Using social media to facilitate consumer engagement in Australian public hospital service design and quality improvement

Louisa Walsh
Louisa.walsh@latrobe.edu.au
@laqwalsh

Pre-submission presentation – December 9th 2021

Acknowledgements

LA TROBE UNIVERSITY

All kinds of clever

Outline

- Overview of the PhD project

- Activities and progress in 2021

  – Study three: guide developments

- Thesis discussion points and implications

The
Project

Aim

- To explore the potential for social media to be used for greater and more meaningful involvement by the public, patients and family members in service improvement activities within Australian public hospitals

Key definitions

- **Consumers**

  - People, families, carers and communities who are current or potential users of health services (Horvat, 2019)

- **Consumer engagement**

  - Involving consumers in the planning, design, delivery, measurement and evaluation and improvement of health services. (Horvat, 2019)

- **Service provider**

  - Any employee of a hospital or other health service, whether in a clinical or non-clinical role.

- **Social media**

  - a group of Internet-based applications that allow for the creation and exchange of user generated content, and the creation of social networks between users (Kaplan and Haenlein, 2010)

LA TROBE UNIVERSITY

All kinds of clever

Key definitions

- **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 (pg 1)."(Batalden and Davidoff, 2007)

- **Service design**

  – Collaborative and creative approach focused on imagining and enabling new forms of value co-creation by bringing together multidisciplinary actors to enable innovation across organisations, networks or wider service ecosystems (Vink et al, 2019)

LA TROBE
UNIVERSITY

All kinds of clever

The project

Study 1 –

Scoping review

- Original search (2019) – 40 included studies
- Update (2021) – 54 included studies
- One paper published, one submitted

Study 2 – Interview study (2020)

- 26 participants
- Two papers published

Study 3 –

Development of a guide for hospitals, service providers, consumers (2021)

- Consultation and co-creation methods
- 18 participants in consultation
- Co-creation with advisory committee members
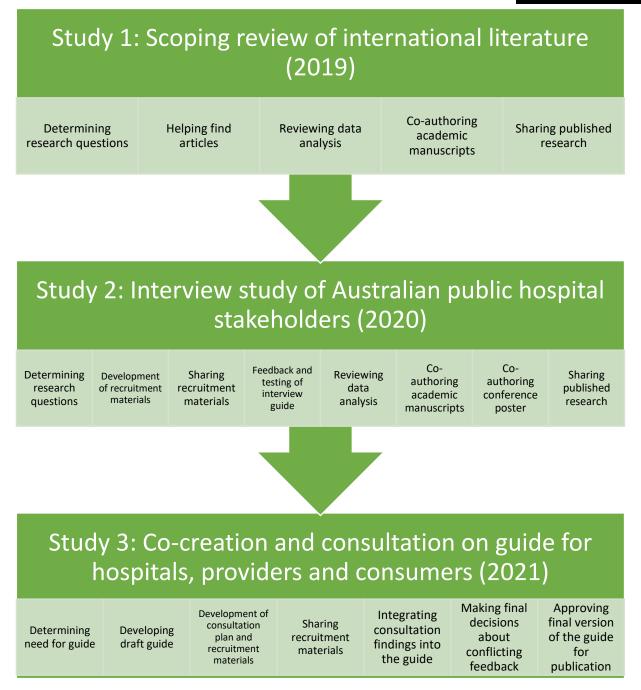- Paper being finalised for submission, guide will be finalised and launched in early 2022

LA TROBE UNIVERSITY

All kinds of clever

Method

- Methodology

  - Utilisation-focused participatory research (Cargo and Mercer, 2008)

- Method:

  - Features of experience-based co-design (Bate and Robert, 2006) and community based participatory research (Greenhalgh, 2016)

  - Working with an advisory committee of consumers and service providers who are overseeing the project

Study 1: Scoping review of international literature (2019)

Determining research questions	Helping find articles	Reviewing data analysis	Co-authoring academic manuscripts	Sharing published research

Study 2: Interview study of Australian public hospital stakeholders (2020)

Determining research questions	Development of recruitment materials	Sharing recruitment materials	Feedback and testing of interview guide	Reviewing data analysis	Co-authoring academic manuscripts	Co-authoring conference poster	Sharing published research

Study 3: Co-creation and consultation on guide for hospitals, providers and consumers (2021)

Determining need for guide	Developing draft guide	Development of consultation plan and recruitment materials	Sharing recruitment materials	Integrating consultation findings into the guide	Making final decisions about conflicting feedback	Approving final version of the guide for publication

Activities and Progress 2021

Major achievements in 2021

- Study 3 – Development of the guide

- Acceptance of three papers

  - Walsh L, Hyett N, Juniper N, Li C, Rodier S, Hill S. (2021). The use of social media as a tool for stakeholder engagement in health service design and quality improvement: A scoping review. *DIGITAL HEALTH*. January 2021.

  - Walsh L, Hyett N, Howley J, Juniper N, Li C, MacLeod-Smith B, Rodier S, Hill S. (2021). The risks and benefits of using social media to engage consumers in service design and quality improvement in Australian public hospitals: findings from an interview study of key stakeholders. *BMC Health Serv Res* 21, 876.

  - Walsh L, Hyett N, Howley J, Juniper N, Li C, MacLeod-Smith B, Rodier S, Hill S. (In-press). Social media as a tool for consumer engagement in hospital quality improvement and service design: barriers and enablers for implementation. International Journal of Health Policy and Management.

- Writing an article for Croakey, based on my research

- Updating of scoping review and resubmission of the second paper from the review

- Successful Social Research Fund Application, which has funded the graphic design of the guide

- Attended and presented at three conferences

- Complete first draft of the thesis

- Accepted for two conferences in 2022
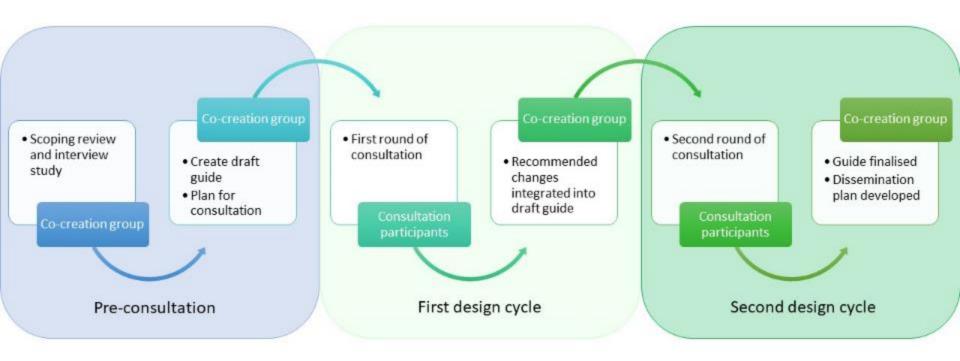
LA TROBE UNIVERSITY

All kinds of clever

Study 3 - methods

- Development of "Using social media as a tool to facilitate consumer engagement in service design and quality improvement: A guide for hospitals, service providers and consumers"

- Represented the utilisation-focus of the participatory methodology

- Cycles of small group co-creation and larger-group consultation

- Co-creation: "collaborative knowledge generation by academics working alongside other stakeholders … to align research and service development" (Greenhalgh et al, 2016)

  - Small group – six advisory group members, three researchers

- Consultation: stakeholders are asked for their feedback or experience, and that data is used to inform change and decision making (IAP2, 2015)

  - 18 participants – public hospital stakeholders working in consumer representative, communications, QI and consumer engagement roles

Study 3 - methods

Pre-consultation

- Scoping review and interview study

Co-creation group

- Create draft guide
- Plan for consultation

Co-creation group

First design cycle

- First round of consultation

Co-creation group

Consultation participants

- Recommended changes integrated into draft guide

Second design cycle

- Second round of consultation

Co-creation group

Consultation participants

- Guide finalised
- Dissemination plan developed

Study 3 - results

- Enhancing usability is essential for guidance resources

  - Feedback on layout, wording, readability, length of the guide, alternative formats

  - Aim to meet a range of audience needs, including consumers and service providers

- Addressed in the guide through: graphic design; reducing readability grade level and editing for clarity and active voice; consideration of alternative formats and standalone resources (eg infographics, FAQs)

LA TROBE
UNIVERSITY

All kinds of clever

Study 3 – results

- Executive support and teamwork are essential for implementation

  "I think the organisation … needs to have the policies and procedures in place that talk to the issues of de-siloing. … It's a cross-boundary issue, and that will require executive support to breakdown some of that siloing." QI1, Consultation participant

- Addressed in the guide through: sections in the guide on organisational readiness and building relationships within project teams; laying out risks and benefits, and directing people to information in the guide about risk mitigation

LA TROBE UNIVERSITY

All kinds of clever

Results

- Start small and build experience and knowledge over time

"I think starting off small … and linking to a closed group …would be a great way to trial the guide. Then start identifying 'what are the issues, what are risks' for our health service, then build a policy and procedure from that." CE2, Consultation participant

- Addressed in the guide through: structuring the guide to take readers through the process from building organisational readiness and a social media community -> using social media for co-creation; using the IAP2 spectrum to promote the idea that building up levels of engagement over time was an acceptable approach (rather than there being a "right" and "wrong" way); inclusion of links to case studies

LA TROBE UNIVERSITY

All kinds of clever

Study 3 - results

- Thinking about new methods brings up questions around existing practice

  - For many participants, thinking deeply about the guide caused them to think about QI, consumer engagement and/or social media more broadly

  - Participants talked about the complexities of consumer renumeration, issues with existing social media policies; how consumer experience informed QI.

- Addressed in the guide through: inclusion of strategies and actions which encourage readers to discuss these broader issues as part of consumer engagement planning; linking out to relevant resources which may help readers understand these broader concepts
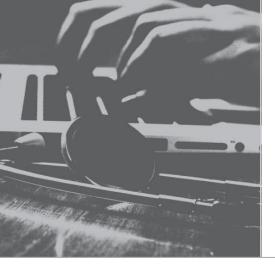
Sneak peek!

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

Executive Summary

Contents 5

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 tool[3].

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!

LA TROBE UNIVERSITY

All kinds of clever

Discussion

+ Implications

Discussion

- Social media is not a panacea for existing challenges in consumer engagement

  - Theoretical benefits of social media-based engagement – such as greater representation of a diverse range of backgrounds and experiences, flattening of hierarchies within hospitals, greater respect for consumer knowledge (Bornkessel et al, 2014; Rice et al, 2016; Wallace et al, 2019) - probably aren't being met (yet)

  - Most barriers/risks to using social media identified through our research were around barriers/risks to consumer engagement that are well described in the literature – rather than being specific to social media

- Social media and reputational risk

  - Risks of using social media were often linked to reputation of hospitals/providers

  - Reputation is a nebulous concept, and it is unclear what impact reputation has on public hospital services (Ziemba et al, 2019)

  - Greater understanding of the role of reputation in public hospitals is needed if it is being used a barrier to trying new methods of consumer engagement

LA TROBE UNIVERSITY

All kinds of clever

Discussion

- Supportive organisational structures make social media-based consumer engagement in hospitals possible

    - Supportive executive, good governance, documented policies and processes are key to implementation

- Social media brings new opportunities for consumer engagement

    - Reaching more people, overcoming barriers associated with F2F engagement, engaging with established consumer groups

    - New opportunities for consumers in terms of collectivisation for advocacy, ability to initiate engagement activities

    - Participants were generally positive about the potential of social media

LA TROBE UNIVERSITY

All kinds of clever

Discussion

- The rapid pace of change in social media brings unique challenges

    - Keeping up with new platforms

    - Issues in the industry – selling data to third parties (Isaak and Hanna, 2018), rise of misinformation (Fagherazzi et al, 2020), influencing outcomes of elections (Deb et al, 2019)

    - COVID-19 has exposed the complex role of social media (Fagherazzi et al, 2020; Tsao et al, 2021)

Implications for practice and research

- Use of the guide by hospitals and health services

    - Opportunities to build case studies to support knowledge sharing, study experiences and outcomes of social media-based consumer engagement

- Experiences of typically under-represented consumer groups in social media-based engagement activities

- Emerging experiences, especially related to changes in social media landscape and COVID-19

- Opportunities for policy makers to support more equitable access to internet and devices

- Opportunities for social media industry to design platforms which are better suited to consumer engagement in health (e.g., handling of data, privacy/security settings)

LA TROBE UNIVERSITY

All kinds of clever

Questions?

References

- Batalden PB, Davidoff F. (2007). What is "quality improvement" and can it transform healthcare?. Quality and Safety in Health Care.16(1):2-3.

- Bate P, Robert G. (2006). Experience-based design: from redesigning the system around the patient to co-designing services with the patient. Quality and Safety in Health Care. 15(5):3017-310.

- Bornkessel A, Furberg R, Lefebvre CR. (2014). Social media: opportunities for quality improvement and lessons from providers – a networked model for patient-centred care through digital engagement. Current Cardiology Reports. 16(7).

- Cargo M, Mercer SL. (2008).The value and challenges of participatory research: Strengthening its practice. Annual Review of Public Health. 29(1): p. 325-350

- Deb A, Luceri L, Badaway A, Ferrara E. Perils and challenges of social media and election manipulation analysis: the 2018 midterms. (2019). Companion Proceedings of The 2019 World Wide Web Conference, Association for Computing Machinery. 237-247.

- Fagherazzi G, Goetzinger C, Rashid MA, Aguayo GA, Huiart L. (2020). Digital health strategies to fight COVID-19 worldwide: challenges, recommendations and a call for papers. JMIR. 22(6): e19284.

- Greenhalgh T, Jackson C, Shaw S, Janamian T. (2016). Achieving research impact through co-creation in community-based services: literature review and case study. The Millbank Quarterly. 94(2): 392 – 429.

- Horvat L. (2019). Partnering in healthcare for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne.

LA TROBE UNIVERSITY

All kinds of clever

References

- International Association for Public Participation. (2018). IAP2 Spectrum of Public Participation. IAP2 International Federation. Queensland.

- Isaak J, Hanna MJ. (2018). User data privacy: Facebook, Cambridge Analytica, and privacy protection. Computer. 51(8): 56-59.

- Kaplan AM, Haenlein M. (2010). Users of the world unite! The challenges and opportunities of social media. Business Horizons. 53(1):59-68.

- Rice E, Haynes E, Royce P, Thompson SC. (2016). Social media and digital technology use among Indigenous young people in Australia: a literature review. International Journal for Equity in Public Health. 15: 81.

- Tsao S, Chen H, Tisserverasinghe T, Yang Y, Li L, Butt ZA. (2021). What social media told us in the time of COVID-19: a scoping review. The Lancet Digital Health. 3(3): e175-e194.

- Vink J, Prestes Joly M, Wtter-Edman K, Tronvoll B, Edvardsson B. (2019). Chapter 2: Changing the rules if the game in healthcare through service design. In Pfannstiel M, Rasche C (eds.) Service design and service thinking in healthcare and hospital management: Theory, concepts, practice. Springer Nature , Switzerland.

- Wallace C, Farmer J, McCosker A. (2019). Boundary spanning practices of community connectors for engaging 'hardly reached' people in health services. Social Science and Medicine. 232: 366-373.

- Ziemba JB, Arenberg S, Reustle H, Allaf ME, Halderman D. (2019). Consumers' association of hospital reputation with healthcare quality. Journal of Healthcare Quality. 41(4): 251-258

LA TROBE UNIVERSITY

All kinds of clever