

## BED ALLOCATION METHODOLOGY – BAM

Many health care institutions view themselves as a building made of bricks and mortar, when in fact they are actually a living, breathing organism that changes shape constantly. Patients and staff are moving around freely according to health issues, not designated ward locations. Our Bed Allocation Methodology recognizes that a patient doesn't have a destination – the patient has a need. BAM assesses bed inventories according to clinical programs rather than physical location. The system adjusts to the ebb and flow of clinical needs and patient care instead of a static, structural blueprint. And most importantly it instills a care culture of patient ownership across disciplines and reduces the territorial divisiveness of bed allotment by ward.

### THE OLD WAY

Traditionally, bed allocation was assessed by the geography of the facility and a departmental, ward mentality.

- Allocation was determined by departmental negotiation
- Patient population and space superceded patient, clinical need
- Who ever protest loudest and longest got their beds

### THE BAM WAY

Our methodology analyzes clinical programs rather than physical structure to best determine where beds are needed most.

- All constituents agree in principal to a clinical need taking precedent over traditional ward divisions
- Clinical programs validate their own data
- All data is transparent so that everyone can understand and appreciate the allocation of beds to which program
- Care-focused inventory analysis fosters a culture of 'patient ownership' by a team of interdisciplinary care-givers and replaces the territorial ward mentality of old