In the past decade, social media has exploded onto the digital landscape and become woven into the culture and everyday lives of people across the globe. Estimates suggest that over 2 billion people worldwide are actively using social media, including nearly two-thirds of Americans.¹

The number and types of social media continue to proliferate at a rapid pace, further entrenching the technology in the reality of daily life. Various social media platforms — such as Facebook, Twitter, YouTube, LinkedIn, Snapchat, and Instagram, to name a few — have become integral communication tools for both personal and business-related activities.

In the corporate world, companies and organizations that don’t utilize social media are dwindling. Rather, it has become the norm to use any number of social media and networking sites for marketing, educational, and recruitment purposes. For many organizations, these platforms have even eclipsed or replaced traditional communication channels and strategies.

The healthcare sector is no exception to the digital revolution. Health systems, hospitals, clinics, medical practices, physicians, and healthcare professionals have all found their way to social media. Yet, what many have realized is that social media is both friend and foe, offering various benefits but also creating a range of new risks.

This article focuses on social media in relation to one particular segment of healthcare — senior care. Like other types of healthcare organizations, senior care facilities may find that social media is a double-edged sword. Striking a balance between the benefits and risks can be challenging, but senior care leaders, providers, and staff can take steps to prevent potential harm and minimize liability exposure.

**Social Media Benefits and Risks**

Over the years, the Internet and social media have become primary sources of information for the masses. Research shows that healthcare consumers are increasingly using digital tools to research medical issues, choose their healthcare providers, and maintain their health.² Because of this, healthcare facilities’ ability to harness digital technology has proven beneficial in many ways.

For senior care facilities, social media offers a quick and efficient way to disseminate information and connect with residents and families. Facilities can use social media to increase awareness of important issues, bolster educational initiatives, and foster
collaboration and support groups. Further, from a marketing standpoint, social media tools, when used appropriately, can offer a savvy and cost-effective approach to promotion and advertising.

In ideal situations, social media is a win–win for all parties in the senior care realm — administrators, practitioners, staff members, residents, and families. However, in reality, social media, like other technologies, has a downside. Misuse, lack of oversight, and gray areas in appropriate social media etiquette can threaten resident privacy, infringe on confidentiality, ripen conditions for abuse and harassment, tarnish the reputations of senior care providers and facilities, and potentially lead to licensing and legal issues.

A recent ProPublica report detailed 47 incidents of inappropriate social media use by nursing home workers that occurred between January 2012 and May 2016. Among these incidents were examples of both egregious and inadvertent social media actions that resulted in resident harm, loss of dignity, and privacy breaches. The number of incidents noted in ProPublica’s report is generally considered to represent a low estimate of actual occurrences due to lack of reporting for a variety of reasons, including residents who suffer from dementia.

When reading examples of these social media lapses, one might wonder what has led to this current situation. Has social media shifted the moral and ethical compass of otherwise dedicated healthcare workers, or has it just brought to light inappropriate behavior that previously went undetected?

The answer is likely a combination of both circumstances. Because of its ease of use and casual nature, social media represents fertile ground for impulsive behavior. For example, in moments of frustration, healthcare workers might be apt to complain or “vent” online. They also might turn to social media to post information that they find
interesting, humorous, sad, or unsavory. The ability to instantaneously post content and receive feedback is enticing on many levels. Further, social media applications such as Snapchat — which sends photos or videos that “disappear” after a short time — convey a false sense of temporariness that might encourage behaviors that would otherwise be more carefully considered.

Little doubt exists as to whether social media has contributed to privacy concerns in healthcare. With the click of a button, a user can distribute information to a vast audience — a task that was much more complicated before the Internet and social media became mainstays.

In contrast, abuse and neglect in senior care facilities go back much further than the advent of social media. In some ways, social media might even be credited for exposing instances of elder mistreatment that would have otherwise gone unreported. These complex networks of “friends,” “followers,” and “connections,” can increase the awareness of potentially inappropriate behaviors, making it more likely that they will be exposed. In fact, “most violations have been revealed not by facility administration, but rather by fellow staff or community members who saw the images on social media and reported them.”

Although policing the social media activity of all senior care providers and staff members is unrealistic, facility leaders can implement strategies to reduce the risk of inappropriate social media activities, subsequent resident harm, and possible liability exposure. These strategies include developing social media policies, engaging in monitoring and oversight when possible, and providing staff training and education.

**Social Media Policies**

Developing clear and direct social media policies is an initial and essential strategy for managing the potential issues that accompany online activities. Senior care facilities that currently do not have detailed social media policies should strongly consider putting them in place, even as a proactive measure in the absence of any incidents. A careful review of existing policies may identify gaps or opportunities for improvement.

Social media policies should extend not only to facility employees, but also to consultants, contractors, volunteers, and other caregivers that provide care and services on behalf of the facility. Facility leadership should ensure that all applicable parties are aware of the organization’s social media policies and procedures and their obligations to uphold them.
As part of social media policy development and review, senior care leaders should consider guidance and information related to resident privacy and confidentiality, personal use of mobile devices, online relationships with residents and/or families, use of facility-owned technology, and disciplinary actions.

Leaders might find it beneficial to have an attorney who is familiar with federal and state privacy laws help develop or review social media policies.

**Resident Privacy and Confidentiality**

Social media policies should build on the facility’s existing standards for resident privacy and confidentiality. The policies also should take into account federal regulations (e.g., HIPAA and CMS Conditions of Participation), state privacy laws, and professional standards for the use of social media in healthcare.

Employees should be advised against posting or publishing any content on social media sites that contains resident details or identifying information, including resident names, nicknames, ages, locations, health conditions, etc. Even in the absence of such details, a resident might still be identifiable via a picture or video. For this reason, staff also should be warned about posting photos or videos from facility-sponsored events or activities.

Staff should understand that commenting on or responding to a resident’s or family member’s social media post might violate privacy and confidentiality laws and standards. Although residents and their family members might reveal personal or sensitive information online, senior care providers and staff are still obligated to maintain residents’ privacy. Social media policies that incorporate specific examples of privacy and confidentiality violations can help staff members better understand the scope of the issue.

Additionally, social media policies should reinforce the organization’s nondisclosure agreements and stipulate that employees “are not to disclose confidential, proprietary, trademarked or other non-public information.” Employees also should be warned against using the organization’s logo, graphics, trademarks, slogans, and other company-owned branding in their personal social media postings.

**Personal Use of Mobile Devices**

Mobile devices, such as smartphones, personal laptops, and tablets are commonplace in today’s society. Many of these devices have photographic, video-recording, and audio-recording capabilities.

Developing a policy that prohibits or restricts the use of personal mobile devices during work hours can help prevent inappropriate use of these technologies and nonwork-related distractions that might lead to resident harm.
Some senior care facilities may decide that, in today’s connected society, complete prohibition of personal mobile devices is unrealistic. In these cases, senior care leaders should carefully determine appropriate versus inappropriate use of the devices and educate providers and staff accordingly.

Further, mobile device policies should be applied consistently across the organization to avoid disjointed standards or complaints of favoritism or discrimination.

**Online Relationships With Residents/Families**

In many instances, social media has blurred the boundaries and distinctions between personal and professional. The ability to quickly and easily connect to others has eroded some of the formal and traditional norms that previously existed between healthcare providers/staff and the individuals for whom they rendered care.

Attempts to define appropriate versus inappropriate online connections between healthcare providers/staff and those they serve can be tricky due to the broad nature of social networking and workers’ personal freedoms. Although senior care facilities cannot demand that providers and staff refrain from friending, following, or connecting with residents or their families on social media, each facility’s social media policies should advise against these social connections and remind providers and staff of their professional roles in resident care and their obligations to protect residents’ privacy.

Further, individuals identifying themselves as employees, consultants, contractors, or volunteers of the senior care facility should be asked to include a disclaimer on their social media accounts that explains that their opinions and views do not represent the facility.

Providers and staff also should be aware of the dangers of posting online information that might be construed as medical advice. What might be intended as an offhand observation, opinion, or response could result in malpractice exposure for the individual and the facility.

Each facility’s social media policies should details these types of risks and the possible consequences as a rationale for the organization’s standards and guidance.

**Use of Facility-Owned Technology**

Senior care facilities, like other healthcare organizations, are limited in their ability to control how employees and others affiliated with the organization use social media during their personal time.

Unless resident privacy is breached or other violations occur, providers, staff, and others have the right to use social media to express personal thoughts and opinions. The National Labor Relations Board “protects employees who are engaging in ‘concerted activity,’ which is an exercise of their right to speak out about the terms and conditions of their employment.”8
However, senior care facilities can establish rules and limitations related to the use of facility-owned computers, cameras, and mobile devices. For example, facilities might decide to block some or all social media websites on their networks or create policies that prohibit personal use of email and social media during work hours. Employees should be aware that violation of these rules will result in disciplinary action.

Senior care facilities also should remind providers and staff that they should have no expectations of privacy for any information sent or received via facility-owned technology (e.g., email, phones, and the Internet).  

**Disciplinary Actions**

Social media policies should not only clearly define rules and standards for social media, but also the consequences of violating the rules. Healthcare providers, staff members, volunteers, and others affiliated with the organization should understand disciplinary actions that could result from social media violations, including suspension or termination.

Other serious consequences of social media violations also should be discussed, including the potential for civil penalties, criminal charges, board investigations, licensure actions, and negative media coverage. Specific examples, such as the ones offered in ProPublica’s report, might help reinforce the potentially catastrophic outcomes that could result from a social media violation.

When social media violations occur, senior care facilities should ensure that disciplinary measures are implemented promptly and consistently across the organization.

**Monitoring and Oversight**

From an organizational perspective, monitoring and oversight of social media take on several different facets. First, as noted earlier, senior care facilities have limited ability to set standards for how providers and staff use social media during their personal time — as long as that use does not violate laws.

Trying to monitor workers’ social media presence to ensure compliance with federal and state laws and professional standards is near impossible due to the vast number of social networks, privacy settings, technological barriers, and time constraints.

In some instances, facilities might decide to assign an appropriate individual or contract with a vendor to monitor social media sites for inappropriate postings. However, even in these circumstances, limitations will occur due to the aforementioned issues.

A more beneficial application of monitoring and oversight might involve ensuring that social media policies are applied consistently across the organization. Lack of consistency can dilute the purpose of the policies and might invite noncompliant behaviors. Further, each organization’s leadership team should monitor for prompt investigation of known or suspected social media violations as well as appropriate use
of disciplinary action. If a violation involves a breach of resident confidentiality or privacy, the facility’s leadership team also must ensure that protocols for notifying residents/families and regulatory agencies are initiated and properly pursued.

Organizations that are using social media for marketing, advertising, or communication purposes also should monitor their accounts to ensure content (a) is accurate, current, and objective; (b) meets the goals of the organization; (c) has been through the proper review channels (as determined by organizational leadership); (d) does not violate resident confidentiality or privacy; and (e) includes appropriate standard disclaimers and disclosure language.

Training and Education
At the heart of any social media risk management strategy is training and education. For providers, staff, volunteers, and others to comply with a facility’s social media policies, they must be knowledgeable about the organization’s expectations and standards. Comprehensive training on the facility’s social media policies should occur during orientation and periodically thereafter as part of in-service training and professional development.

Training should include a thorough review of the facility’s social media, privacy, and confidentiality policies, as well as a review of each individual’s obligations under HIPAA and state privacy laws. Consequences for violations of resident privacy and confidentiality also should be discussed as part of training, including disciplinary actions on behalf of the organization, state board investigations and sanctions, and civil and criminal penalties.

Facilities also may want to provide education related to some of the myths of social media. For example, some workers might assume that social media violations are typically intentional and malicious acts. However, not all examples of inappropriate social media posting from healthcare providers and workers represent egregious behaviors. In many instances, these missteps are inadvertent or innocuous in intent, but ultimately can still have negative consequences.

Real-life examples of social media violations in senior care pulled from the media might help facilitate better awareness and understanding among trainees. Additionally, for more examples of social media myths that organizations might want to dispel, see the box on page 8.

Another important component of social media training is reminding providers, staff, volunteers, and others of their duty to report any breaches of resident privacy/confidentiality or other social media violations for which they are aware. Education should include the proper protocol for reporting and a reminder of the potential consequences for failure to report. For example, a 2016 article from the American Association of Nurse Assessment Coordination notes that complaints to
boards of nursing “have included not only direct actions resulting in breaches of privacy, but also failures to report others’ violations.”

Finally, senior care organizations should consider having anyone who participates in social media training sign an acknowledgement form to attest to their understanding and acceptance of the organization’s social media policies.

### Social Media Myths

**Myth:** Social media messages or postings are private and can only be accessed by the intended audience.

**Reality:** Once a post is made, the author can no longer control how it is shared.

**Myth:** Deleted posts, including pictures and videos, have been permanently destroyed.

**Reality:** Even deleted items likely still exist on servers. Individuals should assume anything they post is never truly gone.

**Myth:** Sharing private information about a resident is harmless if only the intended recipient receives it.

**Reality:** This type of sharing still is considered a breach of confidentiality.

**Myth:** Posting information about a resident is acceptable as long as that person is only identified by a nickname, room number, diagnosis, etc.

**Reality:** Even in the absence of a resident’s name, a social media post still might violate resident privacy and confidentiality.

**Myth:** Posting information that a resident has already disclosed about himself/herself is not a privacy or confidentiality breach.

**Reality:** Regardless of what a resident discloses about his/her medical status, treatment, or care, healthcare workers are still obligated to maintain privacy and confidentiality.

### Conclusion

Social media has revolutionized personal and business communication in ways difficult to imagine even 10 years ago. Dynamic and evolving, social media continues to present new and novel ways for people to interact. Although the merits and consequences of these interactions are debatable, the reality of social media as a commonplace communication tool is not.
Healthcare organizations, providers, staff, patients, families, and caregivers are all likely participants in social media — and senior care facilities and their residents are no exception. These organizations must negotiate a fine balance between taking advantage of the benefits social media offers and remaining vigilant to potential risks posed by the technology.

Developing specific policies that address organizational standards and guidelines for social media use is a vital risk management strategy for senior care facilities. Considerations for inclusion in social media policies include resident privacy and confidentiality, personal use of mobile devices, online relationships with residents and families, use of facility-owned technology, and disciplinary actions for policy violations.

Facility leadership should monitor the organization’s social media policies to ensure consistent implementation and compliance and to identify potential gaps. Additionally, clinicians, staff, contractors, vendors, and volunteers should receive comprehensive training on the facility’s social media policies. Training will help support leadership’s expectations, raise awareness of potentially problematic social media activities, and reinforce the organization’s commitment to resident privacy and dignity.

Endnotes


5 Ibid.


9 Davis, Top 10 best practices for social media in LTC.
10 Ornstein, et al., Inappropriate social media posts.


12 Royalty-Bachelor, The dark side of social media.