Bronson Methodist Hospital is the flagship organization for the Bronson Healthcare Group system in Kalamazoo, MI. Its mission—to provide excellent healthcare services—serves as a foundation for its vision of becoming a national leader in healthcare quality.

The not-for-profit Bronson healthcare system also consists of an inpatient rehabilitation hospital, 20 physician practices, a healthcare staffing service, a lifestyle improvement and research center, an athletic club, an outpatient radiology center, a health plan and a hospital foundation.

Bronson Methodist Hospital itself offers a variety of outpatient and inpatient services through its main campus. It employs 3,182 employees, all hired based on their commitment to customer or, in this case, patient service.

In 50 Words Or Less

• Bronson Methodist Hospital was the first healthcare organization awarded the Malcolm Baldrige National Quality Award after its initial site visit.

• Employees are the most important contributors to Bronson's performance excellence.

• Bronson uses the plan-do-check-act model most widely for performance improvement.
Bronson began using the Malcolm Baldrige National Quality Award criteria in the late 1990s as a tool for improvement and self-evaluation. It completed a Baldrige self-assessment in 2000 and, in 2001 was the only recipient of the Michigan Quality Leadership award.

The Bronson leadership system (BLS)—a combination of many best practices—was revised in 2004, and the hospital’s journey to excellence continued. After applying for the Baldrige award five times, Bronson became the first healthcare organization awarded the Baldrige following its first site visit in 2005.

Michele Serbenski, executive director of corporate effectiveness and customer satisfaction at Bronson, recalls that this recognition came as quite a surprise. She and her team believed 2005 wouldn’t be their year at all—they were aiming for 2006.

Bronson’s success does not end with receiving the Michigan Quality Leadership award and the Baldrige award. It has been named among the “100 Best Companies for Working Mothers” by Working Mother magazine in 2003, 2004 and 2005 and has been listed in Fortune magazine’s “100 Best Companies to Work For” in 2004 and 2005.

Other recent awards include west Michigan’s 101 Best and Brightest Companies to Work For “Best of the Best” award in 2003, “Elite Winner”
award by the Michigan Business and Professional Assn. in 2005 and Voluntary Hospitals of America Leadership award for operational excellence in 2005.

So how did this hospital gain such renown? By making its employees critical to success and patient satisfaction the main measuring stick for all improvements.

**Building Blocks**

The board of directors (BoD), including physicians and independent community representatives, governs and oversees operations at Bronson. Bronson’s mission, values and vision are set and deployed by the BoD and the executive team (ET). The BoD and the ET communicate through the BLS (see Figure 1), which is a combination of best practices with patients at the heart of the system.

Leadership actions are primarily driven by patient requirements, which inspire Bronson’s plan for excellence (PFE) (see Figure 2, p. 36).

The PFE, a one-page document distributed to all Bronson employees, contains the hospital’s customer service standards and expectations (CSSE), plan-do-check-act (PDCA) model for improvement, philosophy of nursing excellence and other tools used by employees to focus on service excellence. According to Serbenski, Bronson chose the PDCA model to be its most widely used quality tool in the early 1990s because the model is easy to understand and use.

The corporate strategies or 3 C’s—clinical excellence, customer and service excellence and corporate effectiveness—alongside Bronson’s vision, mission, values and philosophy of nursing are the building elements within the PFE.
Customer service standards and expectations

Our commitment to customers
Bronson employees have an opportunity and a responsibility to make a positive difference for patients, families, physicians and one another. We show that commitment by using these standards—every day, every interaction, every customer.

Bronson employees are personally accountable to:
- Offer assistance.
- Maintain privacy.
- Express empathy.
- Be courteous.
- Follow the appearance standards.
- Create a great, memorable experience.

Philosophy of nursing excellence

Bronson’s philosophy of nursing excellence is founded on the principles of respect, compassion, expertise, impact and pride. We connect with patients, families, colleagues and community through relationship center caring, shared decision making, evidence based practice and accountability.

Service recovery

When responding to a customer concern
1. **Acknowledge**
   Restate what you heard. Show empathy.
2. **Apologize**
   “I’m sorry about . . .” “I apologize for . . .”
3. **Amend**
   Tell what you can do. Offer options.

Interaction process

- **Greet**
  - Introduce yourself.
  - Use their name.
  - Make eye contact.
  - Use a pleasant tone of voice.
- **Exchange**
  - Ask for questions.
  - Listen with empathy.
  - Give information.
  - Explain delays.
  - Check body language.
- **Close**
  - Offer additional help.
  - Confirm satisfaction.
  - Summarize your follow-up.
  - Say “thank you.”

Telephone answering

- “Bronson.”
- Your department.
- Your name.
- Your title (if in clinical role).
- Offer of assistance.

Suggested scripted phrases

- “We’ve been expecting you.”
- “We respect your time.”
- “I am here for you.”
- “You are the reason I am here.”
- “It’s been a pleasure to take care of you.”
- “I’m sorry your wait was longer than expected.”
- “Thank you for choosing Bronson.”
- “Is there anything else I can do for you?”
- “Is there anything I have missed?”
- “I have the time.”
- “It’s no problem.”
- “I’m glad you let me know.”
- “I am the right person to help you with this.”
- “What we can do is . . .” (rather than “can’t”).
- “The next step is . . .” (rather than “you’ll have to”).
Bronson’s 3 C’s create balance for the organization while the PFE ultimately forms its culture and guides critical decision making.

**Strategic Planning**

The BoD and ET annually develop the strategic plan with the 3 C’s serving as critical success factors (see Table 1) and communicate their values, plans and expectations using a leadership communication process. The PDCA model is fundamental to this as well as to many other Bronson processes.

During the strategic planning process, the ET determines the scorecard indicators that will measure the success of the organizational strategies, or 3 C’s, and achievement of the specific strategic objectives. They also use the strategic management model—or timeframe—to employ the key steps and timeframe for execution. Long- and short-term goals are highlighted throughout the strategic management model.

Bronson’s organizational scorecard measures are shown in Table 2. Aligned with the 3 C’s, the measures are displayed using a stoplight approach: red (risk), yellow (moderate) and green (meets). Through this approach, all levels of the organization can assess performance related to the strategic plan.

**Employee Expectations**

The staff at Bronson is trained and held accountable to follow the CSSE, which outlines how Bronson expects its employees to act whenever they come into contact with customers. The CSSE supports Bronson’s PFE, and employees must use it every day, with every interaction and every customer.

Employees also are required to meet all organizationwide safety requirements. This includes general health and safety screenings. They also must report any job related injury to the incident reporting hotline which is open 24 hours a day. Employees are expected to complete computer based learning modules on all aspects of safety training annually to be eligible for continued employment.

Bronson leadership influences two-way communication and feedback with their employees through a variety of methods. Examples include leader rounds, department meetings, CEO open office hours, shared governance and access to e-mail for all employees. Empowerment and employee motivation are approached through several key elements such as:

- **Educational incentives**: career ladders, tuition assistance, scholarships, department specific education dollars, advanced degree bonuses

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**TABLE 1** Critical Success Factors

<table>
<thead>
<tr>
<th>Clinical excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Achieve national best practice performance in clinical outcomes.</td>
</tr>
<tr>
<td>• Use evidence based medicine to achieve excellent patient outcomes.</td>
</tr>
<tr>
<td>• Be recognized as a safe environment for patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer and service excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Distinguish Bronson Methodist Hospital as an employer of choice.</td>
</tr>
<tr>
<td>• Be recognized for a culture of service excellence.</td>
</tr>
<tr>
<td>• Foster a culture of excellence that values diversity while encouraging teamwork, learning and innovation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate effectiveness (CORE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide strong financial performance to allow for capital reinvestment, growth and sustainability.</td>
</tr>
<tr>
<td>• Partner with physicians, the community and others to achieve common objectives.</td>
</tr>
<tr>
<td>• Use the Baldrige criteria for performance excellence to improve processes and organizational performance.</td>
</tr>
</tbody>
</table>

**TABLE 2** Bronson Methodist Hospital Organizational Scorecard Measures

<table>
<thead>
<tr>
<th>Three C’s</th>
<th>BMH organizational scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical excellence</strong></td>
<td>Medical mortality.</td>
</tr>
<tr>
<td></td>
<td>Leapfrog patient safety measures.</td>
</tr>
<tr>
<td></td>
<td>Ventilator acquired pneumonia rate.</td>
</tr>
<tr>
<td></td>
<td>Patient falls.</td>
</tr>
<tr>
<td></td>
<td>Hospital acquired pressure ulcers.</td>
</tr>
<tr>
<td></td>
<td>Hand washing compliance.</td>
</tr>
<tr>
<td></td>
<td>Core indicator performance.</td>
</tr>
<tr>
<td><strong>Customer and service excellence</strong></td>
<td>Management status achievement.</td>
</tr>
<tr>
<td></td>
<td>Overall turnover, registered nurse turnover, vacancy rates.</td>
</tr>
<tr>
<td></td>
<td>Physician satisfaction.</td>
</tr>
<tr>
<td></td>
<td>EOS diversity scores.</td>
</tr>
<tr>
<td></td>
<td>Patient satisfaction (overall top box, discharge process, physical surroundings).</td>
</tr>
<tr>
<td><strong>Corporate effectiveness</strong></td>
<td>Growth (neurology, cardiac, surgery).</td>
</tr>
<tr>
<td></td>
<td>Profit margin.</td>
</tr>
<tr>
<td></td>
<td>Appropriate ER utilization.</td>
</tr>
</tbody>
</table>
and internal education offerings.

• **Recognition and rewards:** thank you notes, on the spot recognition, leader recognition toolbox, celebrations, picnics and holiday parties, various awards and bonuses.

• **Benefit enhancements:** flexible child care, pet insurance, phased retirement program, paid paternity leave and long-term care insurance.

Bronson measures employee satisfaction and support by administering an annual employee opinion survey. HR feeds the answers to the standard questions on the survey into the Management Science Associates (MSA) database. The MSA database includes more than 1.5 million healthcare employees and offers a comparison analysis. The survey data is segmented in 11 dimensions of diversity to ensure proper analysis. The MSA also identifies key themes from the written part of the survey. Complete word for word comments are reviewed by the ET and made available to all leaders for confidential review.

### Patient Loyalty

Patients and their families are Bronson’s only customer group. Bronson has implemented many process improvements over the years to sustain customer loyalty. The primary source of customer information comes from the formal patient satisfaction survey.

Listening and learning methods (LMM) (see Figure 3) are another way Bronson gauges its customer loyalty. Different LMM are used for current vs. potential patients. Current patients provide feedback based on their direct experiences while potential patients tell about their experiences with other healthcare organizations. Bronson uses

![Customer Listening And Learning Methods](image)

**FIGURE 3** Customer Listening And Learning Methods

<table>
<thead>
<tr>
<th>Listening and learning</th>
<th>Current patients</th>
<th>Potential patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient satisfaction survey.</td>
<td>W</td>
<td></td>
</tr>
<tr>
<td>Post discharge telephone calls.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Point of service satisfaction surveys.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Focus groups.</td>
<td>B, N</td>
<td>N</td>
</tr>
<tr>
<td>Leader rounds.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Patient relations rounding.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Patient complaint management process.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Community attitude survey.</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Event/program evaluations.</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Newsletter surveys.</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Direct marketing.</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Website/e-mail.</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td>Health fair.</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Open houses.</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Physician satisfaction survey.</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Community organization involvement.</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>

D—daily, W—weekly, M—monthly, B—bimonthly, Q—quarterly, A—annual, N—as needed
potential patient information to find out what its customer desired requirements are. Bronson’s customer research program, which includes external knowledge on patients’ needs, requirements and trends, is important in providing a tool for improvement. Inputs from the Institute for Healthcare Improvement, American Hospital Assn., Michigan Health and Hospital Assn., satisfaction surveys and best practices from Baldrige recipients in the healthcare and service sectors are researched and aggregated along with findings from the organization’s LLM.

The customer research program determines patient requirements using regression analysis, and the data are reviewed monthly.

To ensure the strategic objectives are aligned with customer requirements, the data are included annually in the strategic input document. The continuous planning cycle of the strategic management model allows for new requirements to be implemented as necessary. The customer research program and the LMM are kept current with the PDCA model used by the customer and service excellence strategic oversight team.

Patient loyalty is central to achieving Bronson’s vision and mission. This begins with the staff employed at Bronson. Service recovery, the interaction process and scripting highlighted in the PFE provide employees with the tools they need to promote loyalty.

Bronson also recognizes its important partnership with its physicians. Physicians are crucial to providing positive patient referrals for both inpatient and outpatient services, and a variety of strategies are used to enhance their loyalty.

Bronson’s patients have access to personal interaction, written communication and web technology 24/7 if information is needed or a complaint needs to be filed. Employees are required to resolve a patient’s complaint as soon as possible. All complaints are entered in the patient complaint management database, which is monitored weekly to determine specific root causes, trends or departmental process improvements. The employees are empowered to handle the complaints through the patient complaint management process, shown in Figure 4.

The InsideBronson intranet updates patient satisfaction reports weekly for departmental leaders to access. They are segmented by inpatient, outpatient and unit specific data reports. The reports include best practice comparisons as well as percentile rankings.

**Results**

Bronson’s concern for best practices doesn’t stop at its patients. It succeeds in reaching out to the community as well. Staff provides 50,000 hours of service to public and not-for-profit committees and boards, which results in a net value of $41.2 million reinvested into the community. When contributions to the United Way totaled more than $400,000 in 2005, the United Way Pacesetter organization selected Bronson as a role model.

Bronson also has received the Environmental
Leadership Award presented by Hospitals for a Healthy Environment three years in a row. It is one of only eight hospitals to receive national recognition for efforts in reducing waste and pollution.

The Children’s Hospital at Bronson promotes a Safe Kids coalition to address childhood safety and injury prevention. The hospital also co-funded a community collaborative known as Healthy Futures that addresses substandard infant immunization rates in Kalamazoo County, secured six years of federal grants to fight infant mortality and has supported an asthma coalition aimed at identifying and treating children.

Since implementing the Baldrige criteria in 1999, Bronson has experienced many other positive results including:

- Moving from 4.8% in 2002 to 3.5% for Jan.-July 2005 in the Medicare mortality rate (mortality rates of people over 65 enrolled in Medicare programs). This exceeds the CareScience Expected Standard and the CareScience Best Practice. (CareScience provides care management and clinical access solutions and data on outcomes for mortality, morbidity and length of stay of hospital patients.)
- Patient satisfaction and overall satisfaction of inpatient and outpatient services have increased from 95% in 2002 to 97% in 2004.
- Bronson exceeds the Blue Cross Blue Shield of Michigan’s target for prescribing beta-blockers for heart attack patients when they leave the hospital by 2%.
- Since 2004, Bronson’s pediatric intensive care unit has had no cases of ventilator acquired pneumonia.
- Bronson is in the top 20% of hospitals that have been voted for full compliance in the Leapfrog Group’s National Quality Forum measures, which comprise 27 measures and 161 associated standards.
- Bronson exceeded the best practice level for key indicators of work system performance and effectiveness including the 2005 annualized employee turnover rate of 5.6%, registered nurse turnover rate of 4.7% and job vacancy rates of 5.3%.
- The rate of vacant positions for registered nurses has been reduced from 6.5% in 2002 to 5% in 2005. This outperforms the 10.6% national American Nurse Credentialing Center best practice comparison.
- Investment in employee development has increased from $3,108 per full time equivalent in 2002 to $4,453 in 2005. The increase is due to implementation of computer based learning.

**Up Next**

So what’s next for Bronson? The facility is already serving as a best practice facility open for site visits. According to Serbenski, “They (other hospitals) want to learn about facility design from us. We have been hosting site visits and sharing our lessons learned. Baldrige recognition has put us into the spotlight, and we are prepared to share all of our best practices with others.”

When asked what the future holds for Bronson, Serbenski replied, “Bronson is committed to being a role model organization and helping others use the Baldrige criteria in pursuit of performance excellence. We are hosting quality sharing days in 2006 and also presenting at various conferences. We continue to work on our opportunities for improvement. We plan to reapply for the Baldrige award in 2011, when we become eligible. The journey continues for us.”