms
- Be prepared for managing negative comments and discussion of polarising topics
- Respect user privacy

If platforms aren't monitored or mediated there's the opportunity for people to say mean things that are not taken down. I think people need structure and need rules to use these things."

– Consumer representative, QLD


Table 3. Strategies for making social media-based consumer engagement safe

Strategy	Actions to support this strategy
Social media governance documents and community standards are available and accessible for all users	<ul style="list-style-type: none"> • Make organisational social media policies available to any stakeholders affected by them – including consumers. Ways to make organisational policies available to consumers include, but are not limited to: making policies accessible through the website; creating consumer-friendly versions or summaries of policies; making policies available on request. • Create social media community standards for organisational pages and private spaces in collaboration with consumer and provider users and post these on the organisation’s social media pages. • Ensure social media policies and community standards are clear about whether any data will be gathered through social media, and how this may be used to inform service design and QI activities.
Social media monitoring and moderation	<ul style="list-style-type: none"> • Actively monitor social media pages, and moderate discussions in-line with community standards when required. • Consider using automatic moderation tools available on some platforms, such as page moderation word lists or pre-moderation of posts, but also understand that these tools do not remove the need for monitoring and moderation of pages, and that they may negatively impact the rapport you build with your community. • Understand that social media users can interact 24/7 and have plans in place for monitoring social media pages outside of business hours. If 24/7 moderating is not possible for your service, you may need to consider strategies which minimise risk (particularly when posting about topics which may be controversial or spark a lot of discussion). Strategies may include: <ul style="list-style-type: none"> – making users aware of the times the pages will be moderated – posting at times when adequate staff will be available for monitoring – turning off comments at times when moderation is not possible – using private message auto-reply functions when the channel is not being monitored informing users when their message will be addressed – inviting people to comment through private messages or email at times when the page is not moderated/comments are turned off



Strategy	Actions to support this strategy
<p>Be prepared for negative comments and discussions of polarising topics</p>	<ul style="list-style-type: none"> • Anticipate negative reactions to social media content, and negative posts on social media pages, and have plans in place for responding to/managing negative posts. Frameworks and flow charts can help you assess negative posts (e.g., trolling vs legitimate complaints) and guide responses. This example of a simple social media moderation flowchart comes from Logan City Council in Queensland. • Have specific plans in place for managing social media comments or messages referring to self-harm or suicide, threats of harm to others, disclosure of illegal activities, and potential defamation. Our research did not show that these types of posts were common, but they were areas of specific concern for our research participants and their organisations. • Be strategic about posting content that may be controversial or create a lot of discussion. Have a plan in place for managing discussions, and time posts so that adequate staff are available for monitoring and moderation. • Have private messaging features enabled for social media accounts, and endeavour to respond to private messages in a timely way. Consumers and patients communicating with organisations via social media – particularly when giving feedback about services or asking questions - generally prefer communicating through private messages rather through public methods such as posting on walls, responding to comments, or @-tagging organisations.
<p>Respect user privacy</p>	<ul style="list-style-type: none"> • Allow users to control their own privacy settings. • Have options for users to use pseudonyms or be anonymous. • Gain permission before posting content about a person (patient/consumer or staff member), whether they are identifiable or not.

Want to know more about making social media spaces safe?



- Talk to your communications team.
- The [eSafety Commissioner](#) provides a range of resources and online training to make online spaces safer.
- [Social Media – Office of the Australian Information Commissioner](#) outlines what happens to information you post on social media, your privacy rights on social media, and what to do if you are bullied or harassed online.
- [Responding to anti-social use of social media and the internet](#) from the NSW Ombudsman gives specific guidance on how to respond to negative comments.

2.2. Using social media-based consumer engagement in your service design or QI project

This section of the guide provides practical and evidence-based strategies for using social media as a consumer engagement tool in service design and QI activities or projects. Through our research we have categorised the different methods of social media use in consumer engagement. Broadly speaking, social media is used as either an **information gathering tool**, or as a **space for collaboration** where consumers and health professionals can work together on service design and QI projects. These two broad types of use fit in well with service design or QI models, such as the **Model for Improvement**, which are often categorised by cycles of data gathering, and collaborative group problem solving and decision making.

To reflect the two broad ways of using social media for consumer engagement, we have divided this section into two topics:

- **2.2.1. Using social media to gather data to inform service design and QI (p. 29)**
- **2.2.2. Using social media for collaborative consumer engagement approaches (p. 33)**

This section is most suitable for service providers and consumer representatives who are involved in planning, implementing, and evaluating hospital service design and QI projects.

It is important to carefully plan social media-based consumer engagement activities within your service design or QI project. An implementation tool for **Planning a social media-based consumer engagement activity in your project** is available in the **Implementation Workbook**. However, there are core principles for social media-based engagement activities to plan for and follow.

Key points:



- Ensure activities align with organisational social media policies or processes
- Collaborate with consumer representatives from target audiences in planning the best methods of engagement with different communities
- Use social media methods of engagement in partnership with other engagement methods
- Provide training and support to consumers and service providers involved in engagement activities
- Social media spaces need to be safe for both consumers and providers
- Ensure that consumers and providers understand how their contributions will influence QI and service design activities
- Share the outcomes of consumer engagement activities with people both inside and outside the organisation

This section of the guide assumes that your organisation is already prepared for the use of social media as a tool for consumer engagement. If you are unsure about how prepared your organisation is, you may like to use **Section 2.1.1. Establishing organisational readiness** as an audit tool before considering the actions you need to take within your specific project.

2.2.1. Using social media to gather data to inform service design and QI

Social media can be a valuable source of information about patient and consumer experiences of services which can inform service design and QI activities. Social media can reach different audiences to those who participate in typical hospital data gathering methods (such as surveys, face-to-face consultation activities). You can use social media data alongside data gathered through other methods. Social media approaches are particularly useful for gathering qualitative data.

Table 4 provides more detail about the methods of social media use identified through our research that are particularly suitable for data gathering.

We do sometimes invite feedback through social media - asking people if they've got ideas or comments they would like to make. Then any comments, feedback or ideas we do receive through social media we pass directly on to the people who are working on that project.

– Communications manager, VIC

Key points:



- Social media can be a valuable source of data that can inform service design and QI.
- A variety of methods of social media use, and social media platforms, are appropriate for data gathering.
- Methods include using key word searches to find relevant online conversations about a health service/topic (social listening), collating messages sent directly to the organisation and integrating them into service design or QI data, or hosting consultation activities on social media channels.
- Data can be gathered through public social media pages or private channels.

**Table 4. Methods of social media use suitable for data gathering**

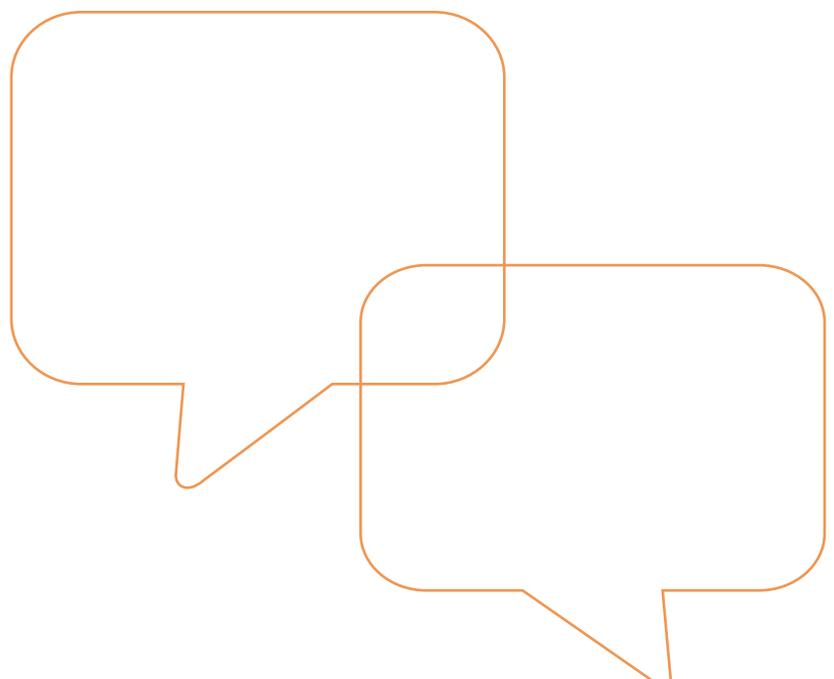
Method of social media use	Using this method to gather service design and QI-relevant data	Features and examples of platforms suitable for this method
Social listening	<p>The organisation searches for key words associated with their issue or service (e.g., name of hospital) to find conversations/data that are not directed at them but are relevant to their issue or service. Social listening can help organisations find social media conversations or posts about their service in online spaces they do not necessarily have control over (such as review sites or on open platforms such as Twitter). Collate information gathered through social listening and analyse for common themes, to identify areas for improvement. If organisations are gathering data through social listening, they should not attempt to contact people involved in discussions that have not been directed at the organisation and are discoverable through key word searches only.</p>	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Keyword search function • Most platform users have open/public feeds. • May use artificial intelligence software to aid search and data gathering. <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Twitter • Review sites (Google Reviews, Yelp)
Public communication aimed at the organisation	<p>Social media users may direct feedback or suggestions for change at the organisation by posting on their social media pages, commenting on organisational posts, or tagging the organisation. The features of the platform will influence the way users connect with an organisation directly. The organisation should respond to these direct communications (see <i>'Have a process in place for managing patient or consumer feedback received through social media'</i> for more information). Collate information gathered and analyse for common themes. People providing feedback may be approached to be involved as consumer representatives in QI or service design activities relevant to their issue.</p>	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Most users have open/public feeds or organisations have open social media pages • Platform allows for hash-tagging, @-tagging users and/or writing/commenting on the social media feeds of others. <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Twitter • Facebook • Instagram • CareOpinion
Private communication aimed at the organisation	<p>Social media users may direct feedback or suggestions for change at the organisation by sending a private message. The organisation should respond to these direct communications (see <i>'Have a process in place for managing patient or consumer feedback received through social media'</i> for more information). Collate information gathered through the public communications and analyse for common themes. People providing feedback may be approached to be involved as consumer representatives in QI or service design activities relevant to their issue.</p>	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Organisations have open/public social media pages or feeds • Platform allows for private messaging between users <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Twitter • Facebook • Instagram

Method of social media use	Using this method to gather service design and QI-relevant data	Features and examples of platforms suitable for this method
Public consultation	<p>Social media can be a space to ask for service design or QI project-relevant feedback on specific questions or aspects of the project. Collate information gathered through consultation activities and analyse for common themes. Social media tools such as polls and quizzes can be used as part of consultation activities. People providing the feedback may be approached to be involved as consumer representatives in QI or service design activities relevant to their issue.</p>	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Organisations have open/public social media pages or feeds • Platform allows for hash-tagging, @-tagging users and/or writing/commenting on the social media feeds of others. <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Twitter • Facebook • Instagram
Private consultation	<p>Use password restricted, or invitation-only, social media spaces to create a private space to consult with a select group of consumers on specific questions or aspects of a service design or QI project. This approach may be favoured when:</p> <ul style="list-style-type: none"> • topics are sensitive or controversial • the project is targeting a small population of people • consumers have privacy concerns • an organisation wants to limit the number of people who have access to the aspects of the project (e.g., providing feedback on documentation) <p>The consultation group is usually either once-off or short term (e.g., a focus group), only involves consumers, and the aim is to gather information and feedback rather than make decisions. People involved in the private consultation may be approached to take part in other consumer representative roles within service design and QI relevant to their issue.</p>	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Restricted access pages/platform (through registration or invitation) • Discussion forums or chat functions <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Facebook closed/private groups • Project management applications (e.g., Slack, Basecamp, Teams) • WhatsApp • Bang the Table • Purpose-built platforms

Want to know more about using social media for gathering data?



- Talk to your communications team.
- [What is social listening?](#) from Hootsuite gives an overview of social listening and some basic tips.
- [A guide to using data for healthcare quality improvement](#) was published in 2008 but still contains relevant, practical information for collecting and integrating data into QI processes.
- The [Institute for Healthcare Improvement](#) provides a range of resources and education opportunities around QI in health. The [How to Improve](#) page is a good starting point for people seeking practical QI tools, including how to use data to inform QI.
- [Tools, tips and links](#) page from QualityWorks provides a range of resources around QI in health.
- Have a look at some of the 'Change Made' stories on [Care Opinion](#) to see the types of patient experiences people may share on social media platforms, and how hospitals have made changes in response to the feedback.
- [Can social media be used as a hospital quality improvement tool?](#) Read how a hospital in the USA used Facebook to ask for feedback on their services to identify potential areas for improvement.



2.2.2. Using social media for collaborative consumer engagement approaches

Social media platforms can be used as virtual rooms for collaboration between consumers and providers working on service design and QI projects. Collaboration is an important part of co-design approaches. Generally, collaborative activities will take place in private social media spaces such as Facebook or WhatsApp groups, or co-working project management platforms such as Slack, Basecamp and Teams.

Table 5 provides more detail about the methods of social media use identified through our research that are particularly suitable for collaborative working.

Key points:



- Social media can be used for co-design, and other collaborative engagement approaches
- Social media platforms can act as virtual rooms for collaboration
- Collaborative approaches generally take place in restricted access social media spaces (i.e., those which require registration or invitation to join)

Table 5. Methods of social media use suitable for collaborative working

Method of social media use	How to use this method for collaborative working	Features and examples of platforms suitable for this method
Organisation hosted collaborative space	The organisation establishes, hosts, and supports users to access a private social media space where service providers and consumers can work together on service design and QI projects. Participants discuss ideas and opinions, create new knowledge, make decisions, and enact QI/change projects together. All participants work towards addressing power imbalances in the space, with the aim of achieving equality in terms of their influence on the project and decisions made regardless of their role.	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Restricted access pages/platform (through registration or invitation) • Discussion forums or chat functions <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Facebook closed/private groups • Project management applications (e.g., Slack, Basecamp, Teams) • WhatsApp • Purpose-built platforms



Method of social media use	How to use this method for collaborative working	Features and examples of platforms suitable for this method
Service provider initiated and managed private space	Hospital staff members ('service providers') create and manage a social media space, generally for other staff members. The space is used to work on service design and QI projects together, for peer support, and for collectivising and advocating for change within their organisation or in the wider health system. Consumers may be invited into service provider managed spaces.	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Restricted access pages/platform (through registration or invitation) • Discussion forums or chat functions <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Facebook closed/private groups • Project management applications (e.g., Slack, Basecamp, Teams) • WhatsApp • Purpose-built platforms
Consumer initiated and managed private space	Consumers create and manage a social media space, generally for other consumers. In relation to service design and QI issues, consumers use these spaces to discuss issues they experience related to their health or healthcare service, and to collectivise and advocate for change. Providers or organisations may be invited into consumer managed spaces. Consumer managed spaces and online consumer communities provide opportunities for organisations to build relationships with consumers who are already actively using social media as a mechanism for influencing change in health services.	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Restricted access pages/platform (through registration or invitation) • Discussion forums or chat functions <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Facebook closed/private groups • Project management applications (e.g., Slack, Basecamp, Teams) • WhatsApp • Purpose-built platforms
Public conversations	Public conversations happen on public social media platforms where anyone on the platform can contribute to the conversation. In terms of service design and QI activities, they provide an opportunity for the people involved in the conversation to share knowledge and experience, and to collectivise and advocate for change.	<p><u>Features:</u></p> <ul style="list-style-type: none"> • Most users have open/public feeds, or the initiators of the communication have open/public social media pages • Platform allows for writing/commenting on the social media feeds of others. • Platform allows for hash tagging and/or tagging users. <p><u>Platform examples:</u></p> <ul style="list-style-type: none"> • Twitter • Facebook • Instagram

Strong, positive relationships are essential for good collaboration. These collaborative relationships may be more difficult to achieve through social media because people are working apart from each other and are often contributing to discussions at different times (working ‘asynchronously’). Because much of the communication is text-based, social media users may miss out on non-verbal communication, such as body language and tone of voice, which can make it more difficult to develop good relationships. As a result, social media-based teams may need to work harder to build effective working relationships in collaborative projects.

Encourage private social media groups to develop their own group standards around what is posted in the group and how group members interact. Discussions when the group starts about past experiences of social media-based groups and what the group thinks would help keep members engaged, will help the group develop their own

community standards and expectations. You can find examples of questions for creating community standards in the **Implementation Workbook – Building a collaborative project team on social media**.

Be aware that all participants – not just consumers – may find social media-based engagement activities challenging. Common challenges can include difficulties around relationship building, managing asynchronous working, and issues with using technology. Having group discussions which identify common challenges across participant types and give participants the chance to develop their own solutions, may also help with team building. Project leaders also need to be prepared to provide some basic technical support to participants. An implementation tool for **Building a collaborative project team on social media** is available in the **Implementation Workbook**.

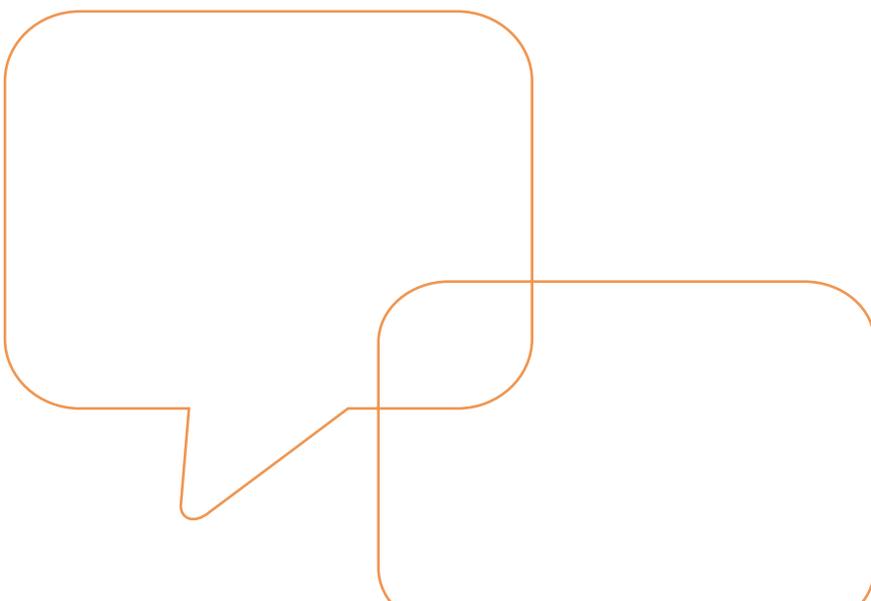
We’re using social media to break down some of that structural hierarchy between people who are employed by the hospital and people who are engaged in the work. For example, using hospital group emails to communicate with the project team is unhelpful to people who don’t have a hospital email account, so we set up Google drives, or WhatsApp chat groups, to create more equality between everyone.

– Quality improvement manager, VIC

Want to know more about using social media for collaboration?



- Talk to your consumer engagement and/or communications team.
- Check out these examples of using social media for collaboration:
 - [Digital community engagement in Australia](#) by Arnetech provides a range of recommendations about using social media for collaboration. It includes a case study on page 20 describing how Metro South Health (QLD) used social media and other methods to engage consumers in the redesign of models of care in their Mums and Bubs program.
 - [Amplify](#) is the online consumer engagement portal from Health Consumers NSW. Amplify is used for online consultations, working groups, and learning networks.
 - [Births, Deaths and Marriages](#), within the Department of Justice and Community Safety, Victoria, used social media (primarily Yammer) and other online approaches as part of co-designing a new organisational structure with staff and community members. This video goes into detail about their co-design process.
 - [UNAIDS conducted a participatory online project](#) with young people around the world to integrate youth perspectives into strategies and policies around HIV and AIDS. The project used crowdsourcing, Facebook groups, and offline forums to engage over 5000 young people from 79 countries around the world in setting priorities and actions for UN health policies.



2.3. Information for consumers

This section is for patients, carers, family members and consumer representatives. It talks about how consumers can use social media to engage with their hospitals. This section has five topics:

- **2.3.1. How can I use social media to engage with my hospital? (p. 38)**
- **2.3.2. How can using social media to engage benefit me? (p. 39)**
- **2.3.3. How will I know if my hospital is ready to use social media for engagement? (p. 40)**
- **2.3.4. What should I know before I start using social media for engagement? (p. 41)**
- **2.3.5. I've had a bad experience on social media. What should I do? (p. 43)**

Key points:



- **Many people use social media to give feedback to their hospitals.**
- **Using social media to engage with your hospital might:**
 - make it easier for you to participate in consumer engagement activities.
 - help you to build a relationship with staff at your hospital.
 - Connect you with other people who are interested in making positive changes.
- **Not all hospitals are ready to use social media to engage with consumers, even if they have an organisational social media page.**
- **It is important that you understand the risks of engaging through social media. Risks can include having negative interactions with other people online and identifying yourself as having a certain health condition or using a particular health service.**
- **You can be part of advocating for hospitals to use social media for consumer engagement.**

2.3.1. How can I use social media to engage with my hospital?

Social media can make it easier for you to communicate with your hospital. This includes giving feedback and sharing your ideas for improvement. Social media can also make it easier to get involved in consumer engagement activities. You can use social media to get involved consumer engagement activities by:

- Giving feedback direct to hospitals. This might be through posting on the hospital social media page, tagging the hospital in a post you make, or sending a private message. Hospitals can use both positive and negative feedback to improve their services.
- Posting experiences or feedback about your hospital on rate and review sites such as Google Reviews, CareOpinion or Yelp.
- Being part of social media discussions with other consumers, health providers, and organisations about hospitals and their services.
- Being part of co-design activities in social media spaces.
- Being part of consumer groups on social media. You might use these groups for peer support, sharing information, or to advocate for changes to healthcare.
- Sharing your experiences of hospital services on your own social media account. You might be sharing this information just to your friends, family, or social media followers (not to your hospital). It is important to know that your hospital may be able to find and use this information if your posts are open to the public, and you have named the hospital.

I've been able to use social media for consumer or community engagement twice. And that was for designing a new psychiatric ward, and the new emergency department at the hospital."

– Consumer representative, SA

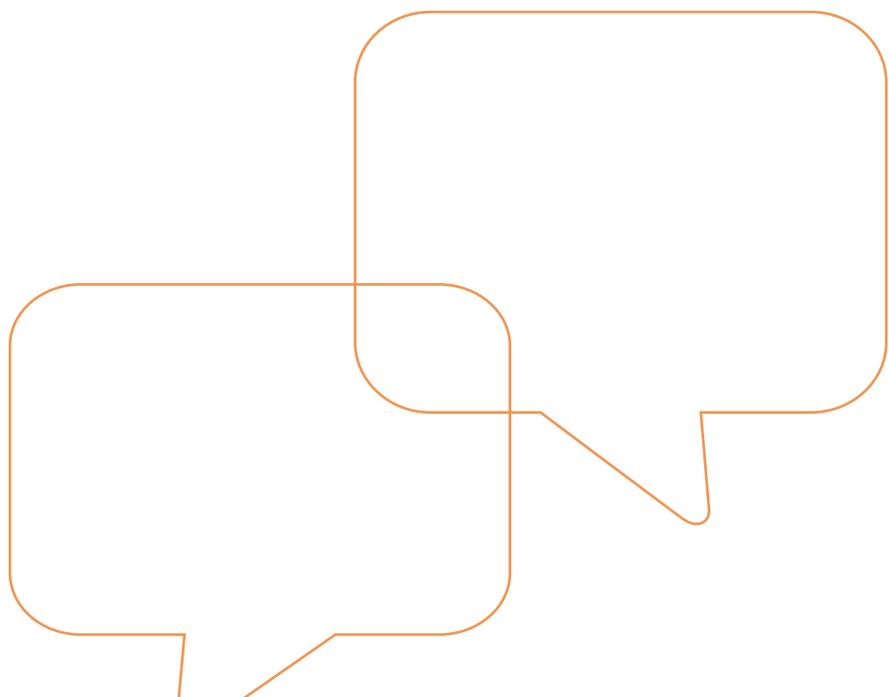
[She] has set up some online Facebook groups for the consumer reps around the state to communicate with each other. If people get involved in that when they're starting out, it shows that we're just normal people, and if they can see someone like them doing these things then perhaps it'll encourage more of them to take on that role.

– Consumer representative, WA

2.3.2. How can using social media to engage benefit me?

Consumers experience many of the same benefits outlined in **Section 1.4. The benefits and risks of using social media for consumer engagement**. However, there are some benefits just for consumer users. These are:

- You can communicate directly with a service in your own words through social media. Sometimes other communication and feedback methods in hospitals do not let you use your own words (such as surveys with multiple choice answers).
- Social media might be a way to provide feedback when other feedback methods are not working for you.
- You might get a faster response to a question or feedback when communicating with your hospital through social media.
- Regular communication with your hospital on social media might help you build a relationship with them. This might be useful if you are considering taking on a consumer representative role in the future.
- Social media allows you to provide feedback in a public way. Not everyone wants to provide public feedback, but some people do want others to know about experiences they have had.
- Social media can help you to connect with other consumers, consumer groups or service providers. This connection can give you support and a place to share information. It can also be a way to create a community that can advocate for changes at your hospital.
- Using social media as part of a service design or QI activity might help you grow your own social media presence or gain more followers.
- Social media might make it easier for you to get involved in consumer engagement activities. For example, using social media for engagement may reduce time, costs, and fatigue because you do not have to travel to participate.



2.3.3. How will I know if my hospital is ready to use social media for engagement?

Even if a hospital has social media pages, they might not be well set up for using social media for consumer engagement. Questions you might want to ask your hospital before engaging with them through social media are:

- Can I read your social media policies and processes?
- How have consumers been involved in developing social media policies, processes, and plans?
- What information do you collect through social media, and how do you use it to design or improve hospital services?
- How do you manage or moderate your social media pages to keep everyone safe?
- Do you have group rules or community standards for your social media pages or groups?
- What social media training is available for staff and consumer representatives?
- Can I access the internet, and social media sites, when I am at the hospital?
- Are consumers involved in developing content for your social media pages?
- How does consumer engagement on social media relate to the other methods of consumer engagement that happen at the hospital?

Social media gives an opportunity for patients, carers and community to actually engage independently of the health service, to give an individual or a collective voice back.

– Consumer representative, QLD

If your hospital is not ready to use social media as part of their consumer engagement activities, these questions might help you start conversations with hospital staff about using social media in QI or service design. You might also like to give this guide to consumer engagement, quality improvement or communications staff as a resource about social media for consumer engagement.

If you want to read more about this topic, **Section 2.1.1. Establishing organisational readiness** provides detailed advice for hospital decision-makers about what hospitals need to prepare before using social media for consumer engagement.

2.3.4. What should I know before I start using social media for engagement?

Much of the information in this guide is relevant for consumers. If you are a consumer, we recommend reading other sections of the guide to understand how social media-based consumer engagement can be as safe and effective as possible.

Table 6 provides additional information for consumers who are wanting to use social media to engage with their hospital.

Table 6. Strategies for consumers using social media to engage with hospitals

Strategy	Advice and information about this strategy
Understand the risks of engaging via social media	<ul style="list-style-type: none"> • The most important risks for consumers of engaging with hospitals via social media are: <ul style="list-style-type: none"> – Bad experiences with other users on social media (e.g., negative responses to posts, bullying, trolling). – Risks to your privacy (e.g., being identifiable as a service user, people knowing about your health conditions or experiences with healthcare, your social media posts being seen by a lot of people). – Your hospital does not use social media feedback as part of service design or improvement processes (they ignore social media feedback or redirect you through other feedback channels). • Reduce these risks by: <ul style="list-style-type: none"> – Understanding the privacy features on the platforms you are using and changing your privacy settings so you feel comfortable with who can view and respond to your posts. – Your hospital having good monitoring and moderation processes in place for their organisational social media channels. – Your hospital having processes in place for using and responding to feedback provided through social media. • You should also know that health professionals in Australia have successfully sued patients who have posted false negative comments and reviews on social media. This has included identifying and taking legal action against people who have used fake names. We recommend that if you have negative feedback about an individual practitioner you go through private, formal, complaints mechanisms (such as the formal complaints process of your hospital, your state’s health complaints organisation or the Australian Health Practitioner Regulation Agency).



Strategy	Advice and information about this strategy
Understand privacy settings and who can read your posts	<ul style="list-style-type: none"> • Understand the privacy features of the platforms you are using. This includes understanding who can read your posts and the information they can find out about you. Change your privacy settings to meet the level of privacy you want. • If you are posting on a hospital's public social media page, making a comment on a hospital's post, or tagging a hospital in your posts, other users may be able to see what you have written. Other users might also be able to comment on or share your post, depending on your privacy settings and the platform you are using. This can be good because other people might share their experiences or start a discussion with you. But it can also be bad because other users can make negative comments about you or your experiences. • If you are posting about a hospital on your own social media account and have used the name of the hospital, they might be able to find the post. They can do this through searching the name of the hospital, even if you have not tagged them. Whether or not the hospital can see the post will depend on the platform you are using and your privacy settings.
Understand how hospitals receive feedback	<ul style="list-style-type: none"> • Some hospitals might not like getting feedback through social media. If you prefer giving feedback to the hospital through social media, you might like to explain in your message why you are choosing to provide feedback through social media.
Get involved in the development of social media processes and plans	<ul style="list-style-type: none"> • Consumers can be involved in planning hospital social media policies, processes, and activities. Consumers should also be involved in developing social media community rules and content. Consumers can also be part of leading or monitoring/moderating social media-based discussions. • Hospital policies and processes about social media should be available for consumers to read. This includes information about what information will be gathered through social media and how it will be used.
Connect with consumer-led groups	<ul style="list-style-type: none"> • There are many consumer-led groups on social media. You might be able to join groups associated with your hospital, or groups specific to your health condition. You may be able to find them by searching on platforms, contacting your local consumer peak bodies or condition-specific organisations, or by speaking to service providers at your hospital. Links to the websites of consumer organisations in Australia are in Appendix 2. • If a consumer-led group specific to your needs does not exist, you could use this guide to start one of your own.
Connect with different types of people	<ul style="list-style-type: none"> • Social media provides opportunities to connect with other people who are interested in improving hospital services. Connecting with other consumers and providers from your hospital, and with people from other health services, creates new opportunities for learning and partnership.

2.3.5. I've had a bad experience on social media. What should I do?

If you've had a negative experience on social media there are a few actions you can take.

- Consider blocking or muting the person/account so you no longer see their comments. Muting means you will no longer see their comments but they might still be able to view yours. Blocking means that you will not see them, and they will no longer be able to see or interact with you.
- Most social media platforms have mechanisms for reporting accounts or posts for offensive or anti-social content. This might result in posts being deleted, or the account being suspended or banned from the platform.
- If the interaction has happened on an organisational page, or during an organisational social media activity, inform the organisation or the person in charge of the page/activity about the experience

you have had. The person managing the social media page or activity should take action to resolve the situation. Depending on the situation, the page manager might remove posts or content, suspend or ban accounts from the page, give warnings about inappropriate behaviour, or initiate conflict resolution strategies (e.g., if you are working on a social media-based collaborative group project).

- The **eSafety Commissioner** has a lot of resources about staying safe online, including how to report inappropriate behaviour to the social media platform and/or the Commissioner.
- If the experience has caused distress and you need immediate support, contact:
 - **Lifeline**: 13 11 14 (phone, text and chat support available)
 - **Kids Helpline**: 1800 55 1800 (for children and young people aged 5 – 25)

You can get trolls, where somebody tries to put somebody else down and they know they can get away with it, because nobody is going to find out who they are.

– **Consumer representative, VIC**

Want to know more about using social media as a consumer?



- Talk to other consumers and consumer representatives about how they use social media to engage with their hospitals or connect with their consumer peers.
- Talk to your hospital's consumer engagement and/or communications team.
- Look at your hospital's organisational social media pages.
- You might like to connect with your state's consumer organisation through social media. To find their social media pages you can search for the name of the organisation on popular social media sites (such as Facebook and Twitter) or you can head to the organisation's website to find links to their social media pages (a list of organisations with links to their websites is provided in **Appendix 2**).
- **Be Connected** is a website from the Office of the eSafety Commissioner which has a range of courses, presentations, resources, and even games, to help you build skills in using digital technology and get started online.
- The **Office of the eSafety Commissioner** has a wide range of resources and information about using technology safely. This includes specific resources and information about using technology safely for parents, children and young people, women, seniors, parents, young people, people with disabilities, Aboriginal and Torres Strait Islander people, members of the LGBTIQ+ community, and culturally and linguistically diverse communities.
- For general information about security of internet-connected devices and online activities (not just social media) head to **the Individuals and Families section** of the Australian Cyber Security Centre.

Part 3:

Appendices

- **Appendix 1. Social media use across the IAP2 spectrum (p. 46)**
- **Appendix 2. Additional consumer engagement and QI resources (p. 49)**

Appendix 1. Social media use across the IAP2 spectrum

Many organisations use the [International Association for Public Participation \(IAP2\) Spectrum](#) as a tool to help guide decision

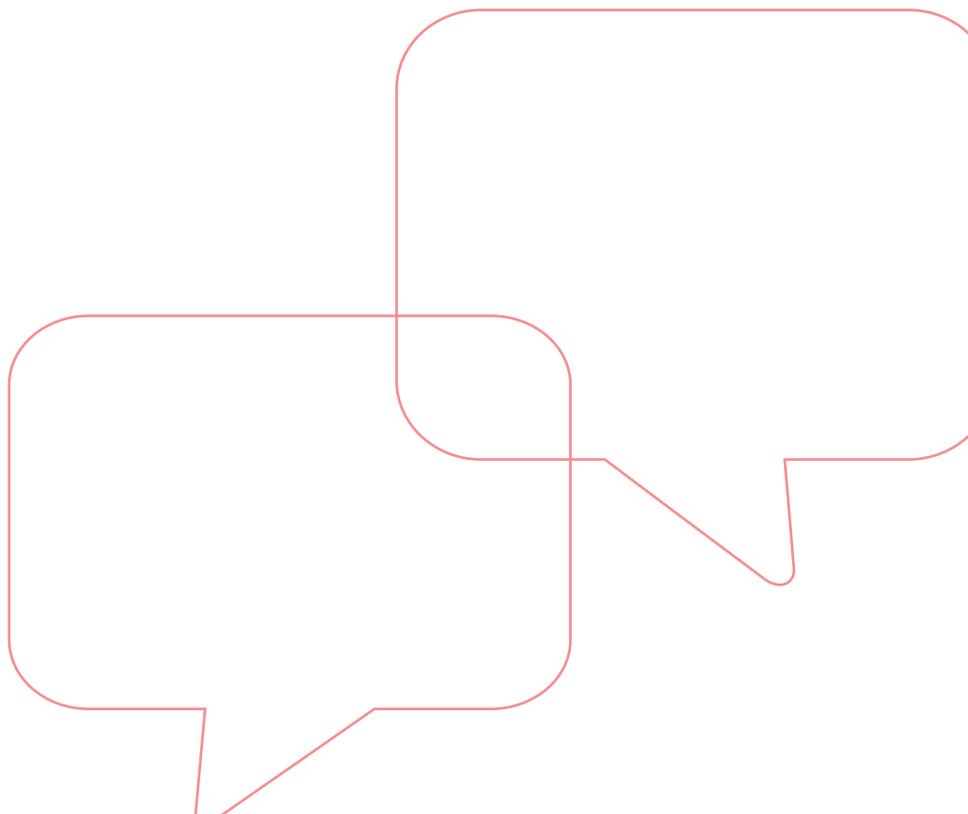
making around the level of participation required, desired, or used in a consumer engagement activity.

This table presents which methods of social media use are most suitable for each level of participation from the IAP2 Spectrum.

Domain of IAP2 Spectrum	Methods of social media use	Example of use
Inform To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	Public communication aimed at a known audience	Hospital shares information about a QI or service design project through their public social media pages. A hospital representative moderates the social media pages.
Consult To obtain public feedback on analysis, alternatives and/or decisions.	Public communication aimed at a known audience	Hospital uses their public social media pages to recruit participants to a feedback survey which informs decision making in a QI or service design project. Hospital shares information through their public social media pages on how the public/consumer feedback influenced the service design or QI project. A hospital representative moderates the social media pages.
	Public consultation	Hospital uses their public social media pages to ask for <i>once-off</i> feedback on a service design or QI project. People provide their responses publicly on social media by posting on hospital social media pages, responding to comment threads about the project, by @-tagging the hospital, or by using a dedicated hashtag. Hospital collates the responses and uses the data to inform decision making in the project. Hospital shares information through their public social media pages on how the public/consumer feedback influenced the service design or QI project. A hospital representative moderates the social media pages.
	Private consultation	Hospital has a private social media group or channel (accessible through registration or invitation only) to consult consumers on QI or service design projects. Consumers in the group provide their responses to requests for <i>once-off</i> feedback on service design or QI project in a private forum, viewable only by other members of the group. Hospital collates the responses and uses the data to inform decision making in the project. Hospital shares information with the group about how their feedback influenced the service design or QI project. A hospital representative moderates the group.

Domain of IAP2 Spectrum	Methods of social media use	Example of use
<p>Involve</p> <p>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</p>	<p>Public consultation</p>	<p>Hospital uses their public social media pages to ask for feedback <i>at different stages throughout</i> a service design or QI project. People provide their responses publicly on social media by posting on hospital social media pages, responding to comment threads about the project, by @-tagging the hospital, or by using a dedicated hashtag. Hospital collates the responses and uses the data to inform decision making throughout the project. Hospital shares information through their public social media pages on how the public/consumer feedback is influencing the service design or QI project as it evolves. A hospital representative moderates the social media pages.</p>
	<p>Private consultation</p>	<p>Hospital has a private social media group or channel (accessible through registration or invitation only) to consult consumers on QI or service design projects. Consumers in the group provide their responses to requests for feedback <i>at different stages throughout</i> a service design or QI project in a private forum, viewable only by other members of the group. Hospital collates the responses and uses the data to inform decision making throughout the project. Hospital shares information with the group about how their feedback is influencing the service design or QI project. A hospital representative moderates the group.</p>
<p>Collaborate</p> <p>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</p>	<p>Public conversation</p>	<p>Consumers, providers, organisations, and members of the public discuss possible approaches, solutions and make decisions about hospital service design or QI projects on open and public social media platforms. Participants connect by posting on hospital social media pages, responding to comment threads about the project, by @-tagging the hospital or by using a dedicated hashtag. The conversation may be unmoderated or may be self-moderated by the participants within the group.</p>
	<p>Organisation hosted collaborative space</p>	<p>Hospital hosts a private social media group or channel (accessible through registration or invitation only) in which consumers and providers can work together over time on a service design or QI project. Participants strive to flatten hierarchies in the group and address power dynamics, so consumers and providers are equally involved in development of ideas and decision making within the project. Group may be self-moderated, consumer and provider members of the group may be moderators, or the host organisation may provide a moderator.</p>

Domain of IAP2 Spectrum	Methods of social media use	Example of use
Empower To place final decision making in the hands of the public.	Public conversation	Consumers discuss possible approaches, solutions and make decisions about hospital service design or QI projects on open and public social media platforms. Participants connect by posting on hospital social media pages, responding to comment threads about the project, by @-tagging the hospital or by using a dedicated hashtag. The conversation may be unmoderated or may be self-moderated by the participants within the group. Hospitals enact the decisions made by the consumers involved in the conversation.
	Consumer initiated and managed private space	Consumers discuss possible approaches, solutions and make decisions about hospital service design or QI projects on private social media groups or channels (accessible through registration or invitation only). Consumers establish, manage, and moderate the group. Providers or hospital representatives may be allowed access to the group if required but have no decision-making power. Hospitals enact the decisions made by the consumers involved in the group.



Appendix 2. Additional consumer engagement and QI resources

This guide presents evidence-based strategies around the use of social media as a consumer engagement tool. It does not provide general advice on consumer engagement, social media, or service design/QI. This appendix provides links to organisations and resources which provide general information and advice about consumer engagement and/or QI.

Consumer engagement

Australian Health Consumer Organisations

- [Consumers Health Forum of Australia](#)
- [Health Care Consumers Association \(ACT\)](#)
- [Health Consumers NSW](#)
- [Health Consumers Queensland](#)
- [Health Consumers Alliance of SA Inc](#) – closed September 2020, but the website and publications/resources are archived.
- [Health Consumers Tasmania](#)
- [Health Issues Centre](#) (Victoria)
- [Health Consumers Council \(WA\)](#)

Australian Federal and State Government websites

- [National Safety and Quality Health Service Standards – Partnering with Consumers Standard](#) (ACSQHC)
- [Consumer Involvement Toolkit](#) (Cancer Australia)
- [Consumer Involvement](#) (ACT Health)
- [Patient Experience and Consumer Engagement](#) (Agency for Clinical Innovation, NSW Health)

- [Stakeholder Engagement and Consumer Participation](#) (Department of Health, NT)
- [Consumer and Community Engagement](#) (QLD Health)
- [Consumer and Community Engagement](#) (SA Health)
- [Partnering with Consumers](#) (Safer Care Victoria)
- [Consumer, Carer, Community and Clinician Engagement](#) (Department of Health, WA)

International information and resources:

- [International Association for Public Participation \(IAP2\)](#)
Many hospitals and health services use the IAP2 spectrum as a framework to guide consumer engagement.
- [The Beryl Institute](#)
The Beryl Institute is an international community of practice with a focus on patient experience. They provide resources, peer support and learning opportunities.

Quality Improvement

Australian Federal and State Government websites:

- [Australian Commission on Safety and Quality in Health Care](#)
- [Clinical Excellence Commission](#) (NSW)
- [Quality Improvement Academy](#) (NSW)
- [Clinical Excellence Queensland](#)
- [Commission on Excellence and Innovation in Health](#) (SA)
- [Quality, Safety and Service Improvement](#) (Vic)
- [Safety and Quality](#) (WA)

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