Patient Advocate: A Critical Role in Patient Experience

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THE BERYL INSTITUTE
Improving the Patient Experience
The Beryl Institute is the global community of practice and premier thought leader on improving the patient experience in healthcare. The Institute serves as a reliable resource for shared information and proven practices, a dynamic incubator of leading research and new ideas and an interactive connector of leaders and practitioners. The Institute is uniquely positioned to develop and publicize cutting-edge concepts focused on improving the patient experience, touching thousands of healthcare executives and patients.

The Institute defines the patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

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In 2014, The Beryl Institute formally welcomed members of the former Society for Healthcare Consumer Advocacy to the Institute community and the new Patient Advocacy Community. The society represented a strong and rich heritage found at the roots of the very patient experience movement we are seeing flourish today. Patient advocates were the seeds of that growth and have been essential players in the rapidly flowing river of change that has seen a great refocusing in healthcare from the early 1970s to today.

As healthcare has become a system that has in many ways returned its own roots, in looking to the value it brings and the outcomes it generates over the pure volume of people it can touch, so too has the journey of the patient advocate and their contributions come full circle. As a role that has been from its inception committed to ensuring the voice of the patient is heard and also being the listening point for patients to express their joys or concerns, praise or complaints, patient advocates in many ways have held true to a central tenet of patient experience today – that all voices matter and we must be willing to ask and listen.

This paper, authored by three insightful healthcare leaders and patient advocates themselves, helps us to both understand the journey and reinforces the value the role of patient advocate has and will continue to play in healthcare. Regardless of the actual title, positioning in an organization, or even resources provided, patient advocates have remained true to a certain set of principles and a shared value that has been essential to maintaining balance of focus in healthcare organizations. They also have played a precarious role in many ways. For as patient advocates employed by healthcare organizations with a commitment to ensuring patient voice is heard, they too still represent the organization in which they are employed, its vision and strategy. Some might say that could lead to bias and, I do not think many would argue, in some cases it has. But I think you will find in the voices of these leaders and the sharing of ideas based on 40 years of intent and purpose presented in this paper, that it is purpose that has continued to prevail.

It is also important we also briefly address the variations on this very term “patient advocate” itself. In this paper we do not address professional patient advocates, those individuals that independently consult to provide the individual coaching and support a patient and/or their family or support network needs as they navigate the complexities of healthcare today. We too are not talking about the other variation of the title “patient” advocate, the emphasis on patient, an incredible growing number of individuals who as patients or family members themselves have raised the important voice of patients directly to ensure they are heard and respected in the healthcare conversation. (We have a comprehensive paper on the voices of patients and families who take this on – Voices of Patients and Families: Partners in Improving Patient Experience – also available via The Beryl Institute).

In the pages to follow history, intent, insights and ideas for action are all shared. Most importantly as we have welcomed the storied history of patient advocacy into the broad reaching arms of The Beryl Institute community, this paper provides a point to not only look back, but also to take the next steps ahead. The critical role of patient advocate is something we will always need in healthcare, and while they might evolve into larger strategic positions in patient experience or remain key players in an expanding experience function, I believe in full confidence, that this is a moment where patient advocates will again help frame the conversation for healthcare for the next 40 years to come and beyond. All voices matter – the patient advocate reminds us of that each and every day. And of that, I know many are forever grateful.

Jason A. Wolf, PhD
President
The Beryl Institute
The field of patient advocacy was not one that suddenly surfaced as a new career path or the latest trending “buzz phrase.” Patient advocacy developed slowly over time, fueled by the needs of the patients and families in a changing and challenging healthcare climate. This paper will explore the history of patient advocacy, how it has evolved over time and its relevance to the Patient Experience.

History of the Profession of Patient Advocacy

Advocacy has a rich historic tradition, when you look back at its derivative-bureaucracy. The Ming Dynasty in the 14th century has the first mention of a government ombudsman – “one who acts on behalf of another.” Another historical model is the Citizen Advice Bureau organized in Great Britain during World War II to provide displaced people with information and referral services. The idea of helping and advocating for others when they cannot has always been a part of history, but it wasn’t until the 1970’s that formalized patient advocacy program development emerged in healthcare.

To better understand the development of the patient advocate role, we need to look at the evolution and changes of the healthcare industry itself. In the early 1960’s, healthcare for the most part had become big, institutionalized and impersonal. The patient was often uninformed and the doctor-patient relationship was not often a priority. Healthcare had gone from the days of physician house calls, to where the trusting relationship between the patient and physician fell victim to the size and growing complexity of the delivery system. The necessity for healthcare professionals to be looking at the full range of the patients’ needs became secondary to the new medical possibilities and technologies available.

Advancements in technology created rising ethical issues and very real patient fears. Discussions were now centered on topics such as chemotherapy, dialysis, transplants and resuscitation. At this time, more technicians were introduced to the patient experience, creating even more distance between the physician and the patient. Patients and families began to feel and react to the unfamiliarity of intensive care units, intimidating machinery, multiple healthcare providers and a confusing array of rules and regulations. Due to the rapidly increasing complexity of the system and because patients lacked technical and medical knowledge and did not feel informed, they were not in a position to be part of decision making regarding their own healthcare treatment and services.

In the mid 1960’s our country was embracing individual rights such as civil rights, women’s rights and student’s rights, which collectively raised the autonomy of the individual as never before. Social issues were framed as the individual versus the institution, who was portrayed as powerful and insensitive. Healthcare, as one of the largest and most powerful institutions, had the ability to impact the rights of many. The climate was ripe for the formation of a patient advocacy model.

In the early 1970’s, hospitals began to recognize the need for a liaison between patients and hospitals. Ruth Ravich, who worked at Mount Sinai Hospital in New York, was one person who saw the need and began to bring people together to promote the profession. In April 1970, a daylong seminar entitled “Establishing Effective Patient Relations Programs in Hospitals” began discussion of ways to establish formal advocacy programs.

In March 1971, 140 healthcare professional met in Philadelphia to continue the discussion of the importance of the patient representative role. The concept of the role was to “intervene on behalf of the patients who are falling through the cracks of a fragmented system and make the system more responsive, provide information, consultation, referral and advocacy for patients’ social and healthcare concerns.”

Additionally, these patient representatives would help staff with challenging patient and family situations, investigate trending problems, suggest solutions, educate staff, patients and the community about patients’ rights and responsibilities and bring patients’ perceptions to the attention of management. “In a world of specialists, patient representatives would be the generalists- a humanizing, personalizing force in a technological environment.”

A year later, the Association of Patient Service Representatives was formed and soon thereafter was accepted for charter membership in the American Hospital Association (AHA). In 1972 AHA surveyed its institutional members and found there were 1,000 hospitals with patient representative programs. In 1973, the model of Patient Bill of Rights was established (see Pop Out Box Below). In 1980, Sarah Lawrence College began a graduate program in healthcare advocacy.

1. In the name of the patient. The patient advocates role in a healthcare facility, The Beryl Institute, Revised 2014, p. 7.
The Association of Patient Service Representatives grew and flourished over the years, continuing to focus on advocating in the name of the patient, as well as supporting patient advocates everywhere through networking and education. In 1996, the National Society of Patient Representatives changed its name to the Society for Healthcare Consumer Advocacy (SHCA) to reflect the changing nature of healthcare itself and the broad and encompassing nature of the role. In 2012, the organization celebrated over 40 years of advocating in the name of the patient.

The patient advocacy field and need for Patient Representative Programs was gaining significant attention from healthcare facilities and top executives. In 2009, an AHA survey “reported that out of 4,913 organizations, 59% have Patient Representative Services and 58% have Community Outreach Programs. Additionally, 80% of patient representatives report to senior management such as the Chief Executive Officer, Vice President or Associate administrator. 78% of the members had 11 years of healthcare experience, 49% of which had more than 21 years of experience. Over this time of development, the patient advocate representative has increased their knowledge base with 76% having an Associates, Bachelors, or Master’s degree.”

Patient advocate professionals were emerging from varied backgrounds including nursing, clinical therapists, social workers, counselors and chaplains just to name a few. The common theme was the exceptional interpersonal skills they brought to the table.

In 2014, the organization made a decision to align themselves with The Beryl Institute, thought leaders in the growing Patient Experience movement, and formed the Patient Advocacy Community (PAC) of The Beryl Institute. Over the 40-year evolution of the patient advocate, it became clear that this role was firmly embedded in defining and creating an exceptional patient experience. It was also clear that the conversation needed to continue and expand with other like-minded thought leaders and to continue to have a powerful impact on the patient experience.

In continuing this rapid evolution, as this paper is written, we are amidst yet another shift in healthcare. Patients are increasingly less inhibited to raise their voice and express upset, often to the individuals serving as patient advocate. Also with the increasing complexity of organizational structures in healthcare today, patient advocates are often an expert in understanding and guiding people through the structure of their organization, which allows them to facilitate review, resolution and follow up to patient issues.

This leads us to explore the very nature of the role itself.

Since the original model of the Patient’s Bill of Right, the American Hospital Association has revised this work into a document called The Patient Care Partnership. Replacing the AHA’s Patients’ Bill of Rights, this plain language brochure informs patients about what they should expect during their hospital stay with regard to their rights and responsibilities.

The document offers six central premises on what patients should expect during a hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.


3. Ibid, p. 5.
Understanding the Patient Advocate Professional Role

There are many roles and titles for patient advocates. They are often referred to as patient representatives, patient liaisons, ombudsmen and of course patient advocates, in addition to other designations. But even more importantly, the roles they play within healthcare organizations are varied and their contributions numerous. The patient advocate usually fills one or more of five complementary roles in a healthcare organization:

1. Patient advocate
2. Information resource
3. Institutional change agent
4. Partner in collaboration between the community and the organization
5. Grievance coordinator

Additionally, many are involved in mediation, ethics consultations, staff education, interpretive services, organizing patient/family advisory councils, arrangements for international patients, including coordination of housing and transportation, discharge planning, response to codes to provide emotional support, lost and found, services for patients with special needs in compliance with the Americans with Disabilities Act, organ donation, advance directives and hotel management for out-of-town patients and families.

Many of these types of responsibilities are added to the patient advocate role because of the focus of these staff on the broader support of patient and family needs. They are also delegated these responsibilities because many administrators believe that patient satisfaction is the common denominator in each of these resources. Ideally, patient advocates who take on added responsibility also take on the authority necessary to carry them out either as leaders of or part of an organization’s overall patient experience function.

Some of the foundational areas of focus for patient advocates were looking at prevention and helping patients to actively participate in their own healthcare decisions. Patient advocates maintain many opportunities to advance this process, in ways such as:

- Explaining policies and procedures that patient’s question
- Mediating disputes among patients, families and staff
- Investigating complaints on behalf of patients, keeping them out of the center of conflict
- Introducing and discussing advance directives with patients and their families

The skills and knowledge base of the patient advocate in many ways are core skills of the Patient Experience Professional in general. As the patient advocate plays a central role in the broader work of patient experience, it

The Patient Experience Body of Knowledge is a community-developed framework capturing the knowledge central to the role of the patient experience leader. Over 400 individuals from 10 countries contributed to the development of the body of knowledge resulting in a broadly accepted set of 15 domains and associated skills reflecting the core accountabilities associated with being an effective patient experience leader. This work frames the field of patient experience, defines its core ideas and provides a clear foundation of knowledge that supports the consistent and continuous development of current and future leaders in the field.

The Beryl Institute offers a Certificate in Patient Advocacy for participants completing highlighted courses and an Introduction to Patient Advocacy and the Management of Complaints and Grievances results.
is important to see and understand the skills and knowledge that are necessary for both. Skills such as leadership, coaching, influencing, interpersonal, data analysis and communication are necessary for anyone working in the patient experience field, including the role of the patient advocate. Much of this is now outlined in The Beryl Institute’s community developed Patient Experience Body of Knowledge.

In addition to these, there are other skills and a knowledge base that the patient advocate must possess in order to accomplish their work effectively. For example, it is important to have knowledge about patient rights and regulatory standards as well as understanding of the complaint and grievance process and great problem solving skills, to name a few.

**FIGURE 1. Patient Advocate as Liaison**

This description was originally developed for use by human resources departments in hiring and compensating patient advocates in healthcare organizations.

Liaisons between consumers of healthcare services and an organizations’ administration, staff, and physicians.

**Position Accountabilities**

1. Serves as a central resource for information concerning patients’ rights and responsibilities, advance directives and ethical issues.
2. Coordinates, investigates and resolves patient grievances concerning the quality of care and services by providing a formal grievance mechanism for the organization.
3. Leads the effort to collect, analyze and evaluate patient satisfaction data. Utilizes feedback to facilitate system improvements to better meet the patient’s needs.
4. Masters an understanding of the organization’s mission, policies, procedures and services to respond to patient questions or concerns.
5. Provides expertise on patient needs and expectations and acts to educate staff and physicians concerning these issues.
6. Conducts community awareness and educational programs on the rights of patients. Develops educational and promotional materials on patients’ rights and ethical issues.
7. Coordinates implementation of regulatory standards, such as the Joint Commission, along with state and federal laws pertaining to patients’ rights, advance directives, the Americans with Disabilities Act and ethical issues.
8. Provides leadership and/or consultation to committees that affect patient needs and respect for patients’ rights.
9. Participates with other committees as indicated or appropriate.
10. Participates in community, state and national professional organizations.
11. Promotes confidentiality, respect and dignity for all persons as standards for the department and organization.
12. Refers patients to appropriate services and resources.
13. Develops policies and procedures for the department and organization.
14. Performs other tasks as indicated or appropriate.

**Position Qualifications**

Minimum education: Preferably a BS/BA or six (6) years experience in social sciences or a health-related profession.

Minimum field of expertise: Social sciences or a health-related field.

Required course(s)/training: Complaint management, mediation training, conflict negotiation, data management, interpersonal communication, and crisis intervention.

Preferred experience: At least two (2) years experience in a health-related field.

Other skills: Analytical problem solving, excellent oral and written communication skills.
The Advocate's Role in the Changing Healthcare Environment

The advocate’s role in today’s changing healthcare environment continues to evolve. With a heightened awareness of the importance of a positive, patient experience, many initiatives are currently underway in hospitals to make improvements. The patient advocate role is a critical part of these efforts. The richness of the data coming from the advocate, patient initiated feedback, must be a vital component of any initiative to improve the patient experience. When patient satisfaction scores are below the desired level, the patient advocate’s data may provide insight for specific experiences that have driven that shift in patient satisfaction.

It is also imperative that the patient advocate maintain an objective perspective honoring both the views of patients and families and that of the organization they both serve. This unique position allows the patient advocate to raise issues in support of the patient when there is concern with the actions of the organization. In contrast, the organization also looks to the mediation skills of the patient advocate when the patients' expectations are not realistic.

In some cases, the role of the advocate has traditionally been more reactive, i.e. responding to issues as they arise, hearing and reacting to patient complaints as they bring them forward. Yet, with the changes in healthcare, the role has evolved to focus on a more proactive approach in order to have a more effective outcome. This might take the form of rounding to address issues and problems before they escalate or teaching front line staff techniques for addressing complaints in an empathetic way. Often the patient advocate also administers the service recovery program for the organization.

From a regulatory perspective, the patient advocate is often responsible for oversight of the organizations compliance with patient rights, administration of the language services program, management of the complaint and grievance processes and identification of improvement opportunities through the analysis of data gathered within the process of addressing complaints and grievances.

In many organizations today, there is also a role for the patient advocate in the Emergency Management plan. Often this role has the patient advocate managing the in surge of family searching for loved ones and working to connect them whether at that facility or through Red Cross contacts. Due to the wide range of interpersonal and leadership skills that an advocate possesses, they can often acquire other duties and projects.

As part of the changing environment, we are also seeing a consolidation occurring in the healthcare marketplace. Many healthcare organizations are joining other providers to form alliances that can offer patients more services in the continuum of care, such as acute, ambulatory, long-term, rehabilitative, home, school-based or specialty. Patient advocates may find themselves working as part of a team with representatives from organizations within the same system or alliance, sharing services and information. Patient advocates are now handling complaints, problems and information from a variety of organizational settings instead of facilitating patient communication with the management of just one organization. Such alliances may include insurers and business groups that have a common interest in monitoring outcomes and costs, but who also lack skills in “working the system” on behalf of their clients.

The patient advocate is vital in resolving registration and billing concerns and conflicts, providing a centralized source of information on patient’s rights and responsibilities and serving as a contact person when insurance companies need provider involvement and follow-up to patient issues.
The Patient Advocate as a Leader

As the role of the patient advocate has evolved, so has the need for individuals working in these positions to possess strong leadership skills. Expectations have been elevated and organizations look to patient advocates to translate the voice of the patient into actions that will improve quality and patient satisfaction.

Today, we have educated and savvy consumers who are not afraid to ask questions and challenge their healthcare experience. Additionally, revenue and the bottom line are now being impacted by an organization’s patient satisfaction results, due to Medicare Conditions of Participation and other measures. Organizational leaders are realizing that staff functioning in these roles has direct feedback from patients and families, and therefore should be part of the team developing strategic initiatives, as well as driving actions aimed at improving the patient experience.

With this in mind, it is important for the patient advocate to have a voice and presence at key leadership meetings in their organization where discussion about patient satisfaction data and strategic goals are being discussed. Patient advocates need to fully understand the organization’s strategic goals and particularly goals around improving patient satisfaction, patient experience, and service excellence. The patient advocate can contribute information and patient/family feedback that will help develop process improvement in the organization.

The patient advocate helps ensure the organization as a whole hears, understands, acknowledges and as possible acts on the voice of the patient during discussions about process/policy changes, construction design, physician and patient engagement, way finding, etc. The leadership role of patient advocates has now also evolved as they either serve the role of patient experience leader in organizations or are vital players in the patient experience efforts organizations are undertaking. The bottom line is that patient advocates must both act as and be considered critical leaders in their respective organizations.

Angels from Afar

(Adapted from the publication, The Sky is Falling, revised by The Beryl Institute, 2014)

As a patient advocate, I am called on daily to help patients and families. I have worked in my facility for twenty-four years, and feel very comfortable with answering questions and taking care of situations. I love my job, but I also feel a kinship with the other patient advocates from my own chapter and with those I have met at conferences or through team activities through the years.

Last year, my aunt was diagnosed with cancer. My aunt and uncle had recently moved from Louisiana to North Carolina. They were new to the area and suddenly had to face a major health issue. My aunt was referred to a large hospital for surgery.

This was a stressful time for our family especially since none of us lived near my aunt and uncle’s new home. I spoke with the patient advocate from the hospital they were at to ask that she check in on my family members. She took immediate action to make sure that my loved ones were greeted and put at ease, and the Advocate rounded on my aunt daily.

My family was very touched by the concern and compassion we received. I have always felt that I am part of a larger family among our network of patient advocates. However, during my own loved one’s hospital stay, they were my angels.

The bottom line is that patient advocates must both act as and be considered critical leaders in their respective organizations.
The Importance of the Patient Advocate Role

The patient advocate through their actions represents the brand, mission and values of their organization. These are individuals with an identified and dedicated role to listen, acknowledge and address patient/family concerns directly. They help patients and families understand their rights and responsibilities and assist them in navigating the healthcare experience.

Patient advocates also have a strong understanding of organizational data, trends and opportunities to make a positive impact on the patient experience. They are crucial in influencing their organization’s focus on creating person-centered culture and have an understanding and connection to strategic priorities all within the dynamic context of today’s changing healthcare environment.

The patient advocate communicates with all levels of care and fosters accountability and ownership of the patient experience. They are both storytellers, sharing the meaning behind data and educators and coaches, offer training and coaching on the skills and techniques to anticipate needs, actively listen and provide service recovery.

In considering how to maximize the value of the patient advocate role, it is critical that healthcare organizations have patient advocates quickly accessible to the patient upon request. While the advocate role is a part of the entire patient experience effort, it also touches on the very heart of why so many choose to work in healthcare – taking care of the patient. The advocate’s role is to help the patient’s voice be heard.

So often in the life of the patient advocate, they leave a situation very satisfied that they made a difference, that because of them, a situation was revisited and a patient felt valued and respected. Many advocates can recall times when the patient questions their loyalty, asking how they could be advocating for them if they are paid by the hospital. And through the years, advocates have come up with sincere responses to this, indicating that the organization cares about the patient’s voice, and therefore hires them to always ensure that it is heard.

To support this and reinforce the central value of patient advocates in healthcare as the role and profession has developed and grown, patient advocates have adopted and adhered to a professional code of ethics to maintain a focus and remain true to the values and value of the work they do. (Figure 2).

Figure 2. Professional Code of Ethics

Members of the Patient Advocacy Community of The Beryl Institute who serve as patient advocates are committed to conducting their professional relationship in accordance with the following principles:

• Patient advocates have a primary responsibility to the patient.
• Patient advocates are fair, objective and caring within the scope of their professional liabilities.
• Patient advocates have an obligation to inform patients of their rights and responsibilities and advocate on their behalf.
• Patient advocates promote the autonomy and dignity of each individual and act to prevent discrimination.
• Patient advocates protect and promote the confidentiality of those served and educate patients to the limits of that confidentiality.
• Patient advocates maintain the integrity of the profession by identifying, developing, and utilizing knowledge to set standards for professional practice.
• Patient advocates are committed to continuing education to maintain professional excellence.
• Patient advocates permit no exploitation of their position. They do not endorse, promote or sell commercial products. This stipulation does not include professionally related activities such as public speaking, consulting and publishing.
Considerations for Action

In considering the rich history grounded in the very developments that have guided healthcare over the last four decades, patient advocacy has roots well placed and still fundamentally needed in healthcare today. This paper is not just intended to provide a retrospective or review, but also to invoke a call to action for why there is a need to maintain a focus on patient advocacy for the next 40 years to come and beyond.

In looking to the future and deciding on taking actions today, we offer a few considerations in moving forward effectively:

• For those functioning in patient experience leadership roles, it is important to identify if there is a formal patient advocacy program at your organization or facility.
• If a formal advocacy program is not in place, explore the potential for dedicating time and staff to create clear and defined policies and procedures for a patient advocacy program including:
  • A process for sharing patient’s rights and responsibilities.
  • Letting patients/families know who to contact if they have complaint.
  • Developing a system to track and trend patient complaints.
  • Assuring patient/family feedback is heard at the leadership level.
  • Supporting your organization in understanding how to manage and address patients and families that have needs, issues or special circumstances.
• If you already have a formalized patient advocate program, take the appropriate steps to leverage its existence by:
  • Determining if your patient advocate is the leader of overall patient experience efforts or a key player on the patient experience team and ensure their contributions are sought in either capacity.
  • Including the patient advocates in key conversations about strategic planning around patient experience and engaging patient voice, including to establish or maintain a patient advisory council or structure.
  • Making sure the patient advocate sits on appropriate counsels or committees such as: patient experience, patient safety, ethics, quality, etc.
  • Engaging the patient advocate in sharing critical data from the voice of patient with leaders.
  • Using your patient advocates as a key listening point for patient issues, including asking, “What are the top things you are hearing from our patients as you talk with them?”

The role of the patient advocate is a very unique and special one and can truly make a difference for people throughout their healthcare journey. The information from those functioning closest to the patients is often the most impactful in effecting real change. It takes a person who has courage to stand up for what is right, and speak on someone’s behalf when necessary. It requires a thirst for excellence and for doing the right thing, even if it means rocking the boat a bit. When a patient trusts an advocate with their story, it means ensuring that voice is being heard. It means making the experience better for that patient, but then also learning from the story to make improvements in the organization. This work has made a unique impact in healthcare for over 40 years, and will continue to do so for many years to come.
Authors’ Note

As we continue to establish the Patient Advocacy Community (PAC) of The Beryl Institute as the new home for patient advocates globally, we remain committed to building the foundation for the profession for many years to come. Through the PAC, we provide key resources for best practices, policies, procedures, including publications such as this paper and the cited publications, such as *In The Name of the Patient*. We also maintain a vibrant virtual dialogue and sharing of ideas with the patient advocacy listserv available to members. Additionally, mentors are available to help your organization on its patient advocacy journey.

As we continue to determine what resources will be of value for our growing community, we see this white paper as the first in a series about patient advocacy. Future topics may include the CMS grievance process, HCAHPS, data management, patient rights legislation and regulations, ethics, Joint Commission Standards, empathetic communication, compassion fatigue and more.

We also acknowledge that in our integration with The Beryl Institute we now have access to a breadth of information and a consolidated, focused and collaborative family of like-minded and compassionate professionals, who we know will remain focused on what we believe remains central to our work – ensuring the voice of the patient is heard.
About the Authors

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Kate joined the field of Patient Advocacy in 2001. She Manages the Patient Relations and Interpreter Services Departments at Northwestern Medicine – Central DuPage and Delnor Hospitals, located in the Western Suburbs of Chicago. Having begun her career as a crisis therapist working with homicidal and suicidal adolescents, the transition to patient advocacy seemed natural and even a little less stressful. She has found working to promote field of patient advocacy and networking and supporting other patient advocates to be very rewarding.

Kim Pedersen
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Kim Pedersen has spent 25 years in the healthcare arena including the acute rehabilitation hospital setting, medical clinics, outpatient, subacute, home health and healthcare recruiting. Kim identified the need for a patient advocacy Program at Marianjoy and then created and implemented their program. Kim is the Chair of The Patient Experience Leadership Committee, Patient Experience Front Line Staff Committee, and Patient Experience Board Committee. Kim is a member of the Quality and Patient Safety Committees and is a member of the Senior Leadership Team at Marianjoy. Kim has presented at The Beryl Institute Conference and co-authored an article for the Press Ganey Patient Satisfaction journal on Marianjoy’s “Journey to Discharge” initiative that was crucial in improving inpatient satisfaction scores for the organization. Kim continues to provide inservices, training and coaching to staff on managing difficult patients and families, service recovery, team building, key words, and other topics customized to the issues/needs of the nursing unit or discipline requesting assistance.

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Santalucia is a seasoned healthcare leader with a passion and commitment to enhancing the patient experience. She and her team partner with organizations to create an optimal patient experience through a strategic approach that includes leadership commitment and development, staff engagement, patient and family involvement, process improvement and sustainability strategies. Before starting her own consulting firm, Santalucia spent 28 years at Cleveland Clinic in various service excellence and leadership roles, where she played a pivotal role in the design, creation and implementation of Cleveland Clinic’s service recovery model Respond with H.E.A.R.T., and the development of their patient navigation program and Service Excellence and Patient Advocacy departments.
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