

# Optimizing Critical Care Beds

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## Situation

Children's Hospital of Wisconsin, recently voted the No. 3 children's hospital in the nation, moved inpatient operations into a new building. Among the many challenges associated with a change of this magnitude, one critical process required significant time and energy to make workable.

A number of key stakeholders voiced strong views on how *their* patients' bed placements should be handled. Each felt their admission approaches were best and those positions potentially could reduce the most effective utilization of 72 critical care beds. Flexibility was needed to effectively utilize bed capacity and efficiently staff with physicians, nurses, care partners and ancillary personnel.

## Solution

One of the key tenets of Howick Associates' approach to increasing commitment and reducing resistance during change is involving stakeholders in planning and solving problems, ideally early in the project life cycle.

In this situation, the solution included a patient placement simulation based on a full week of actual patient data (minus names) created and facilitated by a nurse supervisor. The idea was to create a shared learning experience around admission placement decisions for key physicians and nurses, and to have that experience prior to the unit opening.

In the simulation, each admission was discussed 'real time' and the group came to consensus on placement within one of the three critical care locations. As the exercise progressed, it became evident to every one that the rigid guidelines being asked for were neither efficient nor effective. The simulation produced a deeper understanding of the flexibility needed to maximize the 72 CCU beds.

The simulation was also replicated with at least five other groups of nursing and ancillary personnel. Physicians who participated in the simulations discussed insights, lessons learned and implications with their physician colleagues.

***Kay Fischer, Director of Pediatric Critical Care Services said, "This was one of the most valuable things we did. It helped people validate their thinking, ask good questions and better understand how the flow of patients' coming and going needs to work. This proactive exercise helped increase our confidence that we were better prepared to deal with the placement decisions in a very active CCU environment."***

To learn more about our approach to improving execution and reducing resistance while increasing commitment, call Jeff Hanan or Kathleen Cronin at Howick Associates 608.233.3377 or e-mail Jeff at [jhanan@howickassociates.com](mailto:jhanan@howickassociates.com) or Kathleen at [kcronin@howickassociates.com](mailto:kcronin@howickassociates.com)