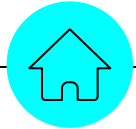


Scheduling Emergency Room **Doctors**



Spring 2017

IEOR E4450: Production Scheduling

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Outline

- The Problem
 - Dataset
- Our Approach
 - Setup & Approach
 - Code
 - Simulation & Scheduling
- Results & Analysis
- Closing Remarks

1

The Problem

What is the **optimal dispatch rule** for scheduling doctors in the emergency room given **different objectives**.



Dataset

Emergency Department Attendances, Admissions, and Admissions by Triage for 1 June 2013 - 30 June 2014

- **The ED (emergency department):** a hospital or primary health care service that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. EDs provide rapid assessment and management of critical illnesses.
- **After initial assessment and treatment,** patients are either admitted to the hospital, stabilised and transferred to another hospital for various reasons, or discharged (Australasian College of Emergency Medicine).
- **Upon arrival in the ED,** people usually undergo a brief triage, or interview, to help determine the nature and severity of their illness. Individuals with serious illnesses are then seen by a physician more rapidly than those with less severe symptoms or injuries.
- **The data includes** patient attendances, admissions and admissions by Triage for 1 June 2013 to 30 June 2014.
- **367 days, 547,668 patients**



Dataset

Royal Perth Hospital

Date	Attendance	Admissions	Tri_1	Tri_2	Tri_3	Tri_4	Tri_5	
1-Jul-13	235	99		8	33	89	85	20
2-Jul-13	209	97	N/A		41	73	80	14
3-Jul-13	204	84		7	40	72	79	6
4-Jul-13	199	106		3	37	73	70	15

Attendances - the number of patients recorded as arriving at a public emergency department.

Admissions - the number of patients who are subsequently admitted to the hospital for care and/or treatment.

Triage categories are allocated to each patient based on an assessment of their presenting conditions, generally by the triage nurse, with triage 1 being the most urgent and triage 5 being the least urgent. (Triage 1: Resuscitation- immediate, within seconds; Triage 2: Emergency- within 10 minutes; Triage 3: Urgent- within 30 minutes; Triage 4: Semi-urgent- within 60 minutes; Triage 5: Non-urgent - within 120 minutes). N/A - Values is less than 3 and has been suppressed.

2

Our Approach

How we went about **solving** the problem.



Problem Setup and Approach

- Create a scheduling problem from the dataset by simulating patient arrivals, processing times, and due dates
- Terms:
 - Machine = emergency room doctor for that hospital
 - r_j = patient arrival times to the emergency department
 - $p_j = (.6 - \text{triage number})$
 - $d_j = r_j + p_j + \text{triage type}$
- Objective:
 - Minimizing number of late jobs
 - Minimizing average late jobs
- Scheduling Algorithms Used:
 - Earliest due date (EDD)
 - Shortest processing time (SPT)
- Assumptions:
 - Doctors are unable to preempt patients
 - 10 doctors working at each hospital

Patient	Triage type	p_j	r_j	d_j
1	THREE	0.3	0.1	0.9
2	THREE	0.3	0.2	1
3	THREE	0.3	0.3	1.1
4	FOUR	0.2	0.3	1.5



The Code

Simulation.java

- Runs simulation
- Determines schedules
- Provides schedule analysis and relevant metrics

Patient.java

- Initial data store:
 - Name
 - Type
 - Arrival Time
 - Due Date
 - Processing Time

CompletedPatient.java

- Represents a processed patient:
 - Completion Time
 - Doctor Number
 - All Patient fields



Simulation + Scheduling

Reading Hospital Data

- Standard File input/output protocols
- Provides the foundation for the arrival rate calculation

Simulation

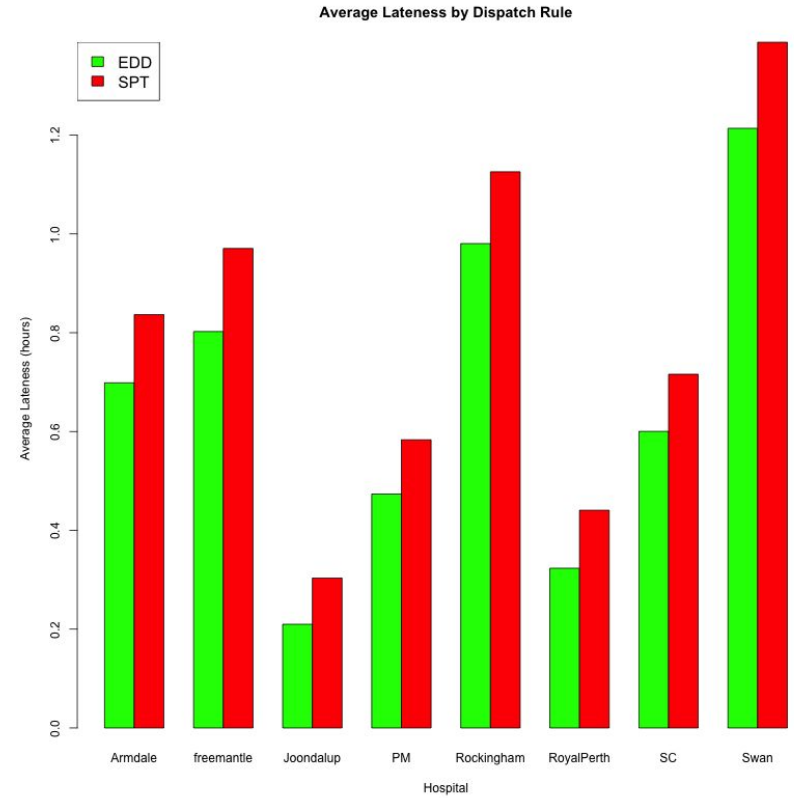
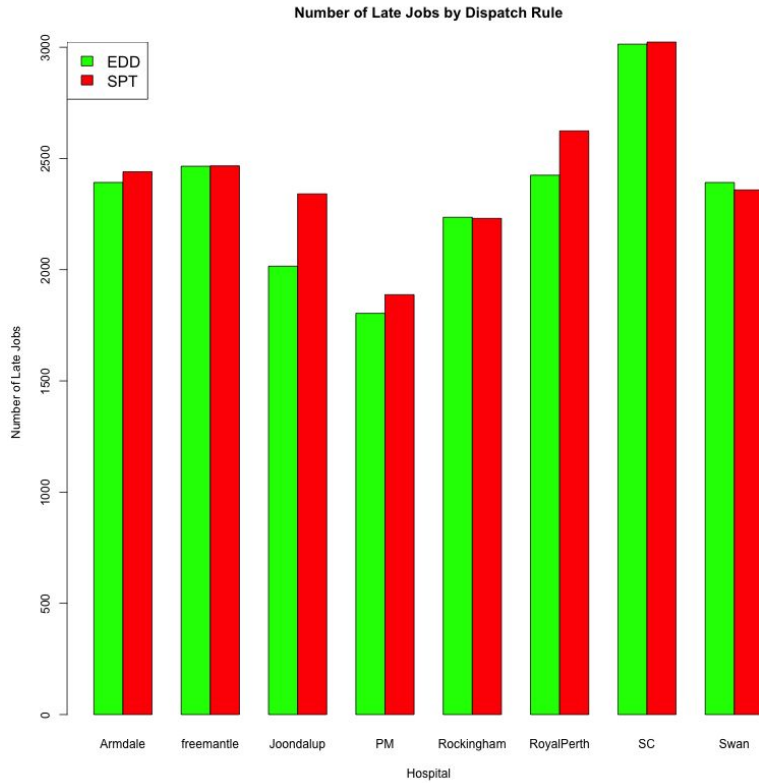
- Poisson arrivals with dynamic arrival rate
- Generates a new patient with relevant attributes

Scheduling

- EDD, SPT
- Discretized time to 0.1 intervals
- Customized PriorityQueue
- Tracks a (Doctor, Patient) pairing as time continues

3

Our Results



EDD minimizes both the **number of late jobs** and the **average lateness** for all hospitals.



EDD is a better dispatch rule than is SPT for minimizing both the number of late jobs and average lateness.



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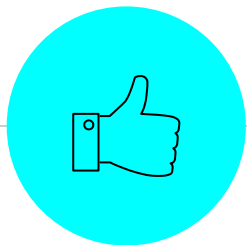
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Closing Remarks



Going forward

- Apply EDD and SPT with preemption
- Experiment with different numbers of doctors and processing times
- Test different dispatch rules and algorithms such as simulated annealing



Thank You!

*Any **questions?***

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