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INTEGRATED LAAC SOLUTIONS

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Social Media Strategy and Best Practices for Facebook

Components of a Social Media Strategy

Social Media Strategy

- **Objective:** What are we trying to achieve with this campaign? Tip: Make a SMART goal.
- **Audience**: Define primary and secondary audience.
- **Strategy:** How are you going to achieve it?
- **Content:** What types of information will you share? How often will you share it? Consider developing an editorial calendar.
- **Resources:** What roles do people play in the process – who develops the content, who executes the strategy, who does community management?
- **Escalation Process and Protocol:** How do we prepare for positive and negative scenarios? Consider developing a response protocol so it's easy to engage ongoing.
- **Measurement/Success**: What does success look like?

Social Media Strategy - Examples

- **Objective:** By end of year, drive XX people to engage with our Facebook page.
- **Audience**: Patients – equip them with information about the facility and procedures.
- **Strategy:** Organically post on Facebook to build community and awareness about the facility and physicians; Leverage paid social media advertising to gain followers and amplify your reach.
- **Content:** Therapy awareness, physician highlights, news and events, etc.
- **Resources:** XX person is responsible for content development and scheduling of posts on a weekly basis; XX person will monitor the channels twice a day and respond as appropriate.
- **Escalation Process and Protocol:** For positive comments, engage via a comment or like; for negative comment, share with XX with a recommendation on how to mitigate the problem.
- **Measurement/Success:** By end of year XX people have liked our page; On average get XX engagements on each post; By end of year, XX people have called the facility and mentioned they saw us on social media.

Types of Tactics

Social Media Strategies

ORGANIC

- Channel posts are owned and operated by the marketer
- Feed strategic information to all your followers
- Engagement & relationship building

PAID

- Assigned budgeted amount to a specific campaign
- Allows for a targeted audience
- Amplifies message to wider audience
- Various paid content formats
- Follower acquisition

EARNED

- Advocacy of the brand in social channels
  - Shares/Retweets
  - Likes
  - Comments
- Broadens audience reach
- Potential to increase followers

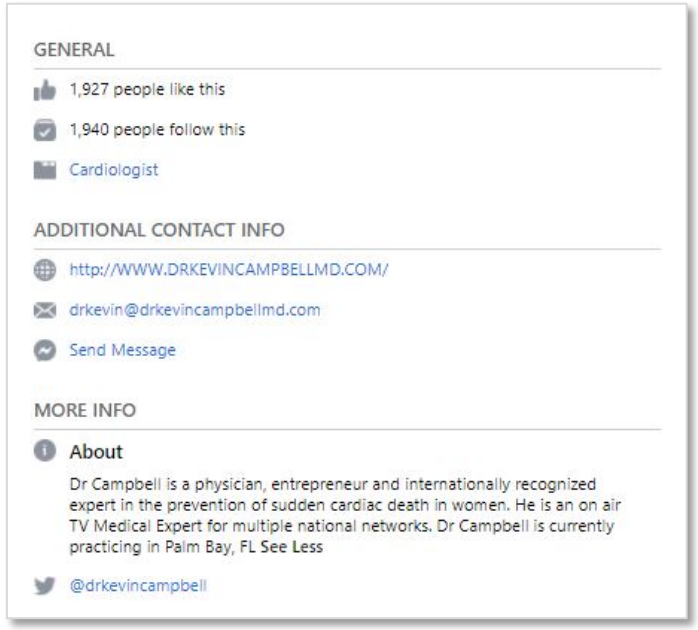
Channel Best Practices and Examples

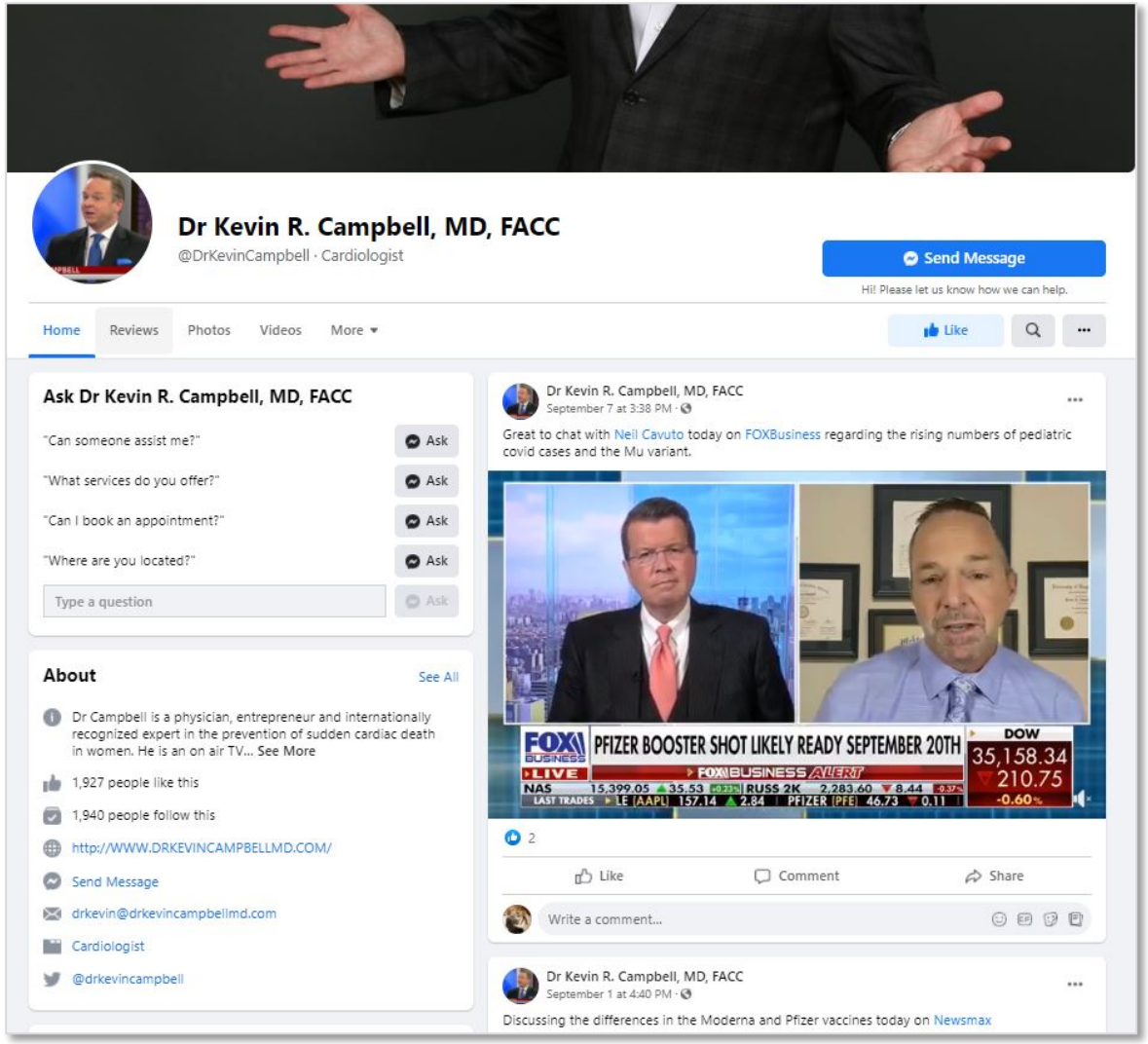
Creating a Facebook Page

- **Step 1:** Name your Facebook page that makes it easy to search – how will someone search for you on Facebook (physician page, facility page?)
- **Step 2:** Fill out all the details – cover photo, profile photo, about section, location, etc.
- **Step 3:** Start posting content regularly – give the audience some information that will make them "opt-in" via "liking" your page.
- **Step 4:** Invite people in your network to "like" the page – word of mouth and organic networking is easy. Your loved ones are your biggest allies.
- **Step 5:** Address questions or comments you receive on the page in a timely, respectful and HIPAA-complaint manner.

Examples

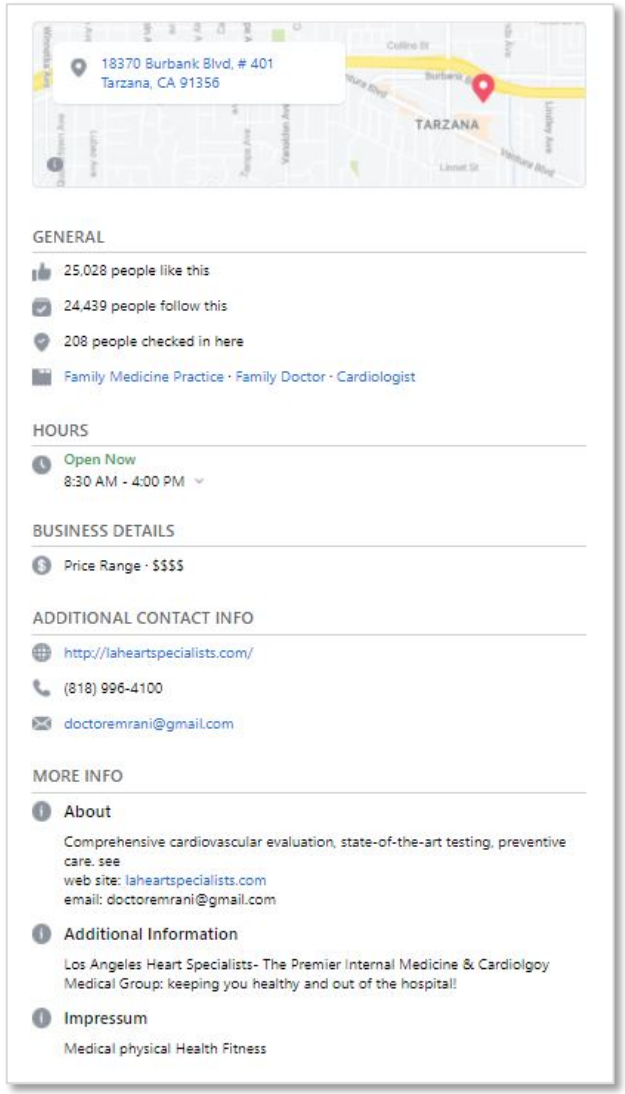
Dr. Kevin Campbell

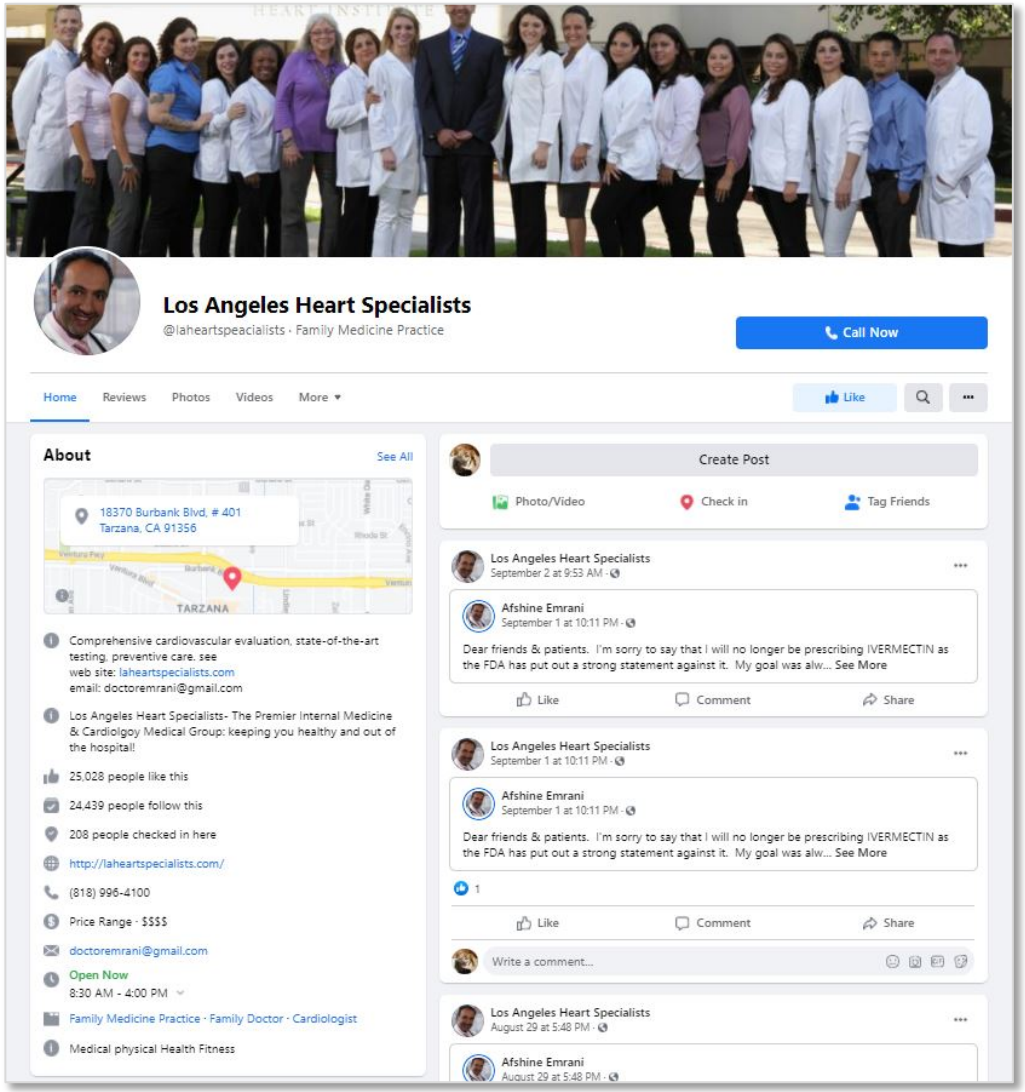




Examples

Dr. Afshine Emrani





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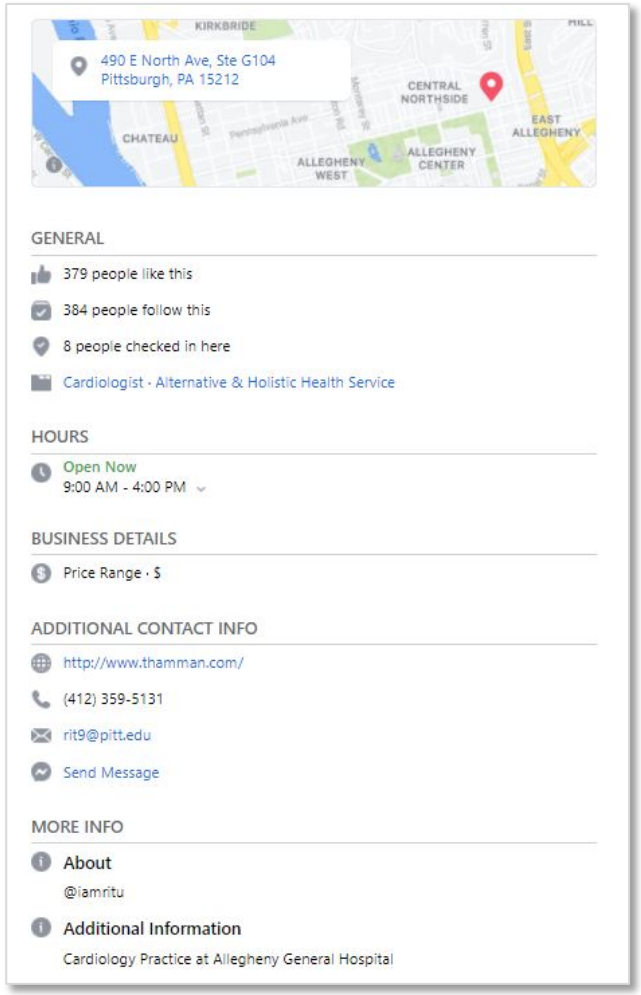
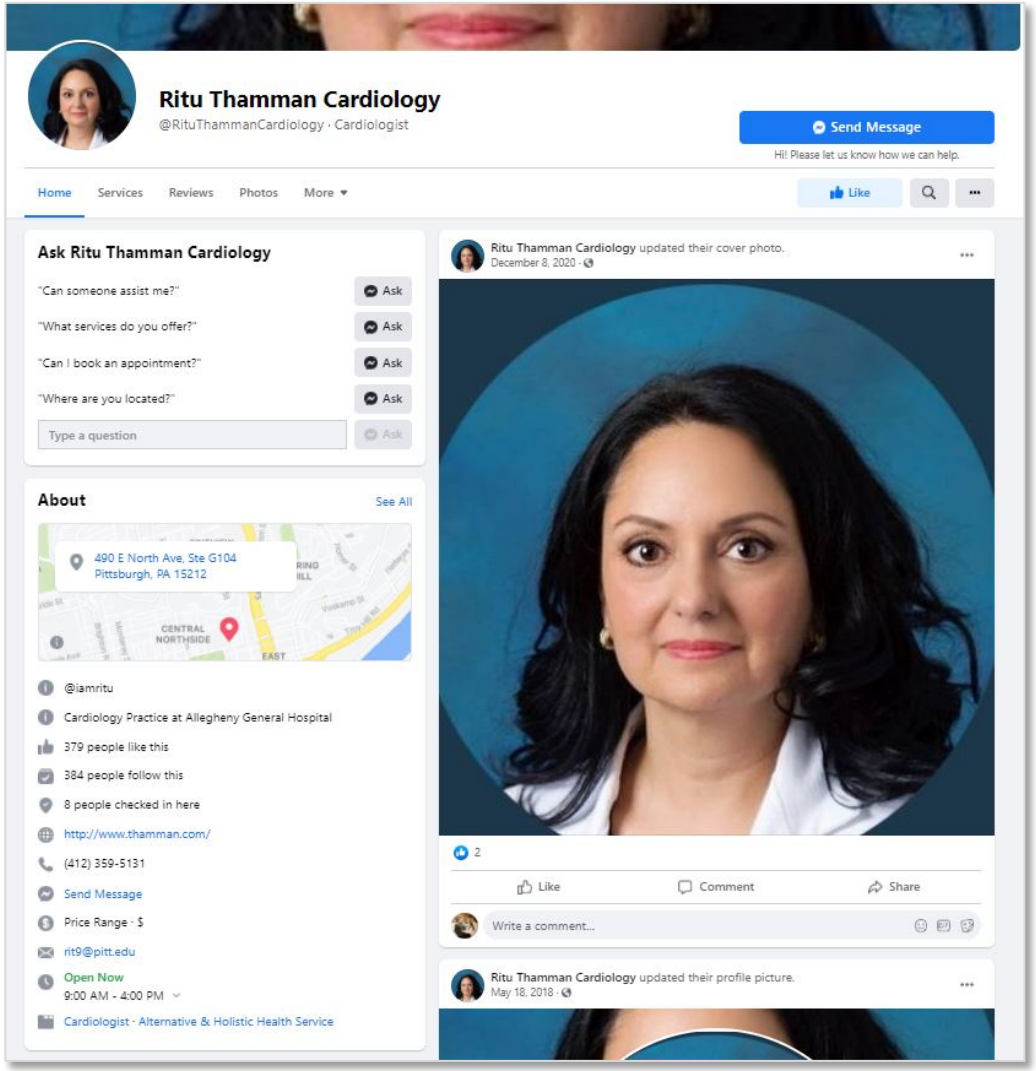
Examples

Dr. Ritu Thamman





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Content Development and Tips

Content Guidelines

CONTENT TO SHARE

- Therapy awareness and education
- Study results/clinical trial findings
- PR placements + news announcements
- Relevant industry publication articles and research
- Employee and facility highlights
- Community information – e.g. clinics, volunteer opportunities, etc.
- Advancements in technology
- Procedural information
- Patient stories
- Case studies
- Milestones

CONTENT NOT TO SHARE / ENGAGE

- Medical advice – take this conversation offline
- HIPPA or private information
- Comments containing vulgarity you may delete these from your page
- Conversations that are off-topic
- Clinical jargon when communicating with patients

Additionally:

- Correct inaccurate information
- Define a process for complaint handling
- Define employee policies

Content Writing Tips

Simple – audience centric language; short and sweet; more with less; high-value content focus

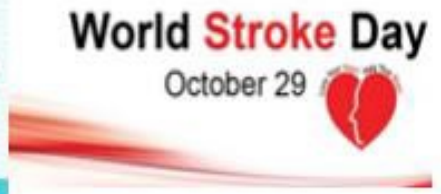
Emotional (when appropriate) – use of storytelling; context brings to life why it matters; humanized

Actionable – Call-to-Action should be clear and concise; Unique content teaser/Drive to digital assets

Creative – Think beyond images: GIFs, animated infographics, videos, polls; Align to copy and Call-to-Action; Use of multimedia drives 3x higher engagement rates than those without

Credible – Tag credible third parties accounts and physicians; Provide compelling stats from credible sources

Milestone Calendar for the WATCHMAN Implant



Feb.	May	June	Sept.	Oct.
National Heart Health Month	National Stroke Awareness Month National Women's Health Week	National Men's Health Month/Week	National Atrial Fibrillation Awareness Month	World Stroke Day

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Example Posts

First to offer the WATCHMAN FLX Implant in your area

Sample Tweets (and suggested sequencing)
~6M Americans are affected by atrial fibrillation or AFib – an irregular heartbeat that feels like a quivering heart. Learn more about AFib https://bit.ly/2GO3i7C and contact us for treatment options now available
#DYK: Patients with AFib (irregular heartbeat) are 5x more likely to have a stroke; AFib-related strokes are more frequently fatal and disabling. Learn more https://bit.ly/2GO3i7C
Dr. [name] implanted our 1st WATCHMAN FLX™ Left Atrial Appendage Closure Device for the reduction of stroke risk associated with non-valvular atrial fibrillation. [bit.ly link to facility press release if issued]
IF YOU ARE FIRST IN REGION TO IMPLANT: We're first in [city/region/state] with the newest alternative to long-term blood thinning medications to reduce this risk of stroke in patients with non-valvular atrial fibrillation. Learn more about the device https://bit.ly/2GO3i7C

Milestone Implant Announcement

Sample Tweets
This [INSERT TIMING], a patient was implanted with the [MILESTONE #] WATCHMAN FLX™ Left Atrial Appendage Closure Device at our hospital. Proud to offer this next-generation therapy to our patients with non-valvular #AFib! Learn more https://bit.ly/2GO3i7C
~6M Americans are affected by atrial fibrillation or AFib – an irregular heartbeat that feels like a quivering heart. Learn more about treatment options now available https://bit.ly/2GO3i7C
We've implanted [MILESTONE #] #WATCHMANFLX devices in patients with non-valvular AF at our hospital. Learn more about this one-time alternative to long-term blood thinners, built upon the most studied and implanted LAAC device worldwide. https://bit.ly/2GO3i7C
We're proud of our partnership w/ @bostonsci to offer our patients with non-valvular AFib the #WATCHMANFLX Implant to reduce their risk of stroke! Learn more https://bit.ly/2GO3i7C

Disease Awareness Month/Week/Day

Sample Tweets
Did you know in the U.S. someone has a stroke every 40 seconds and someone dies from a stroke every four minutes? #[insert awareness month appropriate hashtag]
~6M Americans are affected by atrial fibrillation of AFib – an irregular heartbeat that feels like a quivering heart. #[insert awareness month appropriate hashtag]
Ahead of [awareness month/week/day], [facility name] is helping educate patients about [insert disease state] and treatment options now available. #[insert awareness month appropriate hashtag]
The #WATCHMANFLX Implant highlights our commitment to bringing meaningful innovations to patients with non-valvular #AFib #[insert awareness month appropriate hashtag]
We now offer patients with non-valvular AFib an alternative to long-term blood thinning medications with the next-generation #WATCHMANFLX Implant #[insert awareness month appropriate hashtag]
We're proud of our partnership w/ @bostonsci to offer the #WATCHMANFLX Implant #[insert awareness month appropriate hashtag]

General Device Awareness & Education

Sample Tweets
If you have trouble tolerating long-term use of blood thinners for non-valvular atrial fibrillation, the WATCHMAN FLX™ Left Atrial Appendage Closure might be an option for you. [link to your hospital webpage with information about WATCHMAN FLX/LAAC, or https://bit.ly/2GO3i7C]
There's an alternative to warfarin for non-valvular AFib patients. A one-time WATCHMAN FLX™ Left Atrial Appendage Closure Implant might be an option for you. Learn more about the device & procedure: [link to your hospital webpage with information about WATCHMAN FLX/LAAC, or https://bit.ly/2GO3i7C]
Some people need an alternative to blood thinners for non-valvular atrial fibrillation. The WATCHMAN FLX™ Left Atrial Appendage Closure Implant could be an option. [link to your hospital webpage with information about WATCHMAN FLX/LAAC, or https://bit.ly/2GO3i7C]
Do you or a loved one need an alternative to blood thinners for non-valvular atrial fibrillation? Learn about the WATCHMAN FLX™ Left Atrial Appendage Closure device. Your physician at (hospital name) can discuss more. [link to your hospital webpage with information about WATCHMAN FLX/LAAC, or https://bit.ly/2GO3i7C]
Blood thinners may not be the only option for AFib stroke risk. Learn about a new left atrial appendage closure implant could be an option for you. [link to your hospital webpage with information about WATCHMAN FLX/LAAC, or https://bit.ly/2GO3i7C]

*These can be found on the WATCHMAN Download Center, along with image and video assets for download.

Examples

Covenant HealthCare
January 30 ·

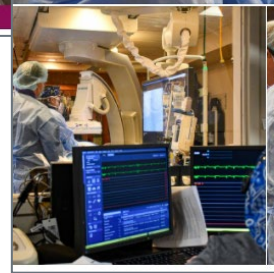
On Friday, the Covenant Cardiology team cared for three patients who received the Watchman FLX via a minimally invasive procedure. The Covenant Structural Heart Program has been offering Watchman since 2016 to protect patients who cannot take blood thinners and have atrial fibrillation. This procedure prevents the migration of blood clots from the heart, reducing the patient's risk of stroke. Watchman FLX is the latest version of the device.

The Covenant Structural Heart Program is made up of an extraordinary team of medical professionals (nurses, technicians, and MANY more), backed by Dr. Manoj Sharma, Dr. Bashar Al Jayyousi, and Dr. Bakri Kaakeh. Learn more about the team and services at www.covenanthealthcare.com/ch/structuralheartdiseaseprogram

COVENANT HealthCare

Deborah Heart and Lung Center
February 16 ·

Today we implanted our first WATCHMAN FLX™ device! This is the next generation of WATCHMAN, a one-time, minimally invasive procedure for people with atrial fibrillation who need an alternative to blood thinners. Implanted into the heart to close off the left atrial appendage, the device prevents blood clots from forming and causing a stroke. The WATCHMAN FLX has a superior safety profile, greater procedural performance, and expands the treatable patient population because of its structure and size. We are excited to offer the new WATCHMAN because many of our current WATCHMAN patients have successfully discontinued their use of blood thinners, and being able to expand with this new device will improve the quality of life for so many more. Congratulations to the interventional and electrophysiology teams on this new procedural milestone!



CoxHealth
March 9 ·

We have a new procedure available for individuals with atrial fibrillation: The Watchman Fix, a tiny device that helps keep blood clots from forming in the heart, and we've already done several successful implants.

The Watchman Fix works like a sieve in the heart, keeping blood from pooling in an area where most clots form in atrial fibrillation. It's an expansion and advancement of a procedure offered at CoxHealth, and offers the ability to treat difficult cases involving the left atrial appendage.

(You can get an idea of what the device looks like from the box that the team is holding -- but not the size. It's about as big as a quarter.)

https://bit.ly/3epvFZA

Rio Grande Regional Hospital
July 23 ·

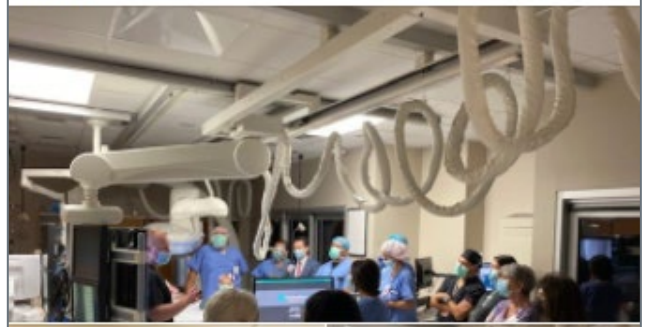
❤️🎉❤️Rio Grande Regional Hospital is excited to announce that Dr. Norman Ramirez, Interventional Cardiologist and Medical Director of Structural Heart/Advanced Heart Failure Services along with the hospital's cardiology clinical teams, performed the first Left Atrial Appendage Closure (LAAC) WATCHMAN procedure at the hospital.

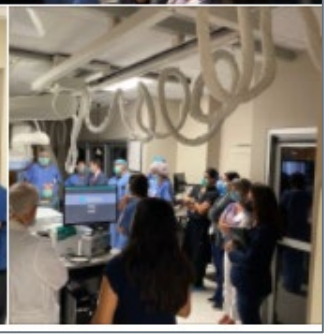
The LAAC procedure is a proven alternative to long-term warfarin therapy for stroke risk reduction in patients with non-valvular atrial fibrillation (Afib). The WATCHMAN FLX device closes off an area of the heart called the left atrial appendage (LAA) to keep harmful blood clots that can form in the LAA from entering the blood stream and potentially causing a stroke. By closing off the LAA, the risk of stroke may be reduced and, over time, patients may be able to stop taking their blood thinner medication.

Dr. Norman Ramirez, has extensive experience in performing structural heart procedures to include LAAC implantations. To date, Dr. Ramirez has successfully implanted over 35 WATCHMAN devices.

"I'd like to thank Rio Grande Regional Hospital leadership and clinical teams for supporting the development of structural heart program and expansion of the cardiovascular service line, which is very much needed in the Rio Grande Valley," said Dr. Norman Ramirez.

This minimally invasive procedure made available to our community affirms Rio Grande Regional Hospital mission statement, "Above all else, we are committed to the care and improvement of human life."





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Other Content Ideas

- Employee and facility highlights: more information about physicians, their interest, therapies and procedures they do, etc.
- Discuss disease states (Atrial Fibrillation), therapy awareness (Left Atrial Appendage Closure) and product education (WATCHMAN Device)
- Consider "campaigns of the day" to develop evergreen posts:
    - Motivation Monday: a motivational thing about healthy living.
    - Case Day Tuesday: a case example that took place in the last few weeks.
    - In the News Wednesday: share healthcare news.
    - Patient testimonial Thursday: share a patient story. Make sure to get appropriate permissions.
    - Office Day Friday: Photos from the facility on Friday.
    - Additional options include Throwback Thursdays, Fun Fact Fridays, etc.
- Reshare news from other local facilities to cross-promote and build your referral network.
- Consider industry partnerships – e.g., the local chapter of AFib Association.

Phase II Considerations

Content:

- Develop an editorial calendar of content so you can pre-write and pre-schedule posts to go through your channel on a regular basis. This will help plan how many posts you need to write within each batch.
- Keep an eye on timely news – if an interesting study comes out, be sure to share it from your channel as soon as possible.
- Test different formats of content – video, image, GIFs, webinars, live video, etc.

Outreach:

- Consider investing in social media advertising to:
  - Acquire more people to follow your page or get website visits.
  - Amplify your message with more people on Facebook.
  - Target a specific audience to see your message (e.g., Location-based targeting).

Engagement:

- Develop a response protocol to engage with comments or questions – how will you respond to a positive comment? To a negative comment or complaint?

Optimization:

- Review which posts are performing best on a monthly/quarterly basis and create similar content to that.

ABBREVIATED STATEMENT

WATCHMAN FLX™ Left Atrial Appendage Closure Device with Delivery System and WATCHMAN Access System

CAUTION: *Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Instructions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.*

INTENDED USE/INDICATIONS FOR USE

The WATCHMAN FLX Device is indicated to reduce the risk of thromboembolism from the left atrial appendage in patients with non-valvular atrial fibrillation who:

- Are at increased risk for stroke and systemic embolism based on CHADS2 or CHA2DS2-VASc scores and are recommended for anticoagulation therapy;
- Are deemed by their physicians to be suitable for anticoagulation therapy; and
- Have an appropriate rationale to seek a non-pharmacologic alternative to anticoagulation therapy, taking into account the safety and effectiveness of the device compared to anticoagulation therapy.

CONTRAINDICATIONS

Do not use the WATCHMAN FLX Device if:

- Intracardiac thrombus is present.
- An atrial septal defect repair or closure device or a patent foramen ovale repair or closure device is present.
- The LAA anatomy will not accommodate a Closure Device (see Table 45 of the eIFU).
- The patient has a known hypersensitivity to any portion of the device material or the individual components (see Device Description section of the eIFU) such that the use of the WATCHMAN FLX Device is contraindicated.
- Any of the customary contraindications for other percutaneous catheterization procedure (e.g., patient size too small to accommodate TEE probe or required catheters) or conditions (e.g., active infection, bleeding disorder) are present.
- There are contraindications to the use of anticoagulation therapy, aspirin, or P2Y12 inhibitor.

WARNINGS

Implantation of the WATCHMAN FLX Device should only be performed by interventional cardiologists and/or electrophysiologists who are trained in percutaneous and transseptal procedures and who have completed the WATCHMAN FLX Physician Training program.

- This device has not been studied in pregnant or breastfeeding women. Careful consideration should be given to use of the Closure Device in pregnant and/or breastfeeding women due to the risk of significant exposure to x-rays and the use of anticoagulation medication.
- Device selection should be based on accurate LAA measurements obtained using echocardiographic imaging guidance in multiple views (TEE recommended in multiple angles [e.g., 0°, 45°, 90°, 135°]) to avoid improper Closure Device sizing.
- Do not release (i.e., unscrew) the WATCHMAN FLX Device from the core wire unless all release criteria are satisfied to avoid suboptimal results.
- Potential for Closure Device embolization exists with cardioversion < 30 days following Closure Device implantation; verify Closure Device position after cardioversion during this period.
- Appropriate post-procedure drug therapy should be followed. See Post-Procedure Information section (of the eIFU) for further detail.

PRECAUTIONS

- The safety and effectiveness (and benefit-risk profile) of the WATCHMAN FLX Device has not been established in patients for whom long-term anticoagulation is determined to be contraindicated.
- The LAA is a thin-walled structure. Use caution when accessing the LAA, and deploying, recapturing, and repositioning the Closure Device.
- Use caution when introducing a WATCHMAN Access System to prevent damage to cardiac structures.
- Use caution when introducing the Delivery System to prevent damage to cardiac structures.
- To prevent damage to the Delivery Catheter or Closure Device, do not allow the WATCHMAN FLX Device to protrude beyond the distal tip of the Delivery Catheter when inserting the Delivery System into the Access Sheath.
- If using a power injector, the maximum pressure should not exceed 100 psi.

PATIENT SELECTION FOR TREATMENT

In considering the use of the WATCHMAN FLX Device, the rationale for seeking an alternative to long-term anticoagulation therapy and the safety and effectiveness of the device compared to anticoagulation should be taken into account.

- The presence of indication(s) for long-term anticoagulation therapy, other than non-valvular atrial fibrillation (e.g. mechanical heart valve, hypercoagulable states, recurrent deep venous thrombosis).

Details regarding the indications, contraindications, warnings, and precautions for oral anticoagulants approved for patients with non-valvular atrial fibrillation are provided in their respective Instructions for Use. Of note:

- The safety and effectiveness (and benefit-risk profile) of the WATCHMAN FLX Device has not been established in patients for whom long-term anticoagulation is determined to be contraindicated.

Factors that need to be considered for the WATCHMAN FLX Device and implantation procedure include the following:

- Overall medical status, including conditions which might preclude the safety of a percutaneous, transcatheter procedure.
- Suitability for percutaneous, transseptal procedures, including considerations of:
  - Cardiac anatomy relating to the LAA size and shape.
  - Vascular access anatomy (e.g., femoral vein size, thrombus, or tortuosity).
  - Ability of the patient to tolerate general or local anesthesia.
  - Ability of the patient to undergo required imaging.
  - Ability to comply with the recommended post-WATCHMAN FLX Device implant pharmacologic regimen (see Post-Procedure Information section) especially for patients at high risk for bleeding.

ADVERSE EVENTS

Potential adverse events (in alphabetical order) which may be associated with the use of a left atrial appendage closure device or implantation procedure include but are not limited to: Air embolism. Airway trauma. Allergic reaction to the contrast media, anesthetic, WATCHMAN Implant material, or medications. Altered mental status. Anemia requiring transfusion. Anesthesia risks. Angina. Anoxic encephalopathy. Arrhythmias. Atrial septal defect. Bruising, hematoma, or seroma near the catheter insertion site. Cardiac perforation. Chest pain/discomfort. Confusion post procedure. Congestive heart failure. Contrast related nephropathy. Cranial bleed. Death. Decreased hemoglobin. Deep vein thrombosis. Device embolism. Device fracture. Device thrombosis. Edema. Embolism. Excessive bleeding. Fever. Fistula. Groin pain. Groin puncture bleed. Hematuria. Hemoptysis. Hypotension. Hypoxia. Improper wound healing. Inability to reposition, recapture, or retrieve the device. Infection/pneumonia. Interatrial septum thrombus. Intratracheal bleeding Major bleeding requiring transfusion. Misplacement of the device/improper seal of the appendage/movement of device from appendage wall. Myocardial erosion. Nausea. Oral bleeding. Pericardial effusion/tamponade. Pleural effusion. Prolonged bleeding from a laceration. Pseudoaneurysm. Pulmonary edema. Renal failure. Respiratory insufficiency/failure. Stroke – Hemorrhagic. Stroke – Ischemic. Surgical removal of the device. TEE complications (e.g., throat pain, bleeding, esophageal trauma). Thrombocytopenia. Thrombosis. Transient ischemic attack (TIA). Valvular or vascular damage. Vasovagal reactions.

There may be other potential adverse events that are unforeseen at this time.

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