# Analyzing and modeling Mass Casualty Events in hospitals – An operational view via fluid models

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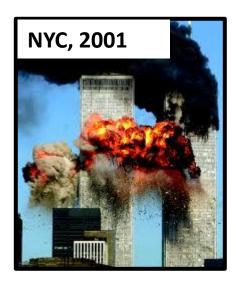
# **Mass Casualty Event**

An unusual event in which the number of casualties exceeds the capacity for taking care of them.

The main challenges of MCEs are organizational and logistic problems, rather than trauma care problems [1].

### **Classification:**

- 1. Scale
- 2. <u>Cause:</u> Human-Made events\ Natural disasters.
- **3.** Type: Conventional \ Unconventional.
- **4. Arrival rate of casualties**: sudden or sustained impact [2].











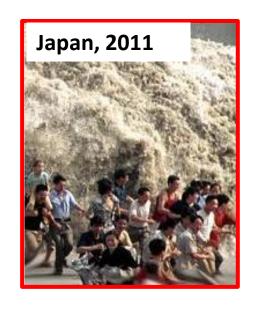














# **Agenda**

- Literature Review
- Problem Definition and Objectives
- Choosing a Fluid Model
  - First Fluid Model
  - Second Fluid Model
- Optimization Problem
  - Optimal Solution
  - Greedy Problem
  - Insights and Proof
  - Minimal time window for resource allocation
- Summary and Conclusions



### **Literature Review**

### **Mass Casualty Events**

### Clinical Research

Hirsberg et al, 2001 [3]

Aylwin et al, 2005 [4]

Hirsberg et al, 2005 [5]

Einav et al, 2006 [6]

Kosashvili et al, 2009 [7]

### Social Research

Hughes et al, 1991 [8]

Stratton et al, 1996 [9]

Merin et al, 2010 [10]

# Operational Research

### Mitigation

Atencia et al, 2004 [11]

Dudin et al, 2004 [12]

### **Preparedness**

Dudin et al, 1999 [13]

Gregory et al, 2000 [14]

### Response

### Recovery

Bryson et al, 2002 [15]

### **Literature Review**

### $MCE \rightarrow OR \rightarrow Preparedness & Response$

### **Mathematical Models:**

### Setting priority assignment and scheduling casualties in MCEs

E.U. Jacobson, Nilay Tank Argon, Serhan Ziya, 2011, Priority Assignment in Emergency Response, Forthcoming OR [17].

N. T. Argon, S. Ziya, and R. Righter, 2008, Scheduling impatient jobs in a clearing system within sights on patient triage in mass casualty incidents. Probability In The Engineering And Informational Sciences [18].

# Planning the transportation, Supply and Evacuation from disaster-affected areas in MCEs

Oh, S.C., Haghani, A., 1997. Testing and evaluation of a multi-commodity multi-modal network flow model for disaster relief management. Journal of Advanced Transportation. [19].

Barbarosoglu, G., Arda, Y., 2004. A two-stage stochastic programming framework for transportation planning in disaster response. Journal of the Operational Research Society. [20].

Sherali, H.D., Carter, T.B., Hobeika, A.G., 1991. A location allocation model and algorithm for evacuation planning under hurricane flood conditions. Transportation Research Part B-Methodological. [21].

### **Literature Review**

### $MCE \rightarrow OR \rightarrow Preparedness & Response$

### **Simulation:**

### **Evaluate the realistic hospital capacity in MCEs**

Hirshberg A, Holcomb JB, Mattox KL. Hospital trauma care in multiple-casualty incidents: a critical view. Ann Emerg Med. 2001; 37:647–652. [3].

### **Prediction of Waiting time in MCEs**

Paul, J.A., George, S.K., Yi, P., and Lin, L., 2006. Transient modelling in simulation of hospital operations for emergency response. Prehospital and Disaster Medicine, 21 (4), 223–236. [22].

### Quantify the relation between casualty load & trauma care level

Hirshberg A, Scott BG, Granchi T, Wall MJ Jr, Mattox KL, Stein M. How does casualty load affect trauma care in urban bombing incidents? A quantitative analysis. J Trauma. 2005;58:686–693.[5].

Hirshberg A, Frykberg ER, Mattox KL; Stein M. Triage and Trauma Workload in Mass Casualty: A Computer Model. Journal of Trauma-Injury Infection & Critical Care: November 2010 - Volume 69 - Issue 5 - pp 1074-1082.[23].

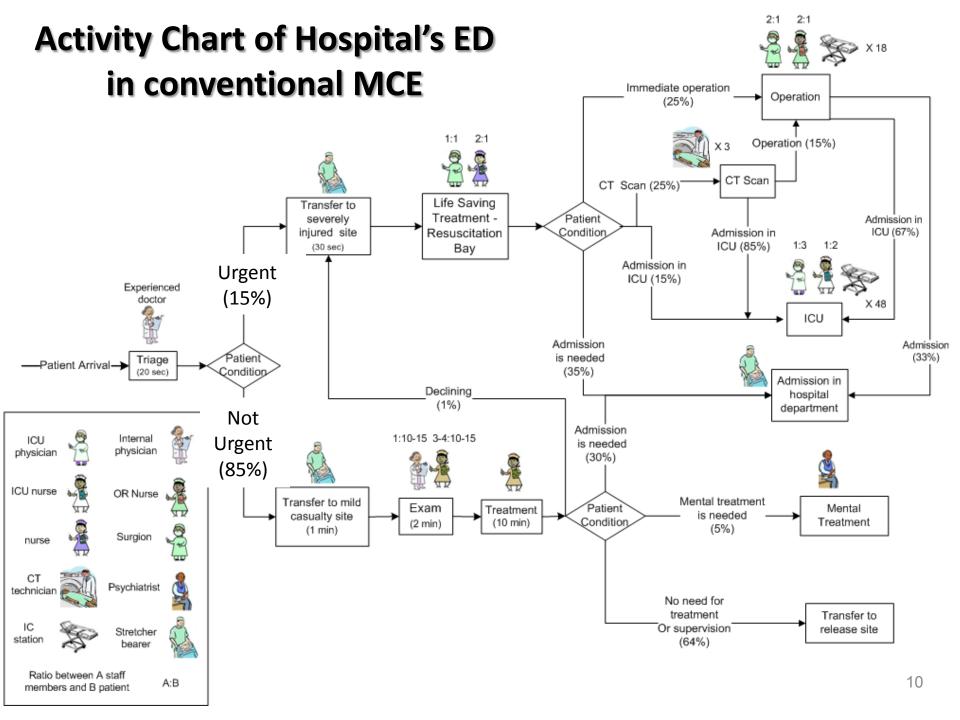
### Defining the optimal staff profile of trauma teams in MCEs

Hirshberg A, Stein M, Walden R. Surgical resource utilization in urban terrorist bombing: a computer simulation. J Trauma. 1999;47:545–550. [24].

# **Objectives:**

- 1. Develop a mathematical (fluid) model for a hospital's Emergency Department (ED) during MCEs.
- 2. Determine the optimal policy for resource allocations.





# **Choosing a Model - Fluid Model**

Stochastic
Discrete
Arrivals

In large
overloaded
systems

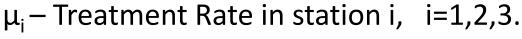
Deterministic Continuous Model

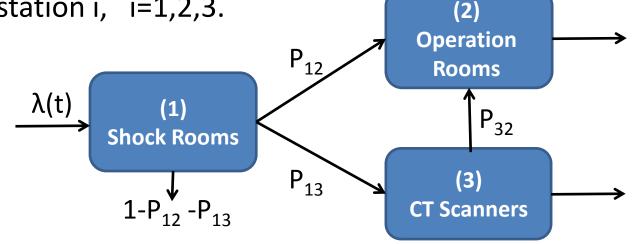
Where customers are modeled by Fluid Continuous Flow

#### First Fluid Model

 $Q_i(t)$  – Total number of casualties in station i at time t, i=1,2,3.

 $N_i(t)$  – Number of Surgeons in station i at time t, i=1,2.

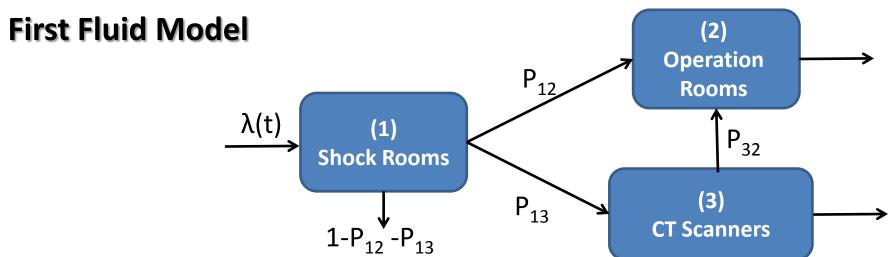




#### **First station:**

$$\dot{Q}_1(t) = \lambda(t) - \mu_1[Q_1(t) \wedge N_1(t)]$$
 Entrance Exit

$$[A \wedge B] = \min(A, B)$$



#### **Three stations:**

$$Q_1(t) = \lambda(t) - \mu_1[Q_1(t) \wedge N_1(t)]$$

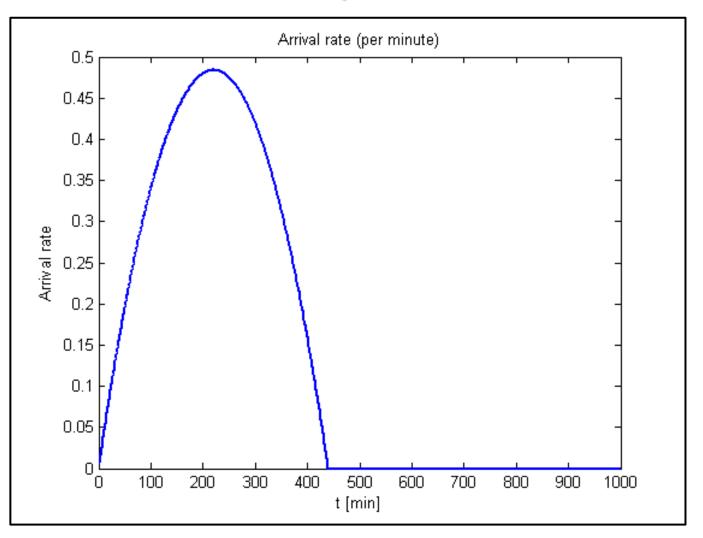
$$Q_2(t) = p_{12}\mu_1[Q_1(t) \wedge N_1(t)] + p_{32}\mu_3[Q_3(t) \wedge N_3(t)] - \mu_2[Q_2(t) \wedge N_2(t)]$$

$$Q_3(t) = p_{13}\mu_1[Q_1(t) \wedge N_1(t)] - \mu_3[Q_3(t) \wedge N_3(t)]$$

Queue Length: 
$$L_{qi}(t) = [Q_i(t) - N_i(t)]^+$$

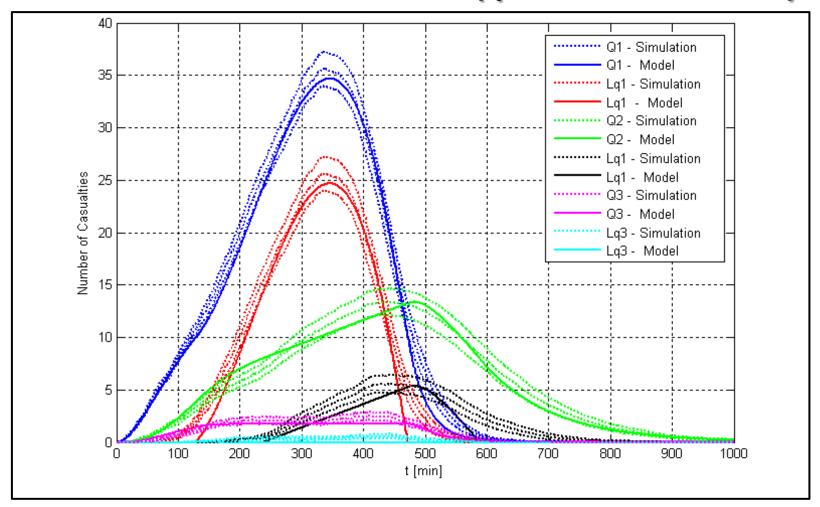
$$[A]^{+} = \max(A, 0)$$

### First Scenario – Quadratic Arrival Rate



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20,  $p_{12}$  = 0.25,  $p_{13}$ =0.25,  $p_{32}$ =0.15  $N_1$ =10,  $N_2$ =5,  $N_3$ =3

# Total Number of Casualties First Fluid Model vs. Simulation (quadratic arrival rate)



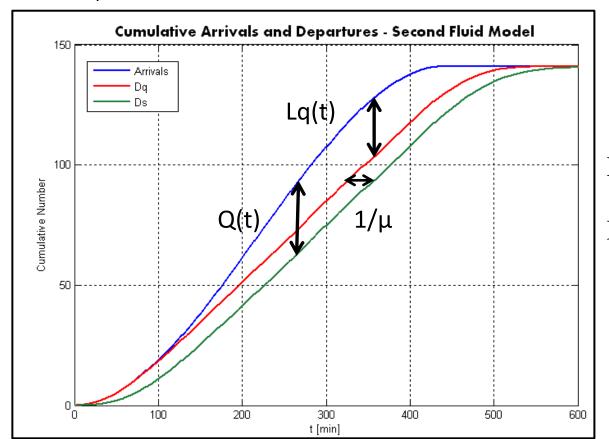
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20,  $p_{12}$  = 0.25,  $p_{13}$ =0.25,  $p_{32}$ =0.15  $N_1$ =10,  $N_2$ =5,  $N_3$ =3

### Second Fluid Model (long service time, Hall, 1991 [25])

 $A_i(t)$  – Cumulative arrivals to station i until time t, i=1,2,3.

 $Ds_i(t)$  – Cumulative Departures from <u>Station</u> i until time t, i=1,2,3.

 $Dq_i(t)$  – Cumulative Departures from Queue i until time t, i=1,2,3



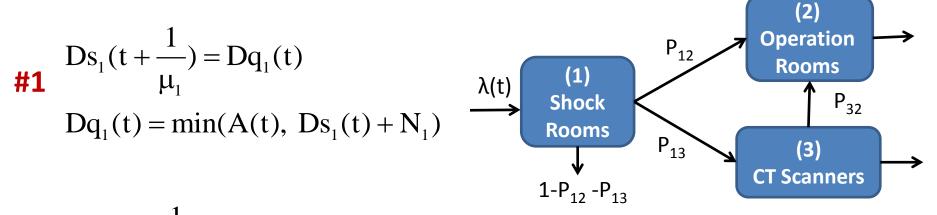
#### One station:

$$Ds(t + \frac{1}{\mu}) = Dq(t)$$

$$Dq(t) = min(A(t), Ds(t) + N)$$

$$No Queue Queue$$

#### **Second Fluid Model- Three stations:**



$$Ds_2(t + \frac{1}{\mu_2}) = Dq_2(t)$$

$$Dq_{2}(t) = \min(p_{12}Ds_{1}(t) + p_{23}Ds_{3}(t), Ds_{2}(t) + N_{2})$$

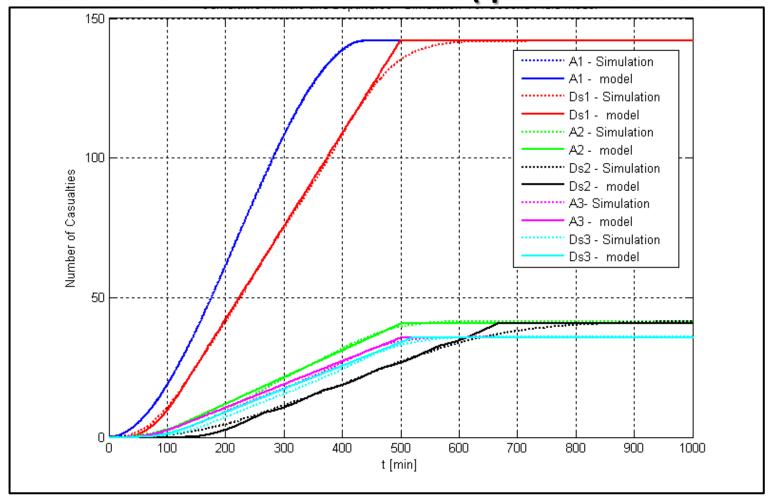
$$A_{2}(t)$$

$$Ds_3(t + \frac{1}{\mu_3}) = Dq_3(t)$$

#3

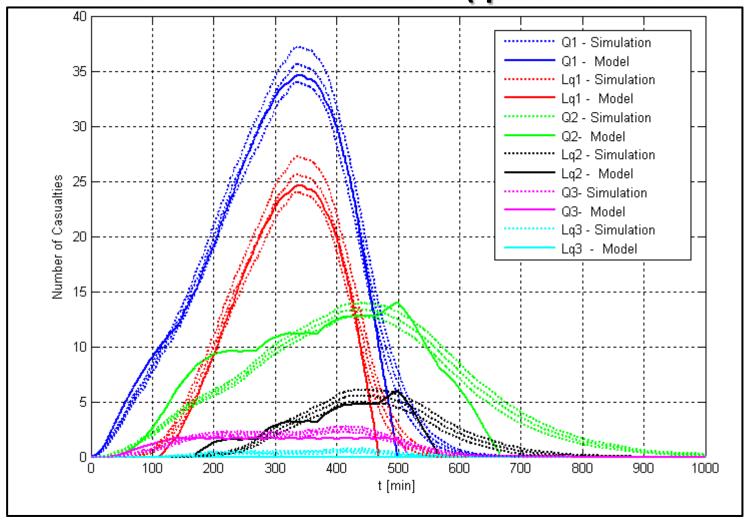
$$Dq_3(t) = \min(p_{13}Ds_3(t), Ds_3(t) + N_3)$$

# Cumulative Arrival & Departures Second Fluid Model vs. Simulation (quadratic arrival rate)



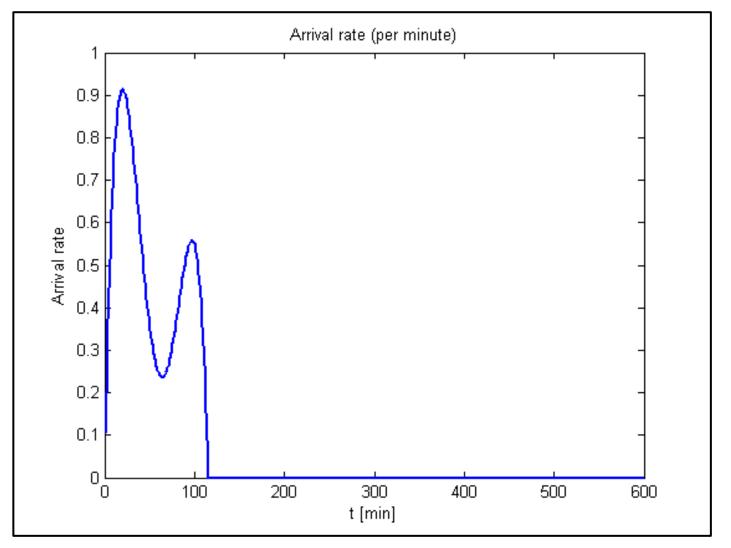
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20,  $p_{12}$  = 0.25,  $p_{13}$ =0.25,  $p_{32}$ =0.15  $N_1$ =10,  $N_2$ =5,  $N_3$ =3

# Total Number of Casualties Second Fluid Model vs. Simulation (quadratic arrival rate)



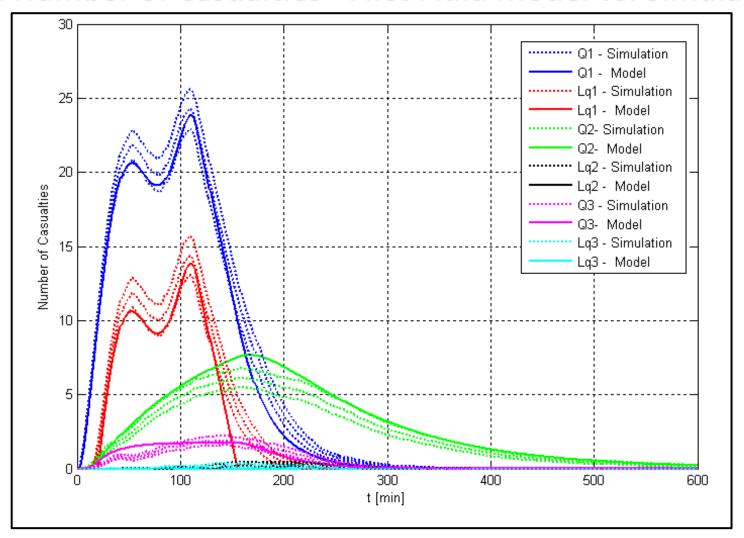
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20,  $p_{12}$  = 0.25,  $p_{13}$ =0.25,  $p_{32}$ =0.15  $N_1$ =10,  $N_2$ =5,  $N_3$ =3

### **Second Scenario**



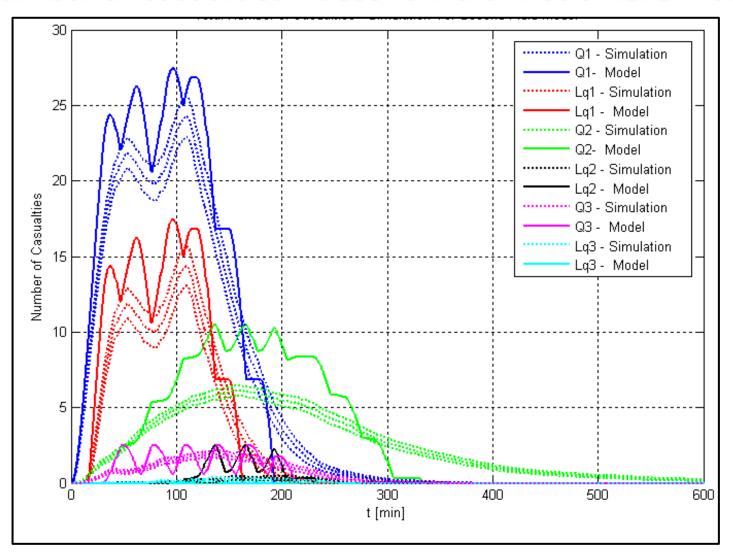
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20, p12 = 0.25, p13=0.25, p32=0.15  $N_1$ =10,  $N_2$ =8,  $N_3$ =3

### **Total Number of Casualties - First Fluid Model vs. Simulation**

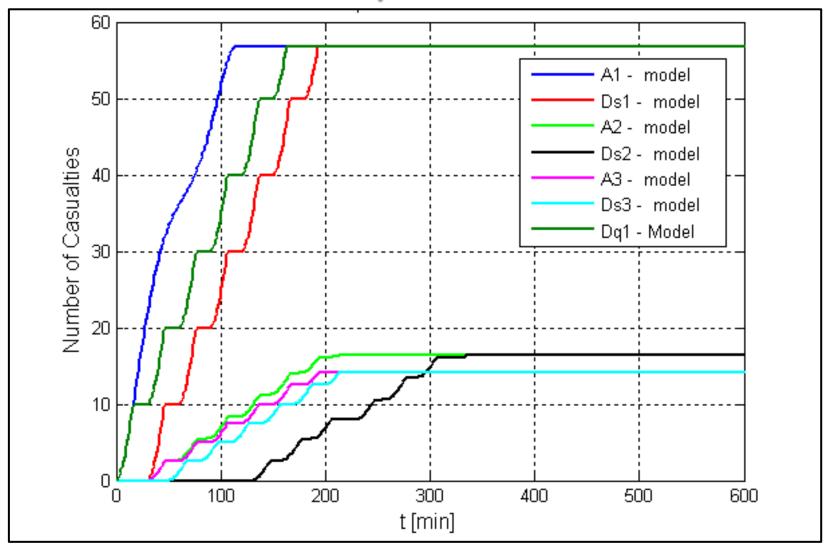


 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20, p12 = 0.25, p13=0.25, p32=0.15  $N_1$ =10,  $N_2$ =8,  $N_3$ =3

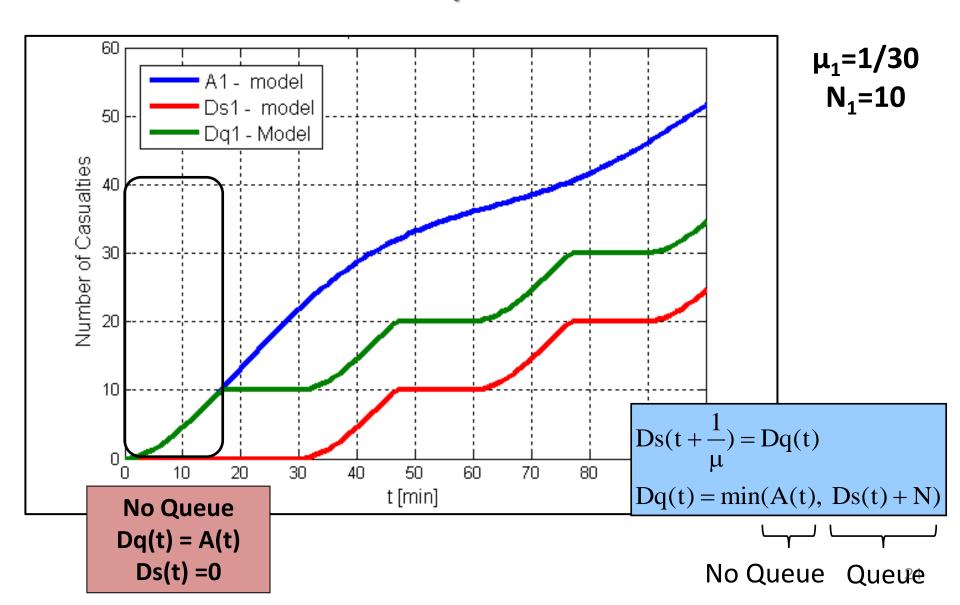
### **Total Number of Casualties – Second Fluid Model vs. Simulation**

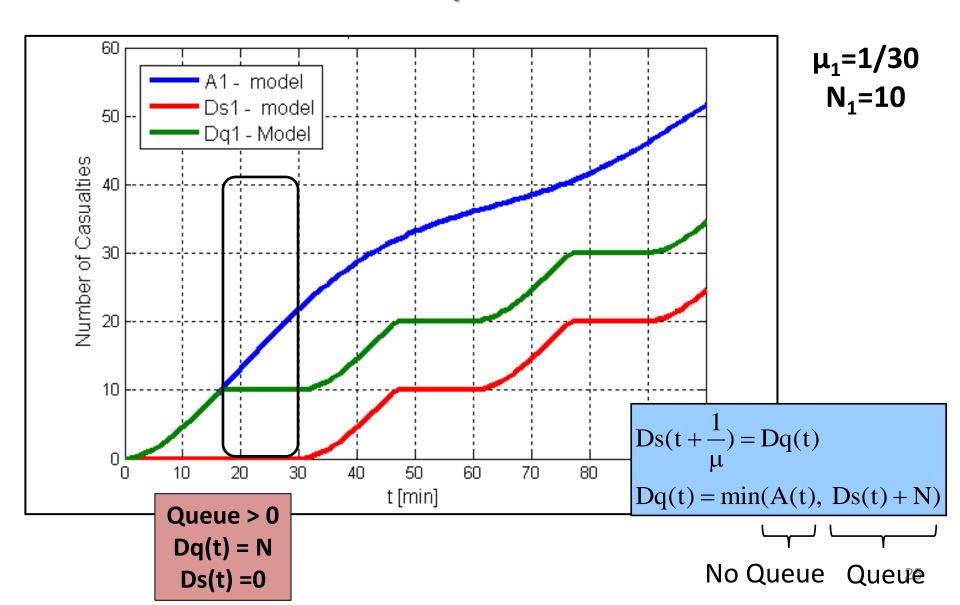


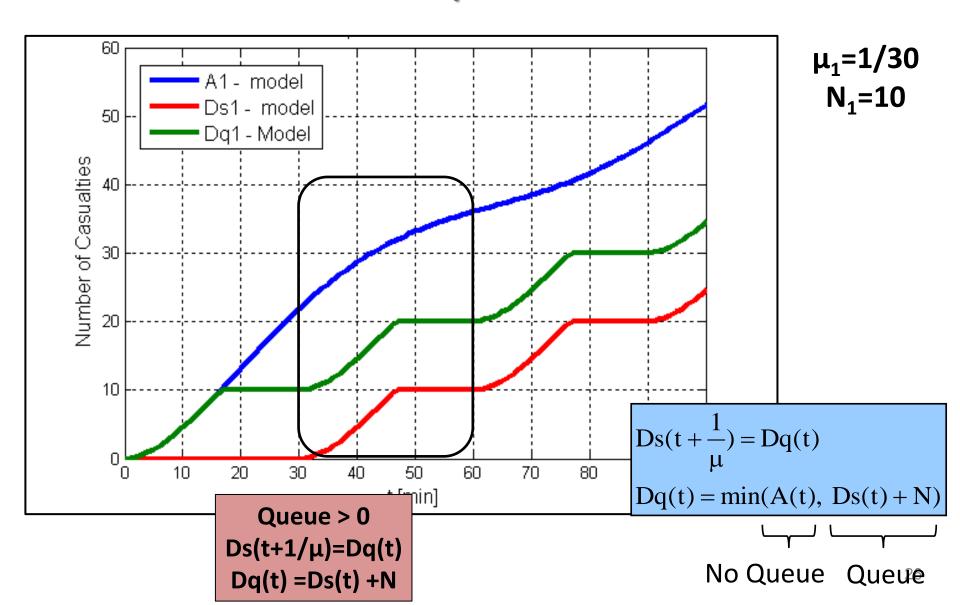
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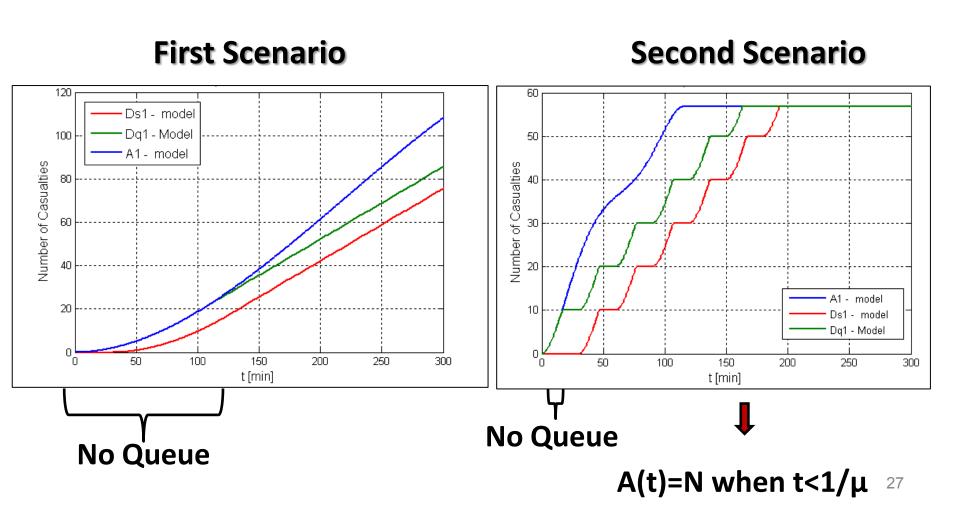
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\mu_3$ =1/20, p12 = 0.25, p13=0.25, p32=0.15  $N_1$ =10,  $N_2$ =8,  $N_3$ =3 23







### **Second Fluid Model - Cumulative Arrivals & Departures**

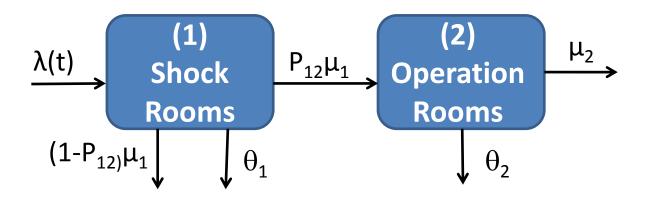


Queue > 0 before one service time

The main goal of the hospital's emergency response in MCEs is to <u>reduce mortality of casualties</u> [3]

We model mortalities as <u>abandons</u>, which can occur while waiting or while receiving treatment.

 $\theta_i$  – Mortality rate from station i, i=1,2.



### **Continuous time**

$$\min_{N_1(t), N_2(t)} \int_{0}^{T} [\theta_1 Q_1(t) + \theta_2 Q_2(t)] dt$$

s.t.

$$\dot{Q}_{1}(t) = \lambda(t) - \mu_{1}(Q_{1}(t) \wedge N_{1}(t)) - \theta_{1}Q_{1}(t)$$

$$\dot{Q}_{2}(t) = p_{12}\mu_{1}(Q_{1}(t) \wedge N_{1}(t)) - \mu_{2}(Q_{2}(t) \wedge N_{2}(t)) - \theta_{2}Q_{2}(t)$$

$$N_1(t) + N_2(t) \le N$$

$$N_1(t) \ge 0$$
,  $N_2(t) \ge 0$ 

$$Q_1(t) \ge 0$$
,  $Q_2(t) \ge 0$ 

$$Q_1(0)=Q_2(0)=0$$

### Discrete time

$$\underset{N_1(t), N_2(t)}{\text{Min}} \quad \sum_{t=0}^{T-1} [\theta_1 Q_1(t+1) + \theta_2 Q_2(t+1)]$$

s.t.

$$\begin{split} Q_{_{1}}(t+1) &= Q_{_{1}}(t) + \lambda(t) - \mu_{_{1}}(Q_{_{1}}(t) \wedge N_{_{1}}(t)) - \theta_{_{1}} \cdot Q_{_{1}}(t) \\ Q_{_{2}}(t+1) &= Q_{_{2}}(t) + p_{_{12}}\mu_{_{1}}(Q_{_{1}}(t) \wedge N_{_{1}}(t)) - \mu_{_{2}}(Q_{_{2}}(t) \wedge N_{_{2}}(t)) - \theta_{_{2}} \cdot Q_{_{2}}(t) \end{split}$$

$$\begin{aligned} N_1(t) + N_2(t) &\leq N \\ N_1(t) &\geq 0, & N_2(t) &\geq 0 \\ Q_1(t) &\geq 0, & Q_2(t) &\geq 0 \\ Q_1(0) &= 0, & Q_2(0) &= 0 \end{aligned}$$

Replacing  $N_i(t) \wedge Q_i(t)$  with  $N_i(t)$  and adding the constraints  $N_i(t) \leq Q_i(t)$  will not affect the objective function

### Discrete time

$$\min_{N_1(t), N_2(t)} \sum_{t=0}^{T-1} [\theta_1 Q_1(t+1) + \theta_2 Q_2(t+1)]$$

s.t.

$$Q_1(t+1) = Q_1(t) + \lambda(t) - \mu_1 N_1(t) - \theta_1 \cdot Q_1(t)$$

$$Q_2(t+1) = Q_2(t) + p_{12}\mu_1 N_1(t) - \mu_2 N_2(t) - \theta_2 \cdot Q_2(t)$$

$$N_1(t) + N_2(t) \le N$$

$$N_1(t) \leq Q_1(t)$$

$$N_2(t) \leq Q_2(t)$$

$$N_1(t) \ge 0$$
,  $N_2(t) \ge 0$ 

$$Q_1(t) \ge 0$$
,  $Q_2(t) \ge 0$ 

$$Q_1(0) = 0$$
,  $Q_2(0) = 0$ 

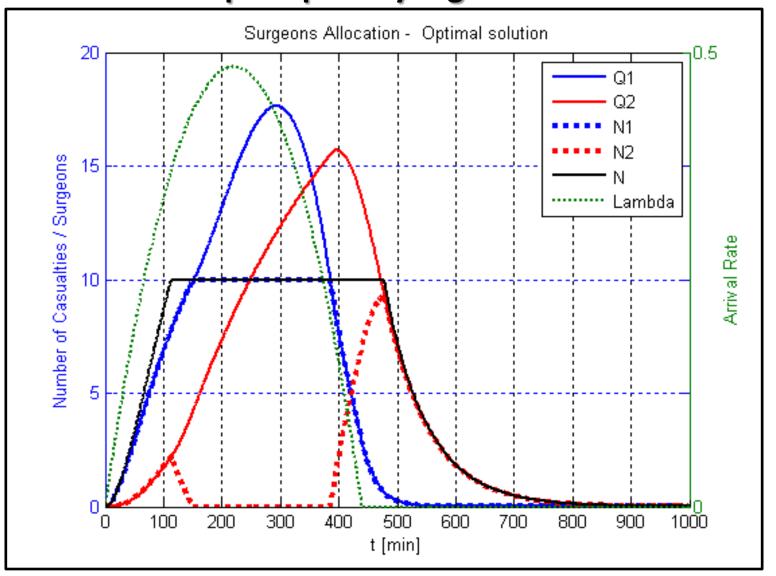
### **Linear Programming Problem**

$$\begin{split} & \underset{N_1(0), N_2(t)}{\text{Min}} \quad \sum_{t=1}^{L} \left\{ N_1(t) \mu_1 [(1-\theta_1)^{T-t} - 1 - p_{12} [(1-\theta_2)^{T-t} - 1]] + N_2(t) \mu_2 [(1-\theta_2)^{T-t} - 1] \right\} \\ & \text{s.t.} \\ & N_1(l) = 0 \\ & \mu_1 N_1(l) + N_1(2) \leq \lambda(l) \\ & (1-\theta_1) \mu_1 N_1(l) + \mu_1 N_1(2) + N_1(3) \leq (1-\theta_1) \lambda(l) + \lambda(2) \\ & \vdots \\ & (1-\theta_1)^{T-3} \mu_1 N_1(l) + (1-\theta_1)^{T-4} \mu_1 N_1(2) + \dots + N_1(T-l) \leq (1-\theta_1)^{T-3} \lambda(l) + (1-\theta_1)^{T-4} \lambda(2) + \dots + \lambda(T-l) \\ & N_2(l) = 0 \\ & \mu_2 N_2(l) \cdot p_{12} \mu_1 N_1(l) + N_2(2) \leq 0 \\ & (1-\theta_2) \mu_2 N_2(l) \cdot (1-\theta_2) p_{12} \mu_1 N_1(l) + \mu_2 N_2(2) \cdot p_{12} \mu_1 N_1(2) + N_2(3) \leq 0 \\ & \vdots \\ & (1-\theta_2)^{T-3} \mu_2 N_2(l) + (1-\theta_2)^{T-3} p_{12} \mu_1 N_1(l) + (1-\theta_2)^{T-4} \mu_2 N_2(2) \cdot (1-\theta_2)^{T-4} p_{12} \mu_1 N_1(2) + \dots \\ & \dots + \mu_2 N_2(T-2) \cdot p_{12} \mu_1 N_1(T-2) + N_2(T-1) \leq 0 \end{split}$$

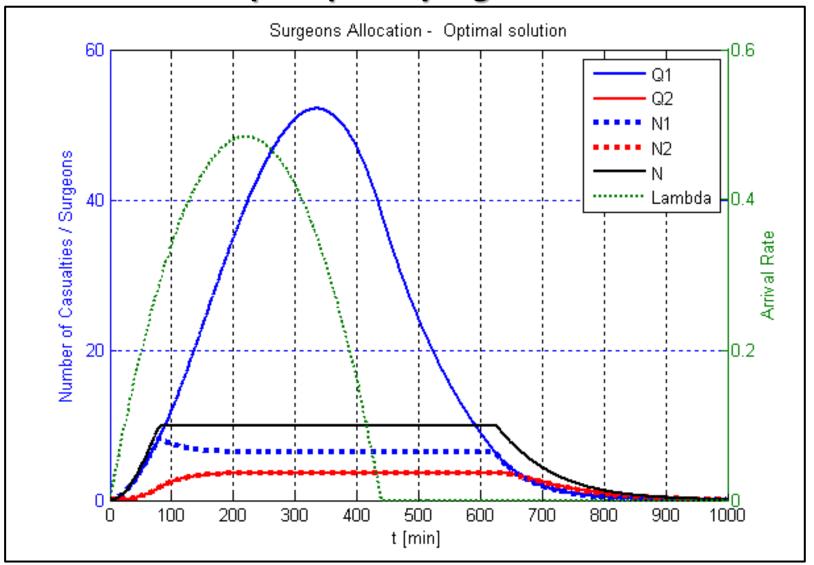
 $N_1(t) + N_2(t) \leq N$ 

 $N_1(t), N_2(t) \ge 0$ 

### First Example – priority is given to Station 1



### **Second Example – priority is given to Station 2**

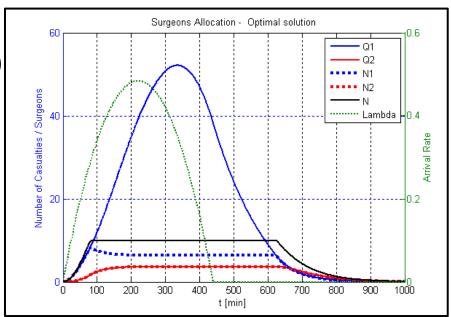


### Second Example – priority is given to Station 2

$$p_{12} \cdot \mu_1 \cdot N_1(t) = (\mu_2 + \theta_2) \cdot N_2(t)$$

Entrance Rate to Station 2

Exit Rate from Station 2



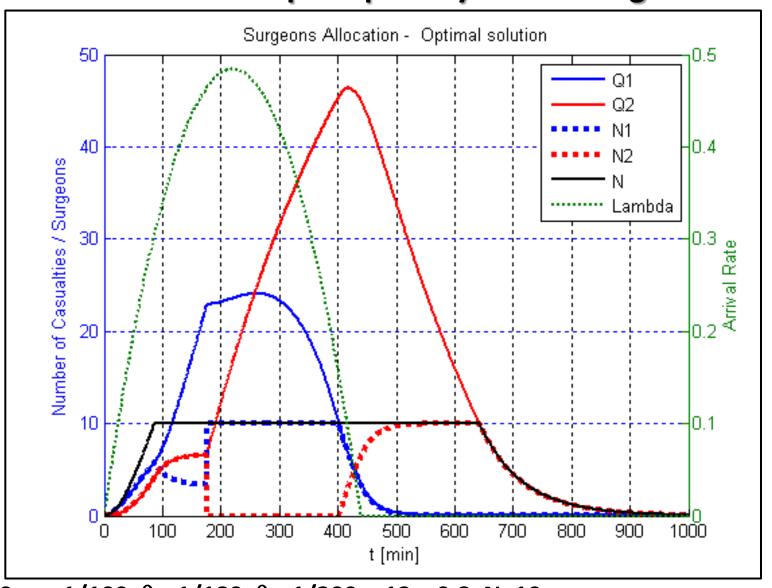
When the system is overloaded:

$$R_1N_1(t) + R_2N_2(t) = N \implies N_1(t) = \frac{N - R_2N_2(t)}{R_1}$$

$$N_1(t) = \frac{N(\mu_2 + \theta_2)}{R_1(\mu_2 + \theta_2) + R_2 \cdot p_{12} \cdot \mu_1}$$

$$N_{2}(t) = \frac{N \cdot p_{12} \cdot \mu_{1}}{R_{1}(\mu_{2} + \theta_{2}) + R_{2} \cdot p_{12} \cdot \mu_{1}}$$

### Third Example – priority is switching



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/300, p12 = 0.8, N=10

**Objective:** Determine surgeons allocation every minute,

in order to minimize the mortality in the next minute.

For every  $t \in [0, T-1]$ :

$$\min_{N_1(t), N_2(t)} \theta_1 Q_1(t+1) + \theta_2 Q_2(t+1)$$

s.t.

$$\begin{split} Q_{_{1}}(t+1) &= Q_{_{1}}(t) + \lambda(t) - \mu_{_{1}}(Q_{_{1}}(t) \wedge N_{_{1}}(t)) - \theta_{_{1}} \cdot Q_{_{1}}(t) \\ Q_{_{2}}(t+1) &= Q_{_{2}}(t) + p_{_{12}} \cdot \mu_{_{1}}(Q_{_{1}}(t) \wedge N_{_{1}}(t)) - \ \mu_{_{2}}(Q_{_{2}}(t) \wedge N_{_{2}}(t)) - \theta_{_{2}} \cdot Q_{_{2}}(t) \end{split}$$

$$N_1(t) + N_2(t) \le N$$
  
 $N_1(t), N_2(t), Q_1(t+1), Q_2(t+1) \ge 0$   
 $Q_1(0) = 0, Q_2(0) = 0$ 

$$\begin{split} & \underset{N_{1}(t), N_{2}(t)}{\text{Max}} & [\theta_{1} - \theta_{2} p_{12}] \mu_{1} N_{1}(t) + \theta_{2} \mu_{2} N_{2}(t) \\ & \text{s.t.} \\ & N_{1}(t) + N_{2}(t) \leq N \\ & N_{1}(t) \leq Q_{1}(t), \ N_{2}(t) \leq Q_{2}(t) \end{split}$$

A two variables

#### According to the continuous Knapsack Problem:

If 
$$[\theta_1 - \theta_2 p_{12}] \mu_1 > \theta_2 \mu_2$$

 $N_1(t), N_2(t) \ge 0$ 

If  $[\theta_1 - \theta_2 p_{12}] \mu_1 > \theta_2 \mu_2$   $\rightarrow$  Priority is given to station 1

$$N_1(t) = min(Q_1(t), N)$$

$$N_2(t) = min(Q_2(t), N-N_1(t))$$

If 
$$[\theta_1 - \theta_2 p_{12}] \mu_1 < \theta_2 \mu_2$$

→ Priority is given to station 2

$$N_1(t) = min(Q_1(t), N-N_2(t))$$

$$N_2(t) = \min(Q_2(t), N)$$

If 
$$[\theta_1 - \theta_2 p_{12}]\mu_1 = \theta_2 \mu_2$$

$$\begin{split} & \underset{N_{1}(t), N_{2}(t)}{\text{Max}} \quad [\theta_{1} - \theta_{2} p_{12}] \mu_{1} N_{1}(t) + \; \theta_{2} \mu_{2} N_{2}(t) \\ & \text{s.t.} \\ & R_{1} N_{1}(t) + R_{2} N_{2}(t) \leq N \\ & N_{1}(t) \leq Q_{1}(t), \; N_{2}(t) \leq Q_{2}(t) \\ & N_{1}(t), \; N_{2}(t) \geq 0 \end{split}$$

Generalization for any R<sub>1</sub> and R<sub>2</sub>

#### According to the continuous Knapsack Problem:

If 
$$\frac{[\theta_1 - \theta_2 p_{12}]\mu_1}{R_1} > \frac{\theta_2 \mu_2}{R_2}$$
  $\rightarrow$  Priority is given to station 1

$$N_1(t) = \min(Q_1(t), N)$$

$$N_2(t) = min(Q_2(t), (N-R_1N_1(t))/R_2)$$

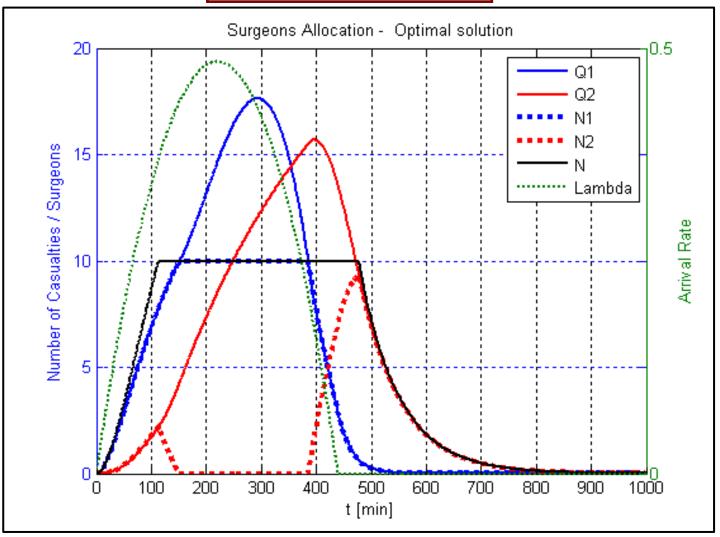
If 
$$\frac{[\theta_1 - \theta_2 p_{12}] \mu_1}{R_1} < \frac{\theta_2 \mu_2}{R_2}$$

$$N_1(t) = min(Q_1(t), (N-R_2 N_2(t))/R_1)$$

$$N_2(t) = min(Q_2(t), N)$$

#### First Example - priority is given to Station 1

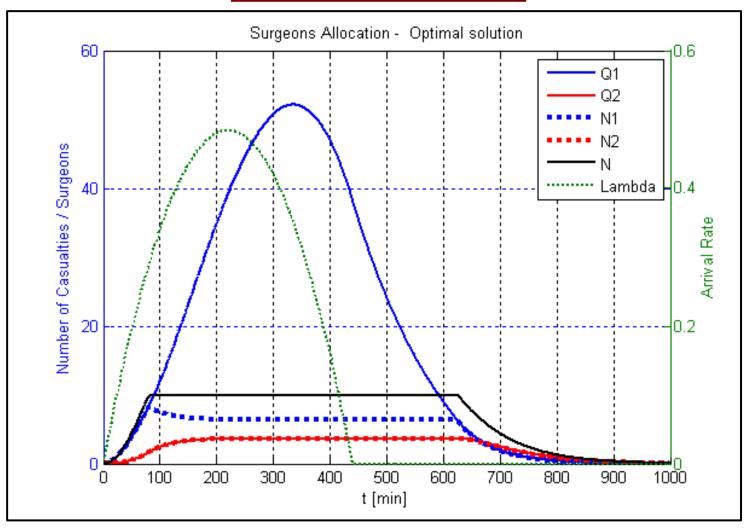
$$[\theta_1 - \theta_2 p_{12}] \mu_1 > \theta_2 \mu_2$$



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/300, p12 = 0.25, N=10

### Second Example – priority is given to Station 2

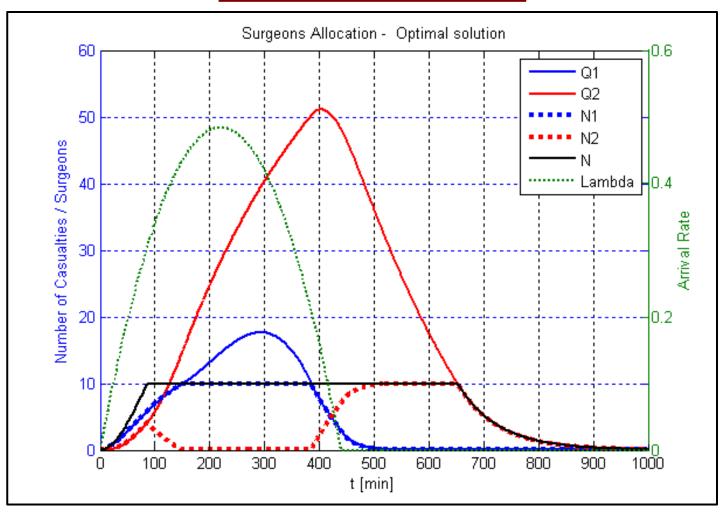
$$[\theta_1 - \theta_2 p_{12}] \mu_1 < \theta_2 \mu_2$$



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/180, p12 = 0.9, N=10

#### Third Example – priority is given to Station 1 (not switching)

$$[\theta_1 - \theta_2 p_{12}] \mu_1 > \theta_2 \mu_2$$



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/300, p12 = 0.8, N=10

# **Optimal vs. Greedy Solution**

1. When  $\theta_1 = \theta_2$  Greedy solution is optimal.

**Proof** 

- 2. Greedy solution can be predicted by the problem parameters.
- 3. If station 1 gets priority when  $\theta_1 = \theta_2$  then when  $\theta_1 > \theta_2$  station 1 will still get priority.
- 4. If station 2 gets priority when  $\theta_1 = \theta_2$  then when  $\theta_1 < \theta_2$  station 2 will still get priority

- Allocation can be changed every S minutes.
- $N_1(t)$ ,  $N_2(t)$  remain constant for S minutes: for example, if S= 30:
  - $N_1(0) = N_1(1) = N_1(2) = ... = N_1(29)$
  - $N_2(0) = N_2(1) = N_2(2) = ... = N_2(29)$

- The constraint  $N_i(t) \le Q_i(t)$  cannot be added.
- Auxiliary variables  $Z_i(t)$  replace the statement  $N_i(t) \wedge Q_i(t)$  and the following constraints are added for i=1,2:

$$Z_i(t) \leq Q_i(t)$$

$$Z_i(t) \leq N_i(t)$$

$$\underset{N_1(t), N_2(t)}{\text{Min}} \quad \sum_{t=0}^{T-1} [\theta_1 Q_1(t+1) + \theta_2 Q_2(t+1)]$$

s.t.

$$\begin{split} Q_{1}(t+1) &= Q_{1}(t) + \lambda(t) - \mu_{1}Z_{1}(t) - \theta_{1} \cdot Q_{1}(t) \\ Q_{2}(t+1) &= Q_{2}(t) + p_{12}\mu_{1}Z_{1}(t) - \mu_{2}Z_{2}(t) - \theta_{2} \cdot Q_{2}(t) \end{split}$$

$$N_1(t) + N_2(t) \le N$$

$$Z_{1}(t) \leq Q_{1}(t), Z_{1}(t) \leq N_{1}(t)$$

$$Z_2(t) \le Q_2(t), Z_2(t) \le N_2(t)$$

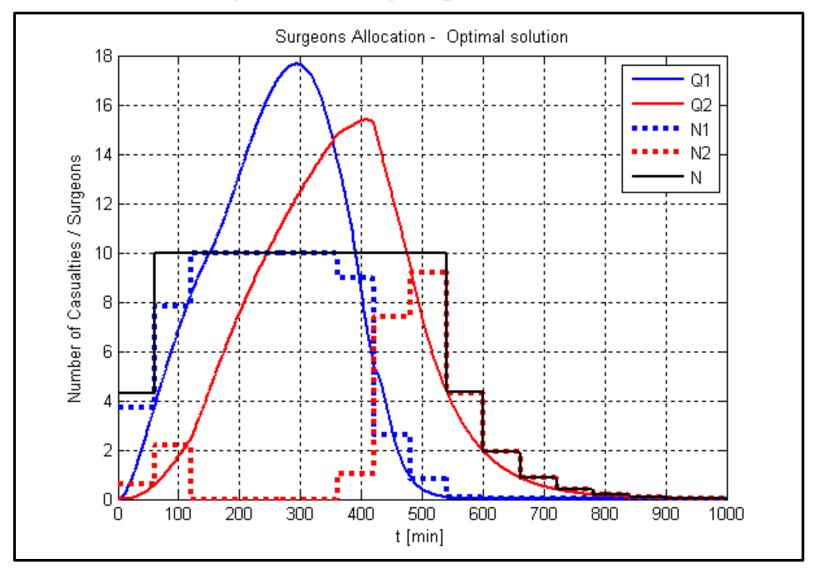
$$N_1(i) = N_1(i+1) = ... = N_1(i+S-1)$$
  $i = 1, S+1, 2S+1... \left\lfloor \frac{T}{S} \right\rfloor S+1$ 

$$N_2(i) = N_2(i+1) = ... = N_2(i+S-1)$$
  $i = 1, S+1, 2S+1...$   $\left| \frac{T}{S} \right| S+1$ 

$$N_1(t) \ge 0$$
,  $N_2(t) \ge 0$ ,  $Q_1(t) \ge 0$ ,  $Q_2(t) \ge 0$ 

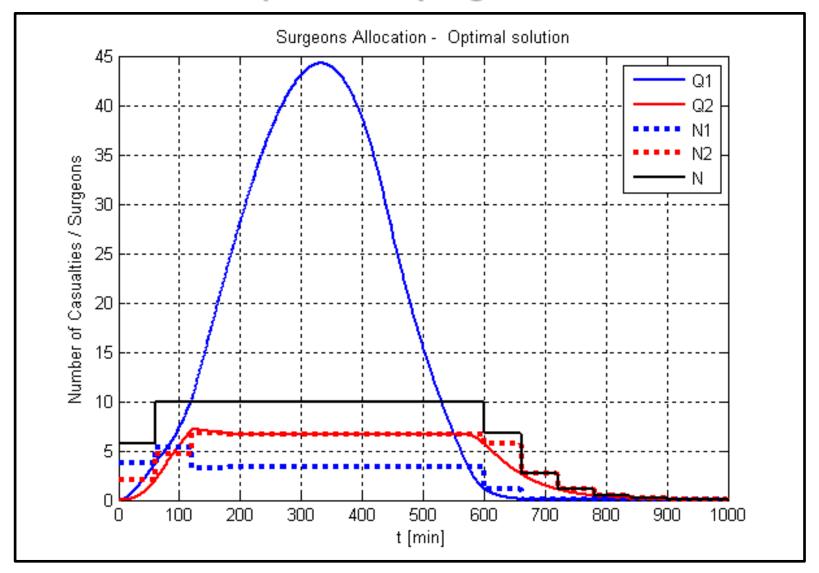
$$Q_1(0) = 0$$
,  $Q_2(0) = 0$ 

### First Example: Priority is given to Station 1



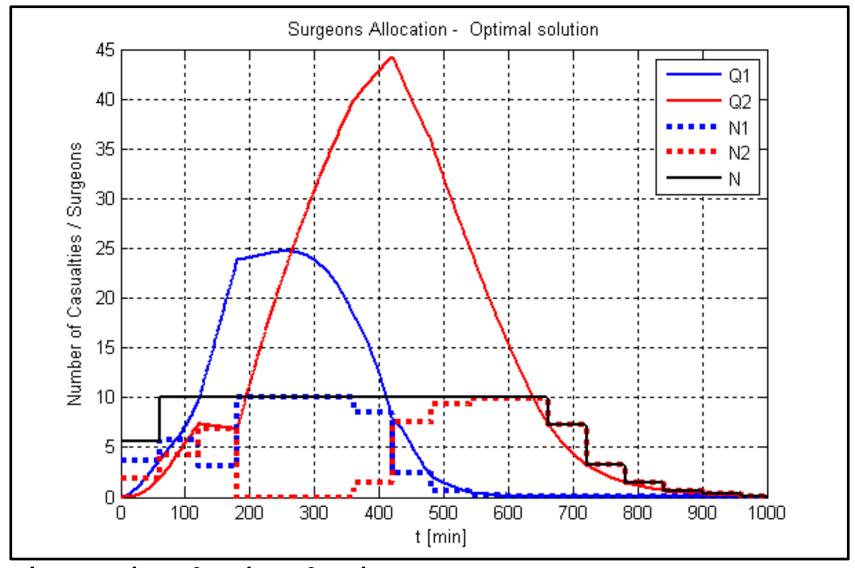
 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/300, p12 = 0.25, N=10, S=60

### **Second Example: Priority is given to Station 2**



 $\mu_1$ =1/30,  $\mu_2$ =1/100,  $\theta_1$ =1/180,  $\theta_2$ =1/180, p12 = 0.9, N=10, S=60

## Third Example: Priority is switching



# **Summary & Conclusions**

The suggested model predicts the number of casualties in a hospital's ED during an MCE.

> Our solution approach finds the dynamic allocation of surgeons that minimizes mortality during an MCE.

➤ We formulated a greedy counterpart for the original problem and found the conditions under which its solution solves also the original problem.

# **Summary & Conclusions**

> We defined a general approach to predict the structure of the optimal solution of the original problem.

The model is simple enough yet able to describe a broad range of different MCE scenarios. As such, it can be used to help in preparing for, and managing an MCE.

The model can be expanded also to non-conventional MCEs (biological, chemical, nuclear and radiation), each requires different emergency plan and different resources.

# With Gratitude to:

- My Advisors: Prof. Avishai Mandelbaum, Dr. Cohen Izik
- **Dr. Michalson Moshe**, Medical Director of Trauma teaching center, Rambam hospital
- Dr. Israelit Shlomi, Chief of ED, Rambam hospital
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