

Social Media

Use these tips and sample messages for promoting your hospital's participation in the ACC Patient Navigator Program: Focus MI

ACC's Social Media Accounts

We encourage you to tag the American College of Cardiology (ACC) on Twitter, Facebook and LinkedIn and use the hashtag **#ACCPatientNavigator** so we can help spread the word about your hospital's dedication to quality and participation in the Patient Navigator program.

- **Twitter:** [@ACCinTouch](#), #ACCPatientNavigator
- **Facebook:** [Facebook.com/AmericanCollegeofCardiology](#)
- **LinkedIn:** [Linkedin.com/company/american-college-of-cardiology](#)

Social media questions? Contact Katie Gaab at kgaab@acc.org.

Sample Messages: TWITTER

- **[@hospital]** is using data to help identify areas of improvement, establish goals & measure success to ultimately better serve patients. #ACCPatientNavigator <http://fal.cn/ACVu>
- **[@hospital]** serves as a Diplomat Hospital for #ACCPatientNavigator as proof of its commitment to quality #cvMI patient care. <http://fal.cn/ACVu>
- With the help of #ACCPatientNavigator **[@hospital]** is leading the way in helping manage patients' #hearthealth after discharge. <http://fal.cn/ACVu>
- #ACCPatientNavigator Program: Focus MI allows **[@hospital]** to benchmark their performance against other participants to assess strengths & improve #cvMI patient care. <http://fal.cn/ACVu>

Sample Messages: FACEBOOK/LINKEDIN

- **[Your Hospital's Name]** is helping patients hospitalized with a heart condition, not only during the hospital stay, but also through the recovery process after discharge. By participating in the @American College of Cardiology's Patient Navigator Program: Focus MI, we have access to the tools and resources necessary to provide you with quality care every step of the way. ***[Link to information about your participation in Patient Navigator program or <http://fal.cn/ACV2>]***
- With one out of every five patients diagnosed with an acute myocardial infarction being readmitted to the hospital within 30-days of discharge, preventing avoidable readmissions is a top priority. **[Your Hospital's Name]** is leading the way in helping manage patients' health after discharge and transition from hospital to home. ***[Link to information about your participation in Patient Navigator program or <http://fal.cn/ACV2>]***