

# A SIMULATION-BASED APPROACH FOR OPTIMAL PHYSICIAN SCHEDULING IN THE EMERGENCY DEPARTMENT

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## MOTIVATION

- Minimize patient waiting times and health risks associated with overcrowding
- Address the uncertainty of the patient flow into the emergency department (ED)
- Design of a physician duty roster that is adapted to the stochastic patient flow
- Develop a flexible simulation model that can easily be updated with new data

## RESEARCH QUESTIONS

- Does the arrival of patients vary significantly during a day, week or month?
- How can the arrival of patients be described?
- By which probability distribution can the distribution of treatment times be characterized?
- How can optimal duty rosters be identified?
- Do the optimized duty rosters comply with legal requirements (ESI)?
- To what extent does an optimized roster, as opposed to the current roster, help minimize patient waiting times?

## RESULTS

### Key Statistics of Waiting Time

Distribution of Treatment Times	Mean	Median	90% Q
CURRENT DUTY ROSTER			
Empirical	29.46 min	0.00 min	72.07 min
Gamma	20.12 min	0.00 min	62.23 min
Log-Normal	22.86 min	0.33 min	70.10 min
OPTIMIZED DUTY ROSTER			
Empirical	15.08 min	0.00 min	48.00 min
Gamma	14.29 min	0.00 min	45.63 min
Log-Normal	16.36 min	0.00 min	51.07 min

Table 1: Simulation Results  
Key Statistics of Waiting Times

- Improvement of the 90% quantile of waiting time (> 25%)
- Compliance with ESI regulations
- Applicable with new data

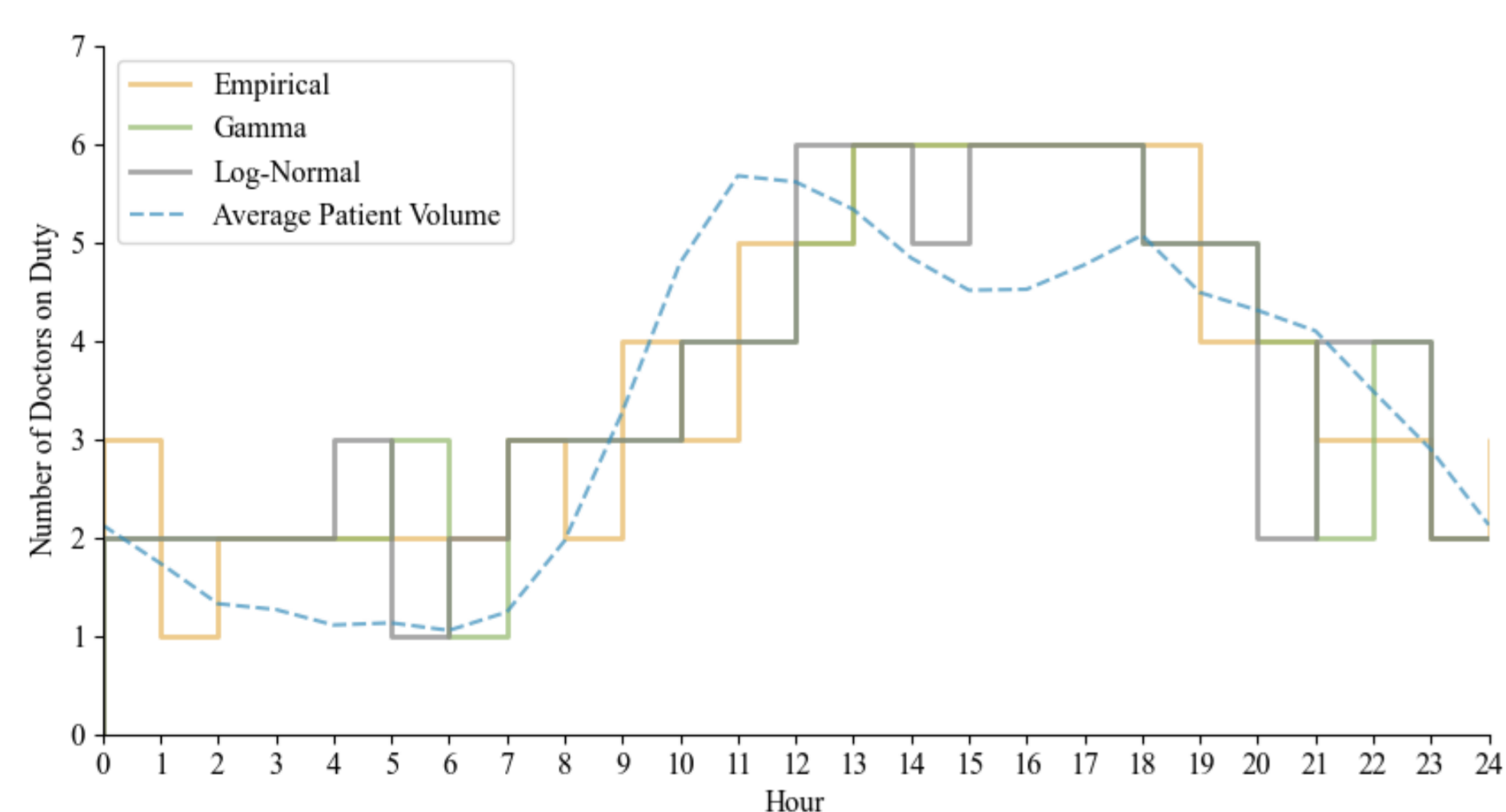
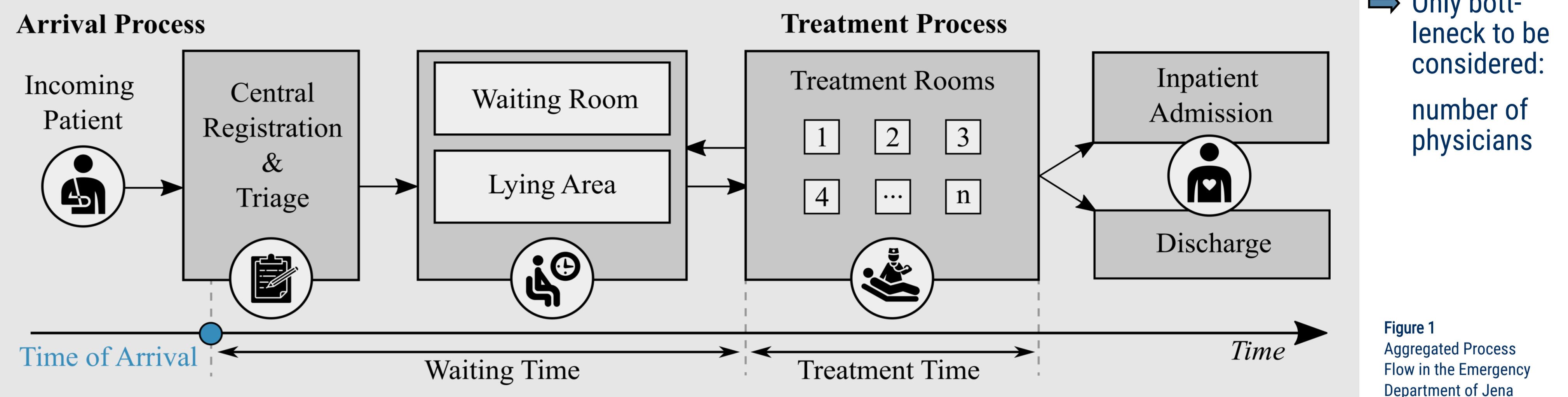


Figure 6  
Number of Physicians during a Day vs. Average Patient Volume during a Day

## REFERENCES

- Kuo, Y.-H., et al. (2016). "Improving the efficiency of a hospital emergency department: a simulation study with indirectly imputed service-time distributions." *Flexible Services and Manufacturing Journal* 28(1-2): 120-147.
- Kuo, Y. H. (2014). "Integrating simulation with simulated annealing for scheduling physicians in an understaffed emergency department." *HKIE Transactions* 21(4): 253-261.

## ED PROCESSES



Only bottleneck to be considered:  
number of physicians

Figure 1  
Aggregated Process Flow in the Emergency Department of Jena

## ARRIVAL PROCESS

Time of arrival

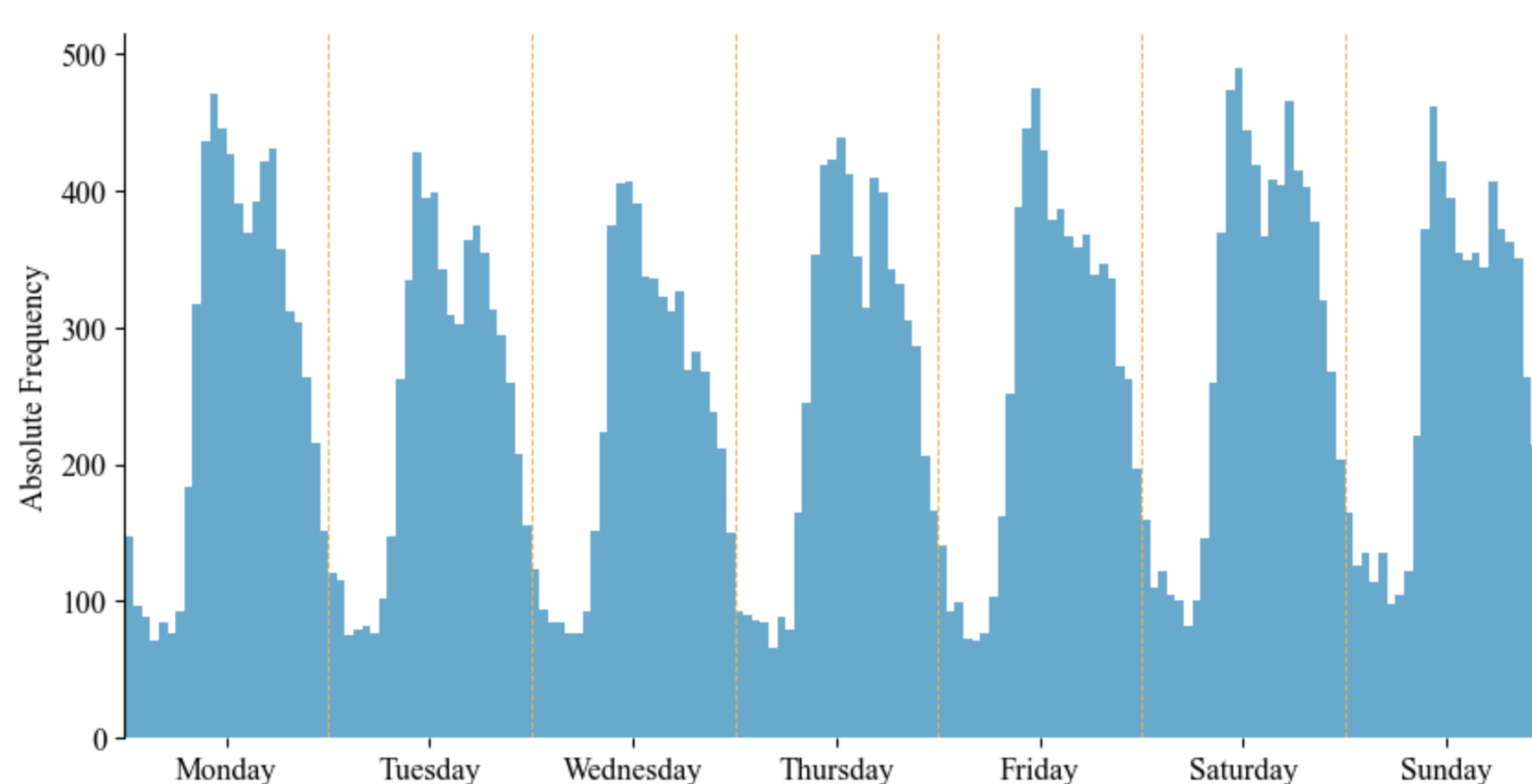


Figure 2  
Average Weekly Patient Volume

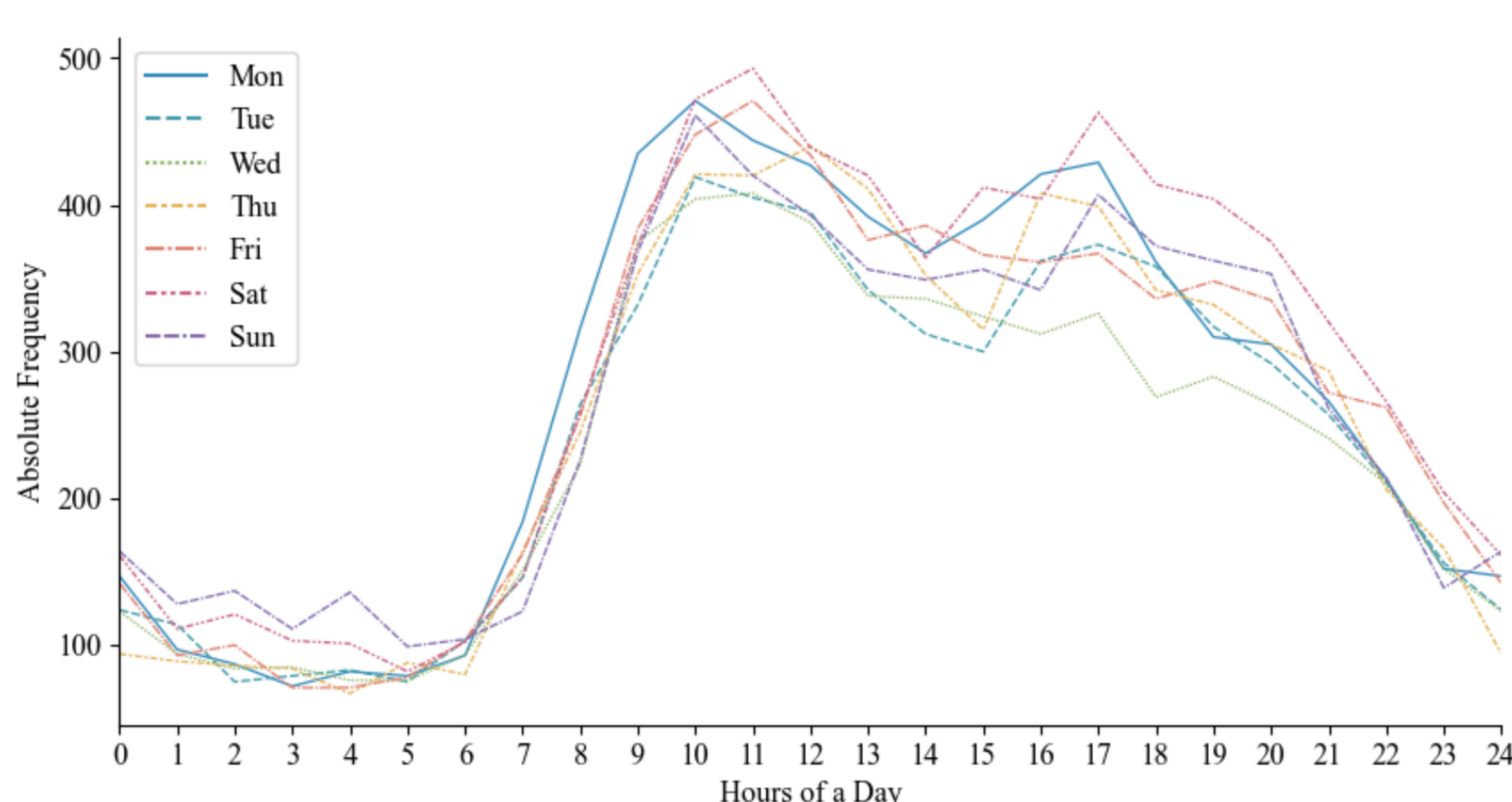


Figure 3  
Average Daily Patient Volume per Weekday

- No significant monthly fluctuations, but weekly and daily

Modeling the arrival process as **nonhomogeneous Poisson Process** with intensity function  $\lambda$  for the expected number of incoming patients until time  $t$

$$\Lambda(t) = \mathbb{E}[N(t)] = \int_0^t \lambda(u) du,$$

- Modeling of  $\lambda(u)$  as exponential Fourier series to take the daily and weekly fluctuations into account

$$\tilde{\lambda}_t(x) = \exp[\theta_0 + \theta_1 \sin(2\pi \frac{x}{T} \theta_2) + \theta_3 \cos(2\pi \frac{x}{T} \theta_2) + \theta_4 \sin(2\pi \frac{x}{T} \theta_5) + \theta_6 \cos(2\pi \frac{x}{T} \theta_5)]$$

- Parameter Estimation by Maximum Likelihood Method

## TREATMENT PROCESS

- Treatment duration
- Triage level according to ESI
- Treated by Resident or Specialist
- Leading symptom category
- Patient arrival type

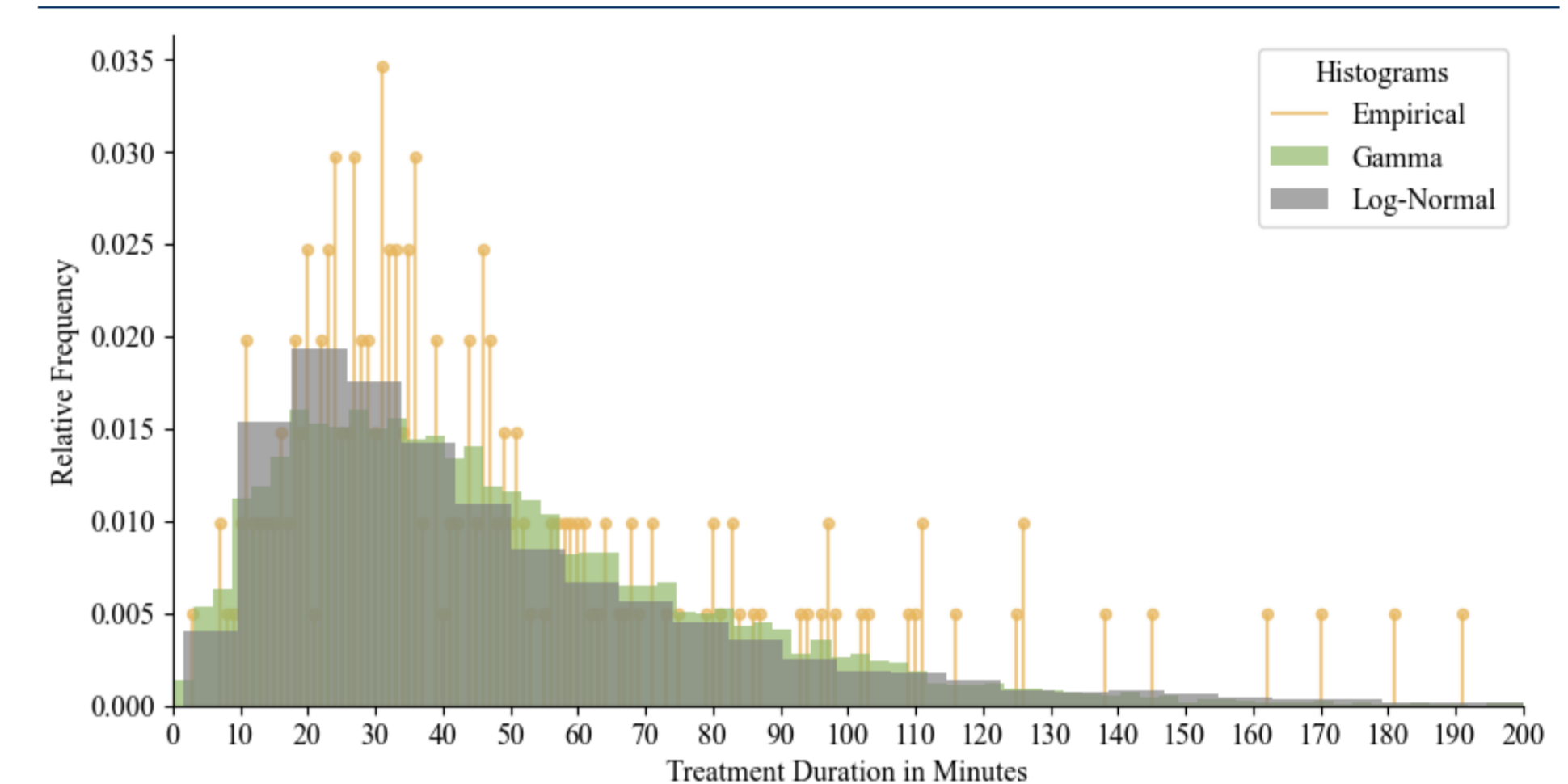


Figure 4  
Three Distributions of Treatment Time

- Derivation of an empirical multivariate distribution based on real treatment times
  - new sampled data is limited to the range of the real data
- Estimation of the parameters of two continuous distributions: the gamma and the log-normal distribution
  - Three distributions to sample treatment times
- Determining the waiting time of a patient from the time of arrival to the start of treatment
- Simulation of any duty roster based on the distributions of arrival and treatment time

## OPTIMIZATION

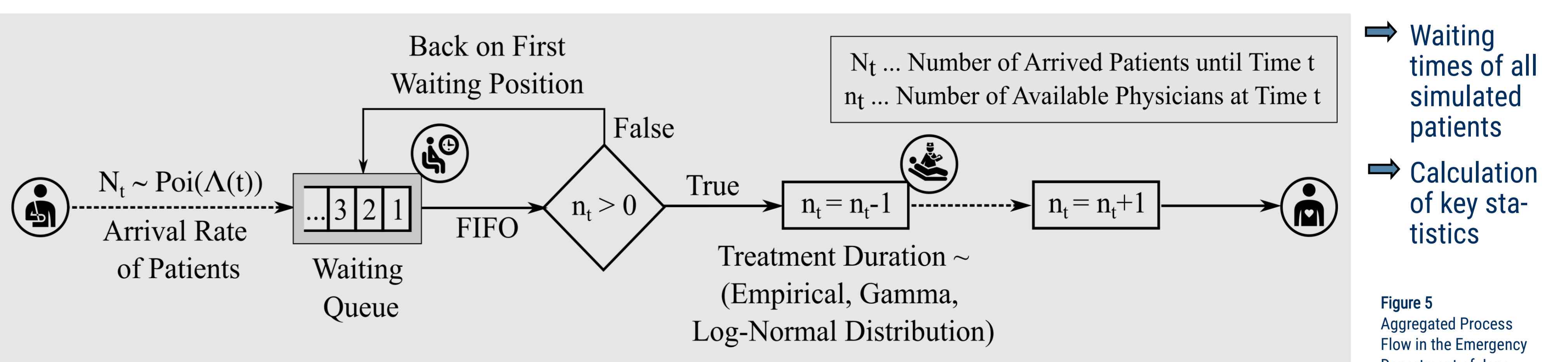
### Simulated Annealing

Structure of a duty roster as input for the algorithm:

[0, 0, 1, 0, 0, 0, 2, 0, 0, 0, 2, 0, 1, 1, 0, 0, 0, 2, 0, 1, 1, 0, 0, 0]

index: amount of physicians starting their duty and work for 8 hours

## SIMULATION SETUP



Waiting times of all simulated patients

Calculation of key statistics

Figure 5  
Aggregated Process Flow in the Emergency Department of Jena