# Patient Flow Monitoring and Control within Emergency Department

Rambam/Technion/IBM open collaborative research

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## The Problem

- The rising cost of healthcare services has been a subject of mounting importance and much discussion worldwide
- Overcrowding in hospital Emergency Departments (ED) is perhaps the most urgent operational problem in the healthcare industry
- Overcrowding in hospital EDs leads to excessive waiting times and repellent environments, which in turn cause:
  - Poor service quality (clinical, operational)
  - Unnecessary pain and anxiety for patients
  - Negative emotions (in patients and escorts) that sometimes lead to violence against staff
  - Increased risk of clinical deterioration
  - Ambulance diversion
  - patients leaving without being seen (LWBS)
  - inflated staff workload



## PROMISE Framework

Joint research project between Rambam, the Technion and IBM Haifa Research Lab

Leverage Technion's relationship with Rambam hospital

Goal: Combined multi-dimensional improvement of patient care process

- Clinical
- Operational
- Financial

#### Multi-disciplinary approach:

- Medical (Rambam)
- Statistics (IBM, Technion)
- Operations Research (IBM, Technion)
- Healthcare informatics (IBM, Rambam)
- Process improvement (IBM, Technion)
- Human factors engineering (Technion)
- Financial (Rambam)
- Domain specific knowledge in above areas IBM & Technion

#### **Participation**

- Rambam hospital: Top management including hospital general manager, Prof. Rafi Bayar, ER managers, Dr. Dagan Schwartz & Dr. Shlomi Israelit and IT managers, Sara Tzafrir, Orit Gur
- Technion: Prof. Avishai Mandelbaum, Prof. Danny Gopher, Prof. Avi Shtub, Prof. Eitan Naveh, Dr. Yariv Marmor
- IBM: Pnina Vortman, Segev Wasserkrug, Boaz Carmeli, Edward Vitkin Ohad Greenshpan and Sergey Zeltyn

## **PROMISE Vision**

- End to End Medical Process Monitoring and Optimization Services
- Based on three main patient care related aspects:
  - Clinical
  - Operational
  - Financial (planned)
- Uses analytical processing for gaining business and clinical understanding
- Provides real time monitoring through RFID and operational dashboards for problem identification, quality assurance and risk management
- Provides optimization, forecasting and what/if type of analysis based on analytical models
- Allows for modifying/improving operational and clinical processes for better performance and results

**Understand** 

Measure

**Anticipate** 

Influence

# **ED Conceptual Model**

#### **Input**

#### **Emergency Care**

- Seriously ill and injured patients from the community
- Referral of patients with emergency conditions from other providers

#### Unscheduled urgent care

- Desire for immediate care
- Lack of capacity for unscheduled care in the ambulatory care system

#### Safety net care

- Vulnerable populations (eg, Medicaid beneficiaries, the uninsured) care
- Access barriers (eg, financial, transportation, insurance, lack of usual source of care)

## **Throughput**

Ambulance Diversion

Demand for ED Care

Patient Arrive at ED

Triage and room placement

Diagnostic evaluation and ED treatment

ED boarding of inpatients

## <u>Output</u>

Leaves without treatment complete

Patient disposition

Transfer to other

facility

**Ambulatory** 

care

system

Admit to hospital



**IBM Haifa Research Laboratory** 

# Real Time ED Monitoring and Control System

#### Data Collection

- Collect real-time relevant information from hospital IT systems such as PACS, EHR, ADT, LAB etc
- Adding RFID based location tracking system for Physicians, Nurses, Patients and other relevant personnel
- Better utilize historical EHR and operational data from existing IT systems within the hospital

#### Data Visualization

- Operational dashboard
  - Displays complex behaviors in a simple way
- Mobile devices

## Analysis Techniques

- Mathematical models service engineering
- Simulations for planning and control
- Machine learning neural networks, based on historical data
  - Published paper –
     Neural Networks Application on Emergency Department Load Measurement



# System Architecture

## **Data Collection**

#### Hospital IT systems

- Admit, Discharge, Transfer
- Electronic Health Records
- Lab request/results
- Picture Archive and Communication System (PACS)

# RFID based Location Tracking

- Low level location tracking for patients and care personnel
- Technology dependent capabilities

#### **ED Simulator**

- Based on observation
- Will be used, mainly, for design phase e.g. to mimic the RFID system

### **Analysis**

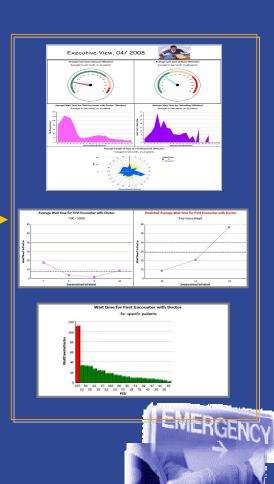
Real Time
Event Processing
Network
Rule Based Analysis

Machine Learning
Algorithms
Analysis of Historical

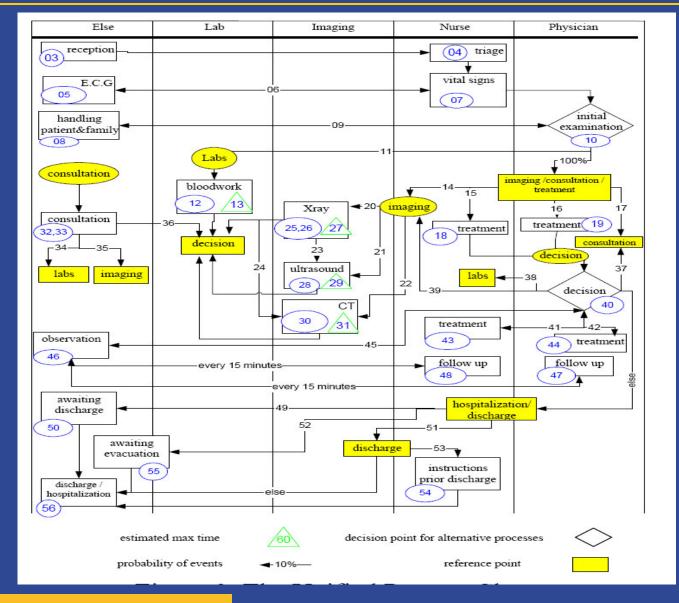
Analysis of Historica
And Real-time Data

Mathematical Models e.g. Queuing Theory

#### **Data Visualization**



## The ED Patient Flow



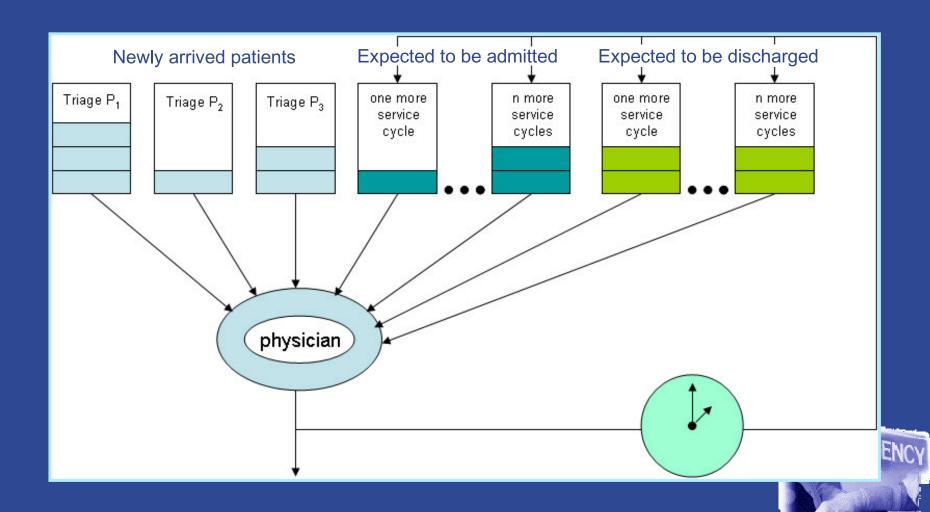


## Managing the ED Patient Flow

- Modeling the ED patient flow as a queueing network
  - Patients tasks
  - Care personal servers (stations)
- Knowing in real-time the next 'station(s)' in the patient's route
  - Set of alternatives are usually provided by the care personnel
    - No a priory full path knowledge
  - System may provide decision support
- Deciding upon the 'best' next station (e.g. next physician)
  - Assuming there are multiple options
  - Sends patient to the (clinically and operationally) 'best' station
  - ▶ Always make sure there is at least one 'next' station
- Within each 'station' queue deciding upon the next patient to treat
  - Based on operational, clinical and patient fairness
    - service level agreement
- Predicting capabilities
  - System is about to get out of the allowed range
    - E.g., capacity is about to be exceeded
- Decision support and what-if analysis
  - What are the best actions to take e.g. asking for additional physician



# Improving the (Naive) First Come First Serve Policy



# Searching for the 'Best' Service Algorithm

- Meeting the triage deadlines
  - Time till first encounter based on clinical severity as being reflected by the triage score
- Reducing the total number of patients at the ED
  - Serving patients with the least remaining service time
- Give priority for patients that are about to be discharged
  - Without scurrying appropriate clinical care
  - Against conventional physician thinking
- Methodology
  - Adapting Generalized Cµ algorithm
    - Searching for appropriate cost function to reflect the above-mentioned competing conditions
  - Uses analytic approaches as well as simulation based methods

# The Monitoring and Control Dashboard – Example

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## Summary

- Advances in IT technology and usability call for better utilization of computer based monitoring and control systems within hospitals and specifically within the ED
  - Rambam recently extended their EHR into the ED
- Digital data collection and monitoring open the door for utilizing traditional as well as newly developed operations research and service science and engineering methodologies and techniques within hospitals
- PROMISE is an end-to-end solution for improving ED operational and clinical efficiency by providing forecasting, optimization and operational decision support to care personal and ED managers
  - ▶ Initial capabilities currently under implementation at Rambam

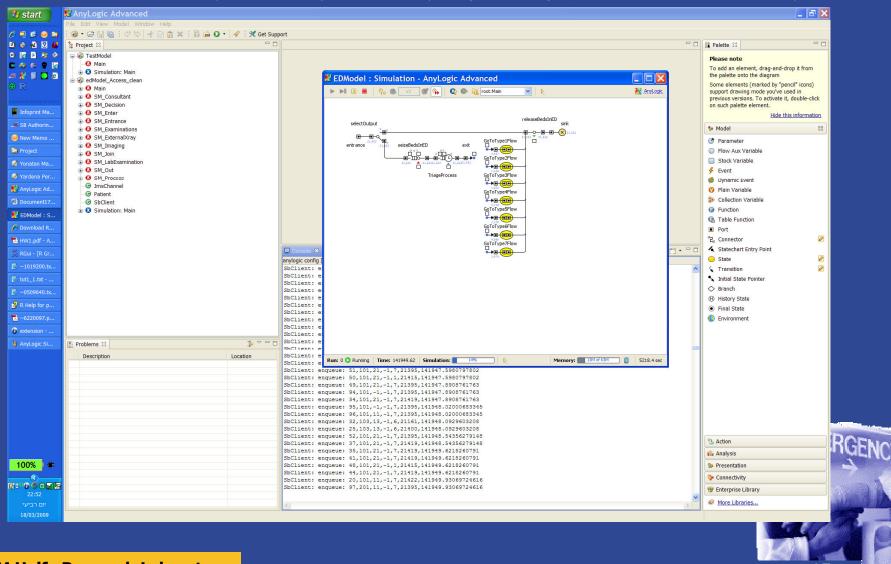


## Thank You



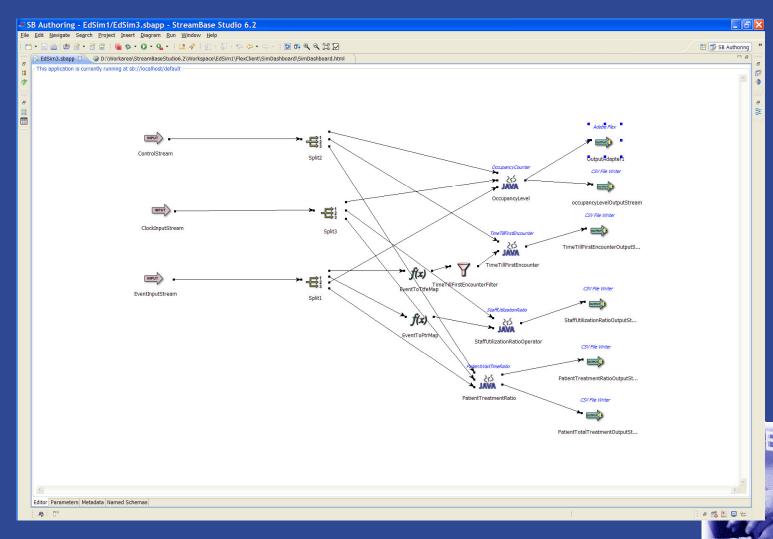
## The ED Simulator

We use the ED Simulator (developed by Dr. Marmor) for generating relevant input data into the system

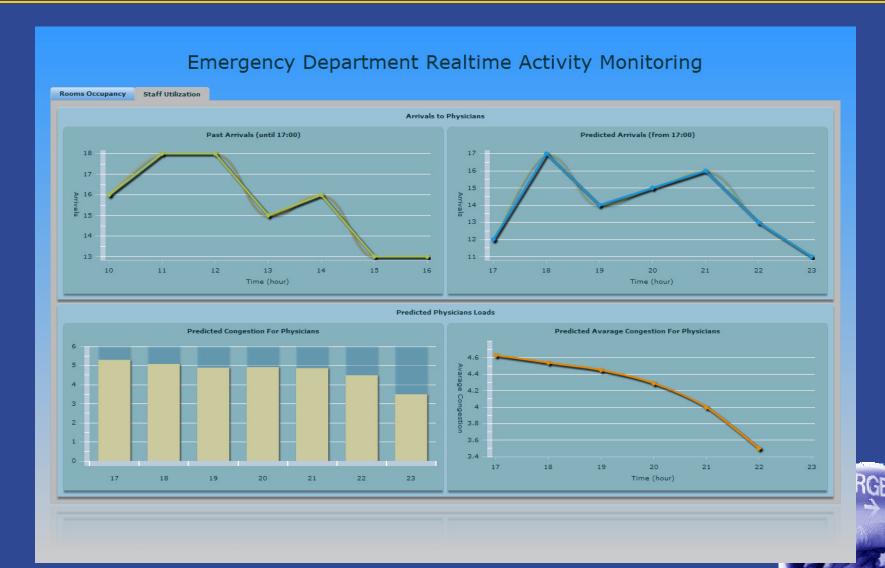


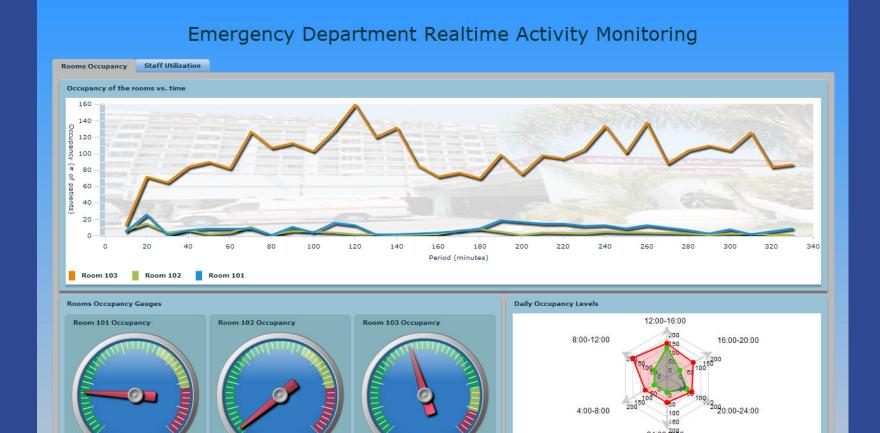
# The Event Processing Network

We use the EPN tool for collecting RFID data



# The Dashboard – Predicting ED Load





## **Promise**

a collection of clinical operations research projects

- Several projects related to patient flow at ED, internal wards and from the ED to the wards
- Operational Research, Queuing Theory, Simulation, Complex Event Processing
- Join work with the Technion and Rambam (leading Israeli Hospital) under an IBM Open Collaborative Research program

