

**Healthcare in Battle Creek: A Plan for Excellence
Community Forum Hosted by Project 20/20
February 21, 2012, 6:30 – 8:00 p.m., Burnham Brook Community Center**

After presentations by Denise Brooks-Williams, President & CEO of Bronson Battle Creek, and Frank Sardone, President & CEO of Bronson Healthcare Group, attendees (66) were asked to work in small groups to answer one of the following three discussion questions: 1) What worries you most about health care? How can Bronson and other local groups help? 2) What should Bronson Battle Creek focus on to assure that you become a loyal customer? 3) How would you measure success for the Bronson partnership in the coming three years? A recorder wrote down all ideas from members of each small group. Attendees were then asked to answer the following question “Based upon your discussion, what needs the most immediate attention going forward?” Each group then chose their top two responses from their assigned question, wrote each on a post-it note and placed the notes on easels. Representatives from Project 20/20 then reviewed the ideas, identified themes and reported those themes to all of the attendees. The notes below contain the top themes identified on post-it notes and ALL responses recorded by groups.

1. WHAT WORRIES YOU MOST ABOUT HEALTH CARE? HOW CAN BRONSON AND OTHER LOCAL GROUPS HELP?

Top Group Responses on Post-It Notes

- Quality service for everyone
- Value of healthcare (quality, cost, capacity)
- Integration of services – need for team approach, now fragmented, self-preservation of providers
- Education (communication: healthcare → provider relationship)
- Cost of care to patients and reimbursement to provider, financial viability of health care reform
- Employee’s passion for health care (well trained)

Compilation of ALL Discussion Notes (in no particular order)

- Access for everybody
- Fair service
- Time spent in the emergency room
- Make sure that there is a language interpreter
- Respecting other cultures
- Make sure healthcare providers prioritize emergencies
- Ability to have a vaginal birth after c-section
- Policies and medical laws that make travel hard for terminally ill people
- Communication between health providers should be strong and open
- Cutting personnel that are needed
- Need for programs to reduce incidence of chronic illness i.e. integrated health partners
- Emergency room quality of care – lack of responsiveness, quality of care (pre-merger issue, not sure if it is solved yet)
- Health care reform may reduce quality of care (may impact beyond BBC control, rationing of care could occur)
- Does patient have a choice of going directly to Bronson vs. BBC?

- Quality of care
- Cost of care
- Reimbursement costs to providers
- Pediatric hospital is 35 to 40 min. away – worries potential homeowners
- PR prospective still has a lot of work to do
- The positive direction is great
- The positive momentum continues 1 year to 5 years from now
- Access to healthcare
- Inpatient process i.e. outpatient surgery and then getting sent home w/ private pay – more education around inpatient vs. observation
- Capacity for the aging population

How can Bronson and others help?

- Education
- Streamline the process
- Preventative education on coverage
- Communication

2. WHAT SHOULD BRONSON BATTLE CREEK FOCUS ON TO ASSURE THAT YOU BECOME A LOYAL CUSTOMER?

Top Group Responses on Post-It Notes

- Good customer service – keep focusing on patients being customers
- Transparency – updates on timing in ER situations, access to hospital stats (patient/staff ratios), continue to do forums like this, opportunity to understand billing on-site and on the bill
- Staff to patient communication – listening, questioning, understanding at a general level
- Out-of-hospital community and family included (health and wellness, outreach programs, communications)
- Relationship development – Bronson/Borgess, primary care/hospital and best MD quality, community seen as people not just future patients
- Technology issue – have the best technology, use it cost effectively, agility for changing technology

Compilation of ALL Discussion Notes (in no particular order)

- Continue to focus on diversity within healthcare providers. The needle is moving. Keep up the momentum
- Charity care
- Encouraging nurse practitioners/physician assistants to keep costs down
- Emergency room services – if disorganized, assume rest of hospital is that way
- ER is gateway to hospital
- Organization of ER is major selling point
- Relationship with Borgess is innovative way not to experience re-splitting of community
- Continue to let them (community) know what they are doing well, “blow your own horn”
- Interested in the “charity care” – how does community access that and understand how it’s spent, would be a seller
- Community events sponsorship which promote health
- Create partnerships with people in community more than patient relationships, “partner on staying healthy”
- Assure primary care base

- Education of community about their support care but NOT controlling the delivery of care
- Respecting autonomy of primary care and provider/patient relationship
- Logistics of the hospital – easier to get around
- Artwork is great, makes it welcoming
- Continue to focus on medical staff quality so community stays in community to get care
- Control cost while delivering improved quality
- Concern increased technology would increase cost
- Adaptability to new technology developments
- Specialty care reputation
- Trust of health system
- Evolution from conflictual (current) relationship to collaborative one
- Actively reach out for input and feedback
- Emphasize true, perhaps negative, answers
- Focus on making people better at asking the right questions
- Coordination of care, seeing specialists, etc.
- Physician communication – different provider
- Answers that are understandable to public
- Bring tape recorders, can help communications
- Continued role in community health – outside of hospital, preventative medicine
- Hospital must let public know what they do outside of hospital – inform people of activities and partnerships
- Involve community health through fitness and general health
- Involve spiritual aspect
- Encourage children’s health and wellness – childhood activity, obesity
- Provide wider range of foods, vegetarian, vegan – fresh/farm food?
- More focus on customers in general, not simple patient – family, patient, community
- Improve awareness of medications – dosage and both general and technical names
- Improved discharge information
- Tie-in with community beyond in-hospital care
- Inform of doctor changes and reasons
- Technological records – excited for integrated records, make sure of correct care and medication, access to medical records and test results
- Feeling of trust within doctors – low wait time, feelings of security

3. HOW WOULD YOU MEASURE SUCCESS FOR THE BRONSON PARTNERSHIP IN THE COMING THREE YEARS?

Top Group Responses on Post-It Notes

- We need to improve the entire emergency room experience, reduce the time the patient is waiting there
- Being able to provide the services here, rather than bringing someone here
- Can any foreigner/non-English speaker get services without hesitation, especially for Burmese speakers seeking childbirth services?
- Do public health indicators improve in Battle Creek especially in terms of mental health and wellness indicators?

Compilation of ALL Discussion Notes (in no particular order)

- I like the “raise the bar” – is that still in strategic plan 2013-15?
- Is part of the value of evidenced-based development resulting in positive momentum?
- Community Care Connections, free clinic, should be serving county-wide
- Prescription drug services available for people who can't afford it
- Is Bronson staff/leadership on CCC Board?
- Patient surveys – tracking emergency room service
- More coordination among health care providers
- Will services be more accessible?
- BC residents using Bronson instead of going to Kalamazoo, Ann Arbor or Oakland hospital
- Most needy - how do they get health care services?
- How to separate implementation of healthcare changes/law and improvements by Bronson
- Individual care hope to keep individual
- Improve the ER, increase speed
- Need good public infrastructure, solid services and improvements in the ER
- What percentage of the people in the ER gets admitted?
- What else needs to improve?
- Need improvement in the birthing center
- Most people use the ER as their family doctor
- We're in better shape now that we've joined with Bronson