



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

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Acknowledgements

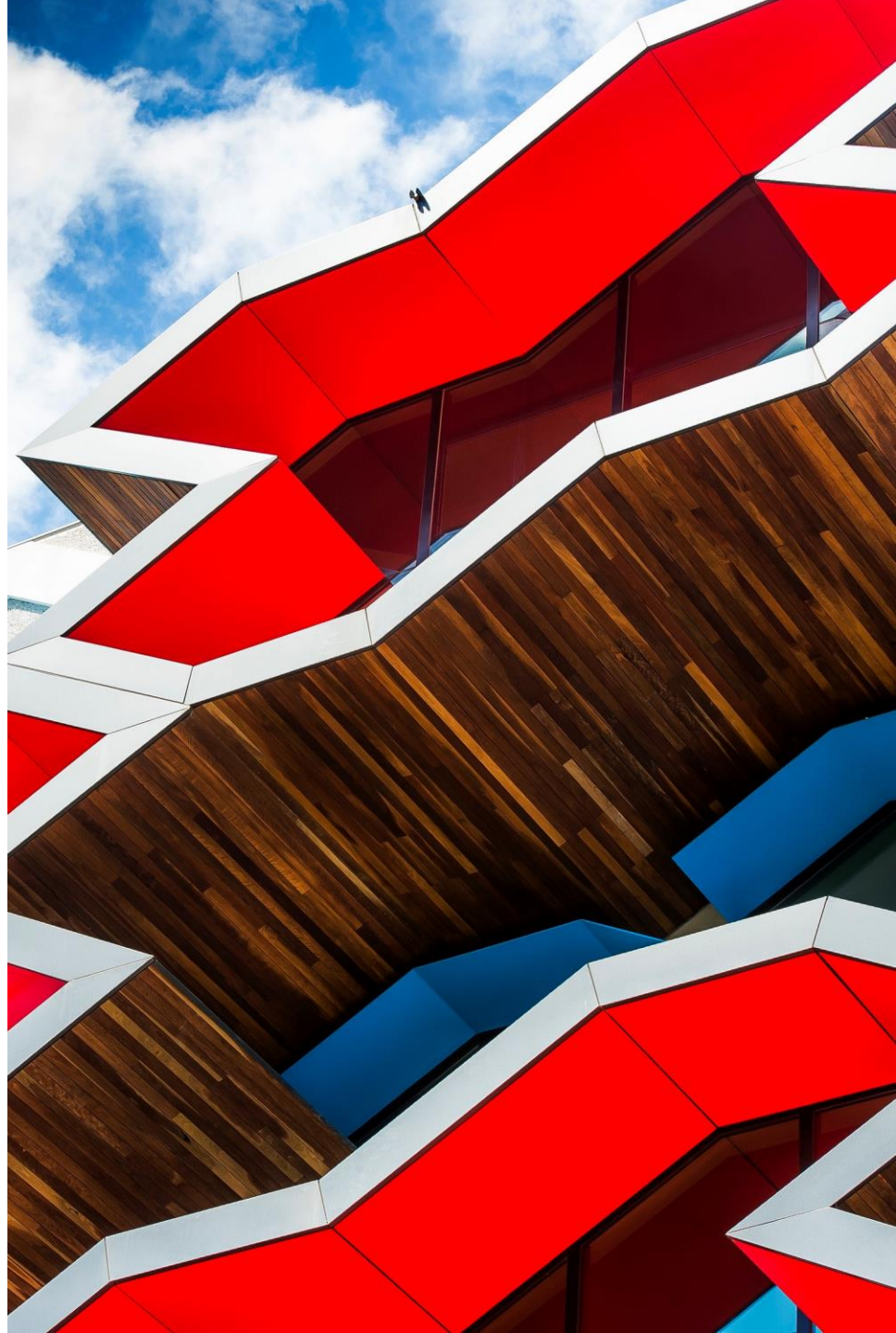
- Supervisors: A/Prof Sophie Hill, Dr Nerida Hyett
- RPP Chair: Professor Amanda Kenny
- Advisory committee members: Dean Hewson, Jayne Howley, Nicole Juniper, Dr Chi Li, Belinda MacLeod-Smith, Sophie Rodier
- Colleagues at the Centre for Health Communication and Participation
- Study participants
- The National Health and Medical Research Council (GNT1168409)

Outline

- The project
- Activities and progress in 2020
- Results of the interview study
- Plan for 2021

The

Project



The project

- **Working title:** Using social media to facilitate consumer engagement in Australian public hospital service design and quality improvement: A co-produced, participatory research 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)
- **Social media**
 - a group of Internet-based applications that allow for the creation and exchange of **user generated content**. All users – not just site owners or managers – can create content (Kaplan and Haenlein, 2010)

Key definitions

- **Quality improvement**

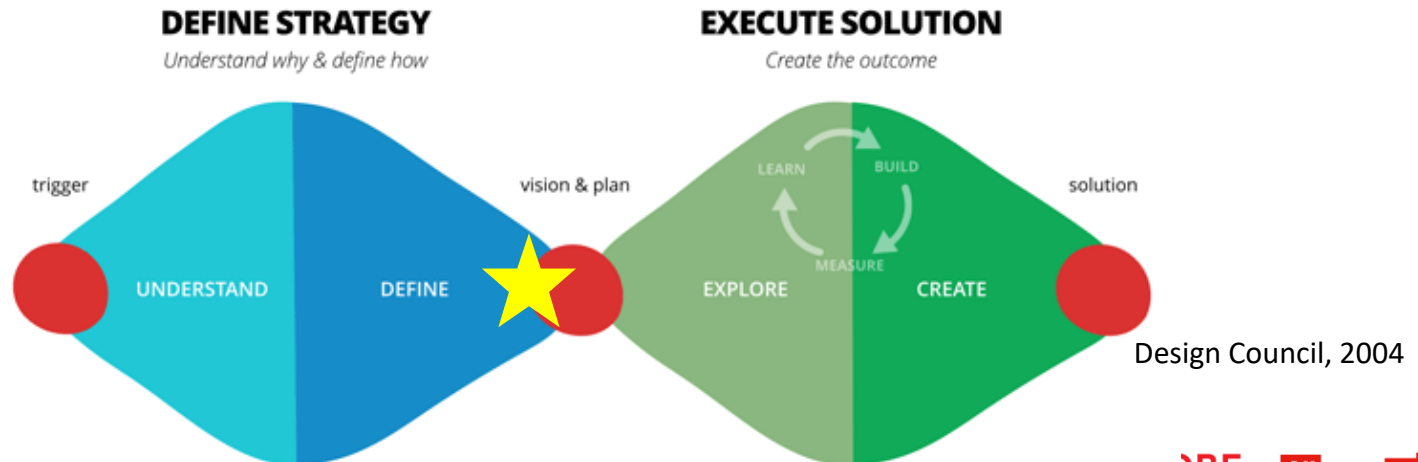
- “The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes, better system performance and better professional development (pg 1).”(Batalden and Davidoff,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

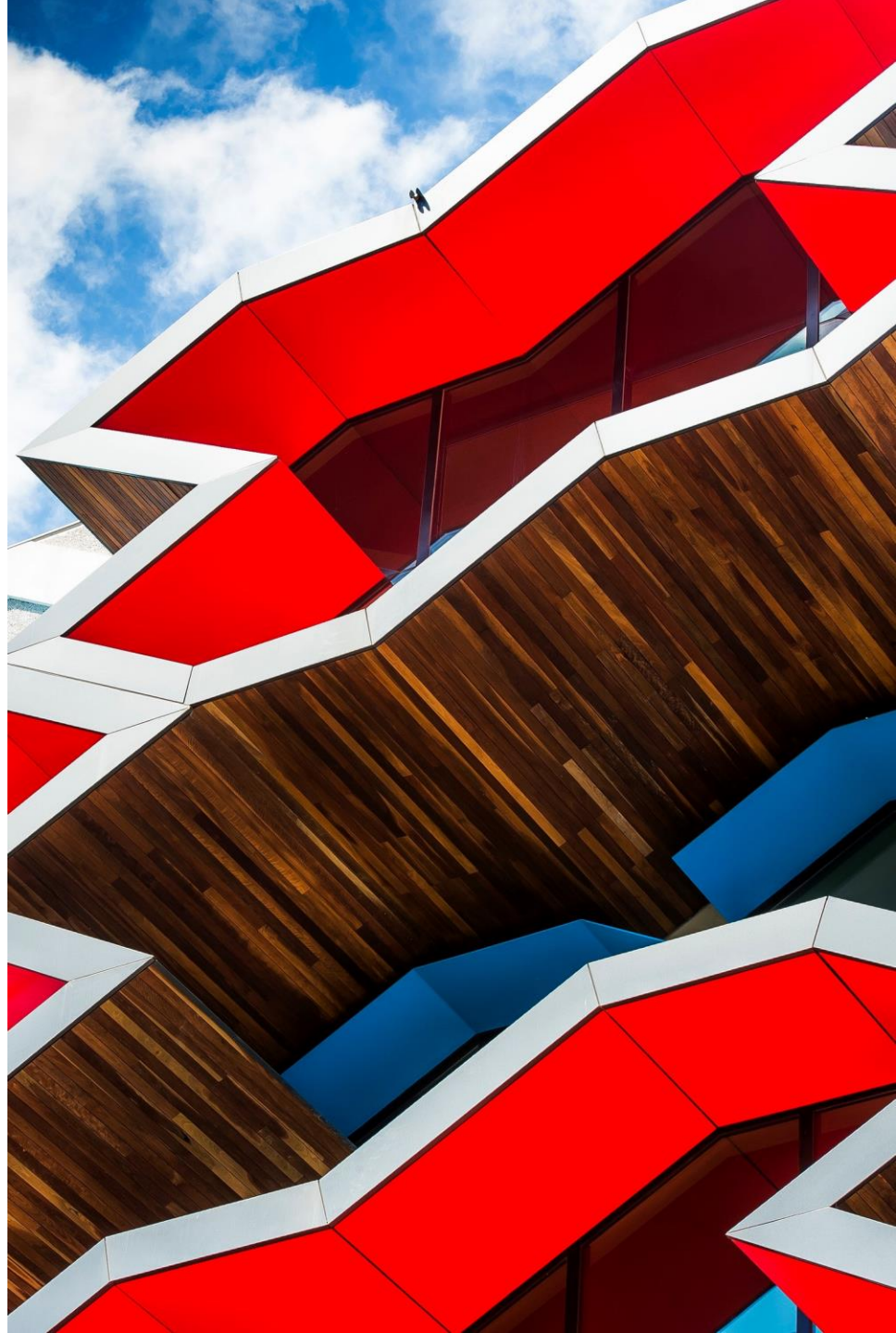
Methodology and method

- Methodology: Utilisation-focused participatory research (Cargo and Mercer, 2008)
- Method:
 - Experience-based co-design (Bate and Robert, 2006)
 - Working with an advisory committee of consumers and service providers who are overseeing the project
 - Working in cycles of data gathering (divergent thinking) and refining of ideas (convergent thinking)



Activities and

Progress



Studies completed

- **Study 1: Scoping review**

- How is social media used as a tool for stakeholder engagement in health service design and quality improvement activities and to influence health service change?
- Outputs – two papers, submitted to Digital Health
 - The use of social media as a tool for stakeholder engagement in health service design and quality improvement: A scoping review
 - The experience of health service stakeholders using social media as a tool for health service design and quality improvement: A scoping review

Studies completed

- **Study 2: Qualitative interviews with key stakeholders about their experiences of, and beliefs about, social media as a tool for consumer engagement in Australian public hospital service design and QI**
 - Data gathered from Oct 2019 to April 2020
 - 26 interviews
 - Two papers have been drafted from results – currently being finalised for submission
 - Sneak peek at results later in presentation!

Planned studies

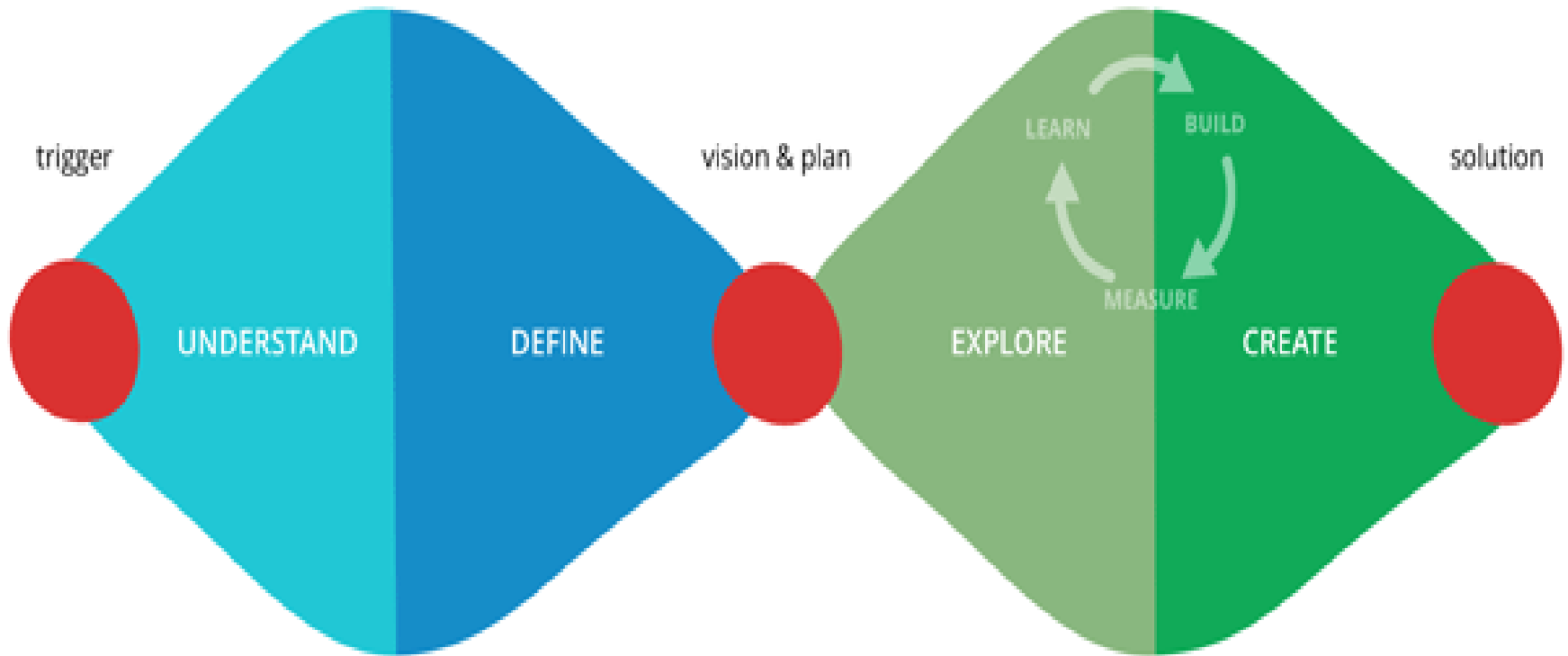
- **Study 3: Development of draft guide for hospitals around the implementation of social media as a consumer engagement tool**
 - Advisory committee feedback on draft of the implementation guide to create consultation draft
 - Consultation with wider stakeholder group who have experience in implementing social media based consumer-engagement to seek feedback on the guide, determine what is needed for implementation and dissemination
 - Advisory committee and researchers will analyse all feedback provided to finalise the guide, develop a dissemination plan

DEFINE STRATEGY

Understand why & define how

EXECUTE SOLUTION

Create the outcome

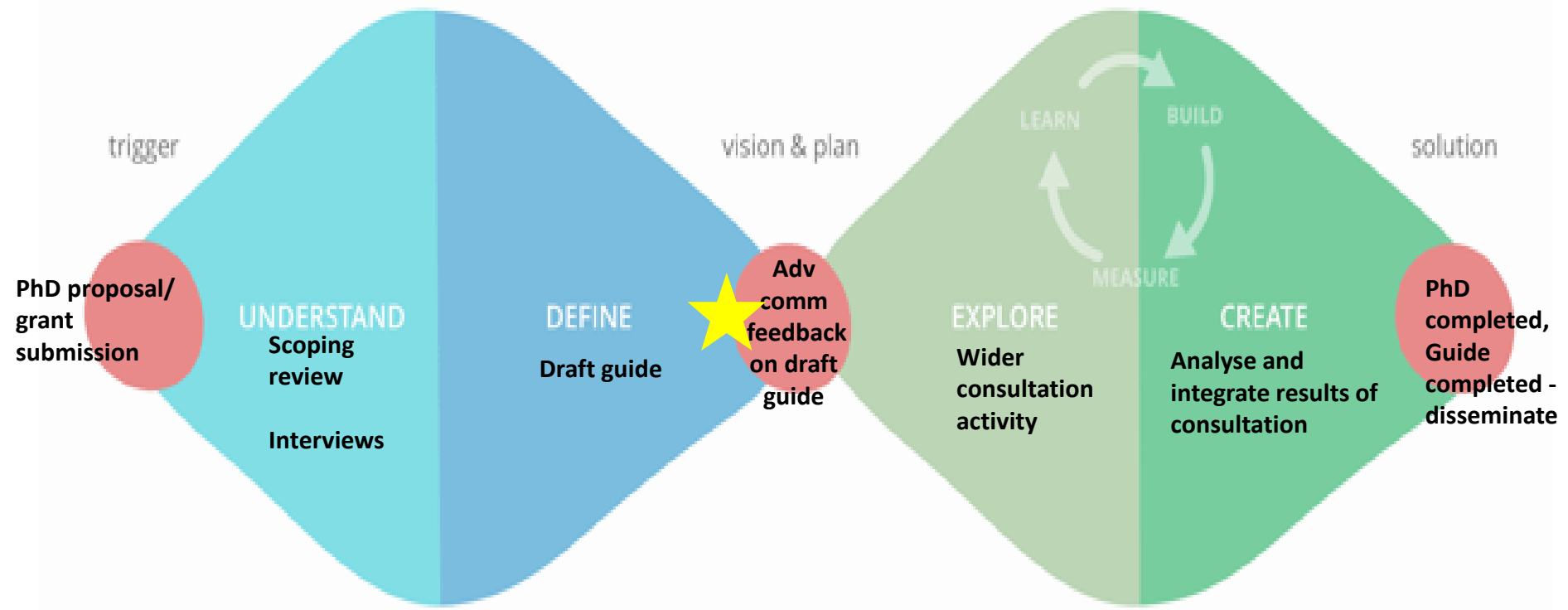


DEFINE STRATEGY

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Role of advisory committee

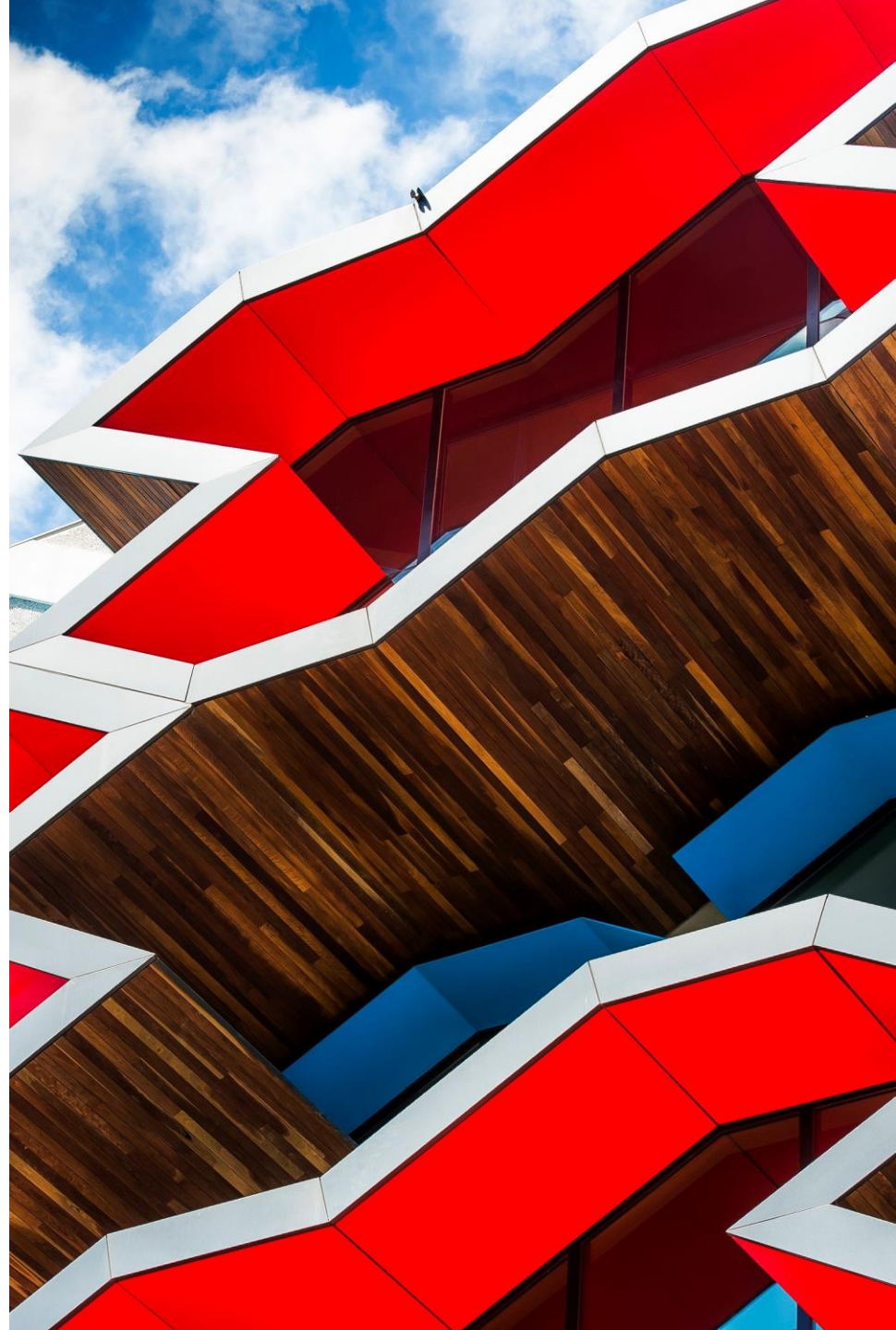
- Co-participants and co-researchers
- Guide project decisions, provide feedback on project resources and outputs, take part in data analysis
- Changes to project so far from advisory committee input:
 - Choice of public hospitals as the focus of the PhD
 - Scoping review paper two discussion section developed from the results that advisory committee found most relevant to their experience
 - Questions in the interviews about attitudes, risks of not engaging etc
 - Ideas about mapping data against existing QI and consumer engagement frameworks in research outputs to help end-users translate research to practice
 - Changes to information in recruitment documents for interview study such as including more definitions of key terms
 - Contributions to data analysis in interview study have informed emphasis on power, control and safety in discussion sections of papers from interview studies

Major achievements in 2020

- Advisory committee meeting in April 2020
- Completed data collection for interview study in April 2020
- Submitted first article from scoping review in April 2020
- Submitted second article from scoping review in June 2020
- Completed transcription and analysis of interviews
- Drafted two papers from interview study, aiming for the first to be ready for submission by end of year
- Building the Participatory Research Network since 2019 launch – Formation of organising group, developed Terms of Reference, ICF grant, two activities (webinar in September, and discussion forum coming up in December – come along!)

Interview

Study



Interview study

- What experiences and beliefs do Australian public hospital stakeholders have around the use of social media as a tool for consumer engagement in health service design and QI activities?
- Interview study, 26 participants, interviews continued until data saturation.
- Eligibility: aged >18; living in Australia; experience in a consumer representative, quality improvement, consumer engagement/patient experience or communications role in an Australian public hospital; with interest in, or experience of, the use of social media (for any purpose); able to participate in a 60 minute interview.
- Qualitative deductive content analysis using analysis framework developed from the results of the scoping review

Key results

Key features of participants		n	
Gender	Male	8	
	Female	18	
Age group	18-25	2	
	26-35	3	
	36-45	5	
	46-55	9	
	56-65	4	
	66-75	3	
Participant role	Consumer representative (CR)	12	
	Service provider	Total	14
		Consumer engagement (CE)	5
		Communications (CO)	5
	Quality improvement (QI)	4	
State located	Victoria	15	
	Queensland	8	
	Western Australia	2	
	South Australia	1	

Key results

- Using social media as a consumer engagement tool:
 - >50% of participants
 - Had been used to recruit participants to other engagement activities/consumer representative roles off social media, for consultation or co-design activities in private social media channels, call outs for public feedback through social media.
 - Only three participants had experienced consumers being involved in planning social media strategies
 - Interesting findings around the use of unsolicited patient experience feedback given through social media
 - People directed off social media (sometimes without follow-up)
 - Positive and negative feedback sometimes handled differently
 - Process for converting patient feedback to data which could inform QI is not clear - consistent with non-social media studies (Tasa et al, 1996; Al-Abri and Al-Balushi, 2014; Sheard et al, 2017; Dixon-Woods et al, 2014)

Key results – benefits

- Overcoming barriers to engagement

“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, particularly to capture the opinions of working people, or even just of people who are too sick to come out of home, but have got quite legitimate and relevant opinions about how their services are being received by them, and how they would like it to be improved.” CE2

- Consumer initiated engagement

“But social media also gives an opportunity for patients, carers and community to actually engage independently of the health service, to give a collective, an individual or a collective voice back. To challenge, to express, to support.” CR7

Key results – risks

- Users causing harm

“There are going to be a few that get through that can just make it a world of hurt, there’s always those people.” CR8

“We do have a lot of staff who follow us on social media, if they have listed where they work, and then they engage in behaviour on other social media pages which isn’t considered appropriate, we’ve had complaints about staff in that respect via social media, from various consumers.” C01

Key results – tension between benefits and risks

- Breadth vs depth of engagement

“I feel like there’s a lot of perspectives that hospitals are missing, so they would engage to get an experience from a young person, a person with an Indigenous background, to spot gaps that maybe as a health professional they aren’t trained to look for.” CR11

“... to reach... a larger sort of community. You know, social media provides a great platform to do that. Whereas ... going through traditional means, would be time consuming.” CO1

“You know to have ... a facilitated discussion in a room, with people where you can hear their experiences and talk through how it works from both perspectives, is really valuable for the participants and the staff who are involved in it. But on a social media level you can’t have that sort of depth of discussion.” CO3



Key results – tension between benefits and risks

- Organisational transparency vs control

“So the board was disappeared and we had an administrator for a period of 6 months ... The board had lost touch with the community and we need to build our connections with the community. And they need to be able to see what’s going on to rebuild trust. So part of that was social media.” CO3

“It’s very much two ways. Not only are they able to communicate with us through our platforms, but also we’re able to enhance our reputation through our communication, through messages about the hospital.” CO2

“If there was multiple people complaining it could really skew the community’s perception of the health service. When in actual fact there might be hundreds of thousands of consumers that have had quite fine experiences and are quite neutral either way.” CR10

Key results - barriers

- Fears and concerns preventing/limiting/delaying use

"I saw it with both my mum, my parents and my grandparents, there was like a visceral fear with using a phone that wasn't a landline. Even to touch the phone, it was like the phone was electrified or something." CR3

- Lack of skills and resources

"At the moment not everywhere is wifi available, particularly in the rural area. And if the wifi becoming more popular, and once the 5Gs come out, there is another barrier. Affording the 5G, you need to change your device. Not every smartphone can be used for 5G, even iphone." CR1

Key results - barriers

- Lack of organisational processes and support

“We’ve got a lot of important privacy issues in terms of protecting our hospital system. And that comes at a cost because the firewalls are really locked down, and we have moved to more open option because we now have a general wifi so everyone can connect through and send things. But using hospital devices to participate, use social media, is still, there’s still clunkiness to that. So the work-around there is that people who are doing this stuff are mostly using their own devices. So I’m using my own phone as my main tool for accessing Twitter, WhatsApp, all those things.” Q13

Key results - barriers

- The social media landscape

“So for me, I grew up with computers, and I’ve always been on computers, and I’ve seen the change in technology through the decades. I can’t keep up now it’s moving too fast for me, even when I talk about it, every 5 seconds there’s something different to do!” CE1

Key results - enablers

- Hospitals facilitating access and use

“So doing social media well is ... a science and an art, and it won’t happen well with the best of intentions, it needs to be resourced around a particular strategy and a plan. But it does need to be resourced and you need ... resourced expertise ... and then part of their job is to ... support others to see the potential.” CR7

- Making discussions safe

“You need somebody moderating or managing or keeping a close eye. What you’re trying to do is reduce the negativity. You want to be transparent, but at the same time you don’t want to accelerate negativity or incite that in that forum. You need to be very careful about doing that and making sure there is somebody managing and moderating it.” CE5

Key results - enablers

- Cultivating a social media community

“And our group gave feedback that it was too focused on staff and we really didn’t have a connection to it as consumers. And from that feedback there’s been a big shift in what was produced... the public Facebook page became more community focused.” CR10

- Building on success

“I think that they just need to see a few strategies and a few case examples of how it has been effective.” C05

Discussion

- Many of these experiences are not dissimilar to those from the consumer engagement literature generally:
 - Organisations not knowing how to use patient feedback to inform QI (Dixon-Woods et al., 2014; Sheard et al., 2017; Tasa, et al, 1996)
 - Undermining patient feedback as a legitimate source of data – e.g., biased, emotional, too subjective (Boiko et al., 2015; Tasa et al., 1996)
 - Risk of tokenistic engagement (Gaventa, 2006; Ocloo & Matthews, 2016)
 - Barriers: Lack of resources – e.g., time/funds/staff (Johnson, 2015; Murray, 2015)
 - Enablers: organisational process and executive support, training and support for participants in engagement activities (Johnson, 2015; Murray, 2015)

Discussion

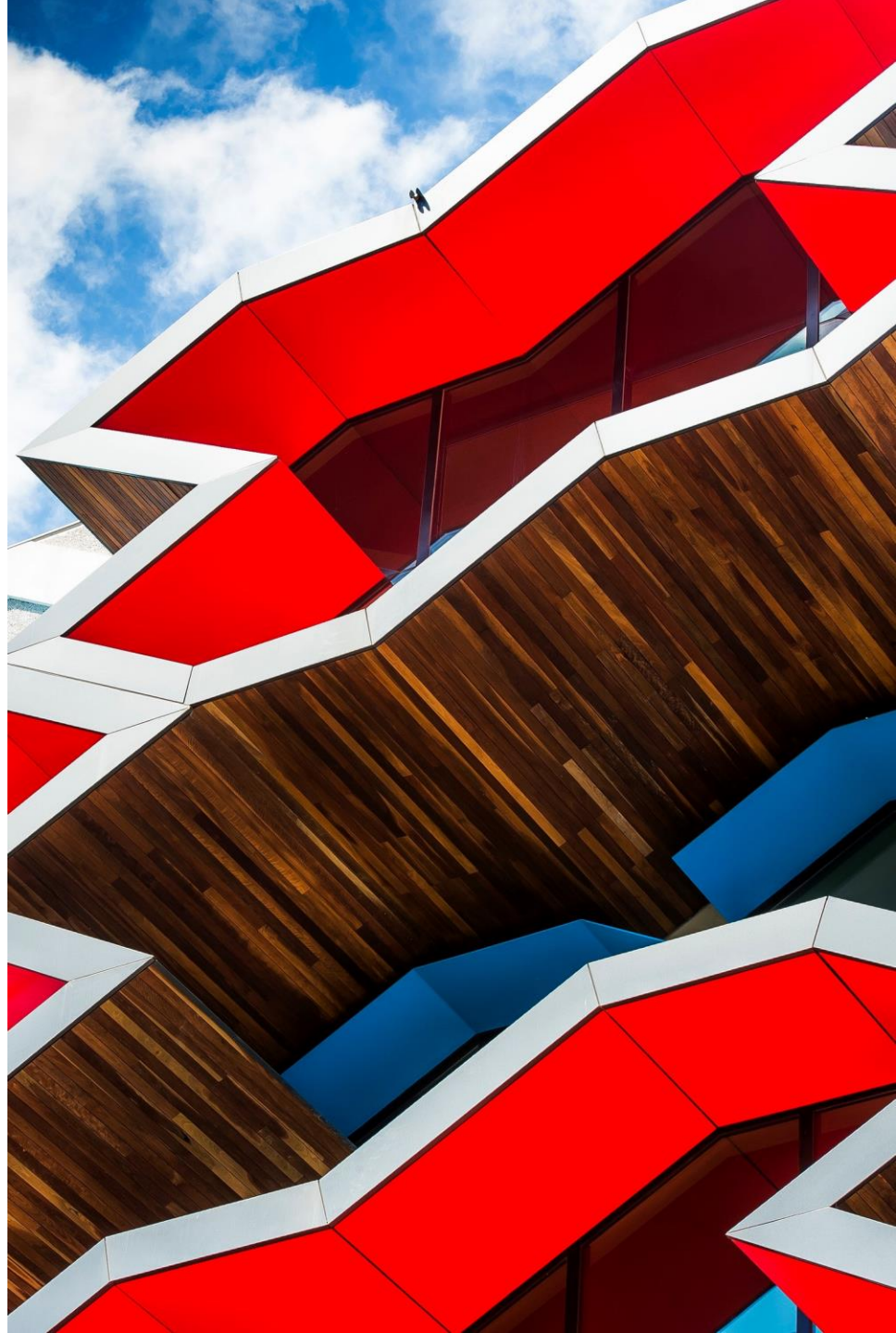
- Unique experiences are generally to do with the challenges/cost of technology
- Fears about bullying/harassment/poor behaviour are explicitly discussed as being issues for social media-based engagement – does this mean that they don't exist in other consumer engagement methods? Perhaps some of the safety strategies discussed by our participants need to be employed in other consumer engagement settings as well

Conclusions

- Good governance, adequate resourcing and support for all users are essential for social media-based consumer engagement in QI and service delivery
- Consumers should be involved in planning social media-based consumer engagement
- Social media engagement should be among a suite of engagement methods
- Many of the risks and barriers raised by participants can be mitigated/overcome
- Many of the risks and barriers expressed need to be considered in the context of wider (and pre-social media) literature around the experience of consumer engagement in health particularly:
 - Issues around power/control in consumer engagement
 - Organisational resistance to receiving negative feedback and using it as a source of data for improvement
- Harms arising from how people interact with each other in engagement activities (bullying, harassment, confidentiality breaches etc) may not be unique to social media

Plan for

2021



Goals for 2021

- Late 2020: Finalise consultation draft of guide
- Study 3 – consultation on guide
- Get papers published – those already submitted and those drafted!
- Write two more papers for publication (an overarching methods paper for the whole PhD and a paper on the results of co-design activities in developing the guide)
- Attend minimum two conferences (3 abstracts submitted – Digital Health Week, Consumers Health Forum, IHI)
- Assemble my thesis
- Submit my PhD?!?!?

Questions?

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