

Optimization-Based Shift Scheduling Improves Schedule Quality for Residents in a Pediatric Emergency Department

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ABSTRACT

We created an optimization-based scheduling tool that can automatically create shift schedules that meet the needs of both the residents and the emergency department. Monthly schedules are traditionally handmade by the chief resident, a process which is difficult, error-prone, time consuming, and fails to take into account many measures of shift quality and equity. The optimization-based scheduling tool that we have created allows the chief resident to quickly produce a monthly shift schedule that meets requirements and improves sleep patterns, shift equity, and other measures of quality.

CREATING A SCHEDULE BY HAND

- **Time consuming process:** it can take many hours or even days of a chief resident's time.
- **Difficult to satisfy all requirements:**

Rules

- All shifts assigned a resident
 - Appropriate coverage (e.g. certain shifts require a senior resident or a pediatrics resident)
 - 10 hour rest rule
 - Continuity clinics / Conferences
 - Varying start dates and time-off requests
 - ⋮
- Easy to overlook a rule and create a schedule with violations in it. When a violation IS recognized, it is often too complex for the scheduler to backtrack and undo it. Similar to a Sudoku puzzle, the chief resident must start all over again from scratch!

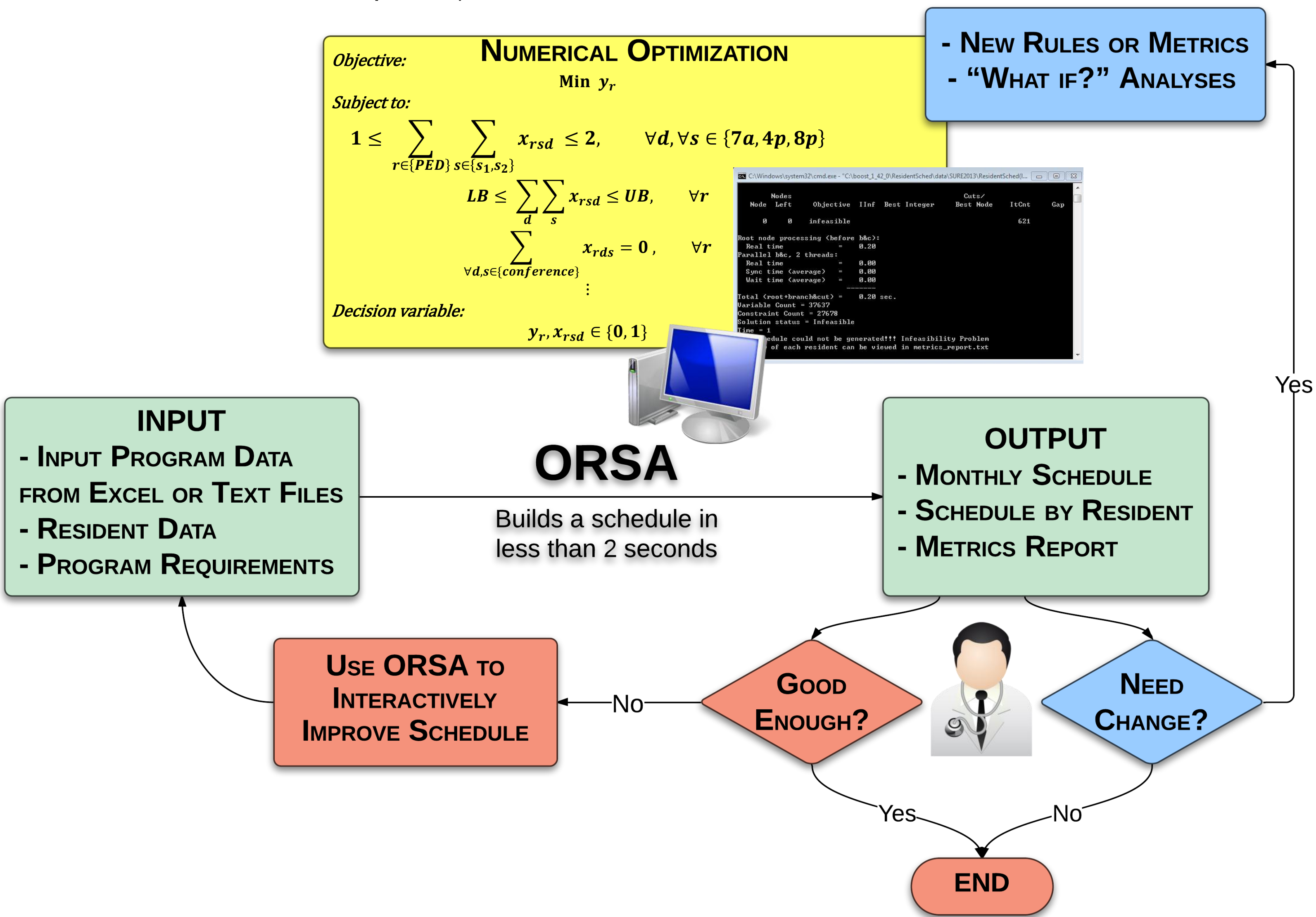
	3			1	7	
6			8			2
	1		4		5	
	7			2		4
2			9			6
	4		3			1
		5	3		4	
1				6		5
	2	1			3	

- To make a change to a complete schedule, have to start again!
- Non-standardized method passed down from chief resident to chief resident
- Quality of schedule may be poor: Inequity across residents, post-continuity clinic calls, "bad sleep patterns"

ORSA: AN ENGINEERING-BASED SCHEDULING TOOL

Optimized Residency Scheduling Assistant (ORSA)

- Optimization-based tool that takes program data and automatically creates a schedule
- All rules are guaranteed to be satisfied
- Reporting enables chief resident to easily assess schedule quality
- Interactive capabilities allow the chief resident to quickly fine-tune for improved quality and to meet specific preferences
- Easily addresses last-minute changes (e.g. a resident request for a day off after the schedule has been completed)



- Can also be used for "What if?" analyses (e.g. What would the impact be of a change in the number of residents in the program?)
- Tool can be modified to incorporate new rules or program characteristics (e.g. change in number of shifts or coverage requirements)

METRICS OF SCHEDULE QUALITY

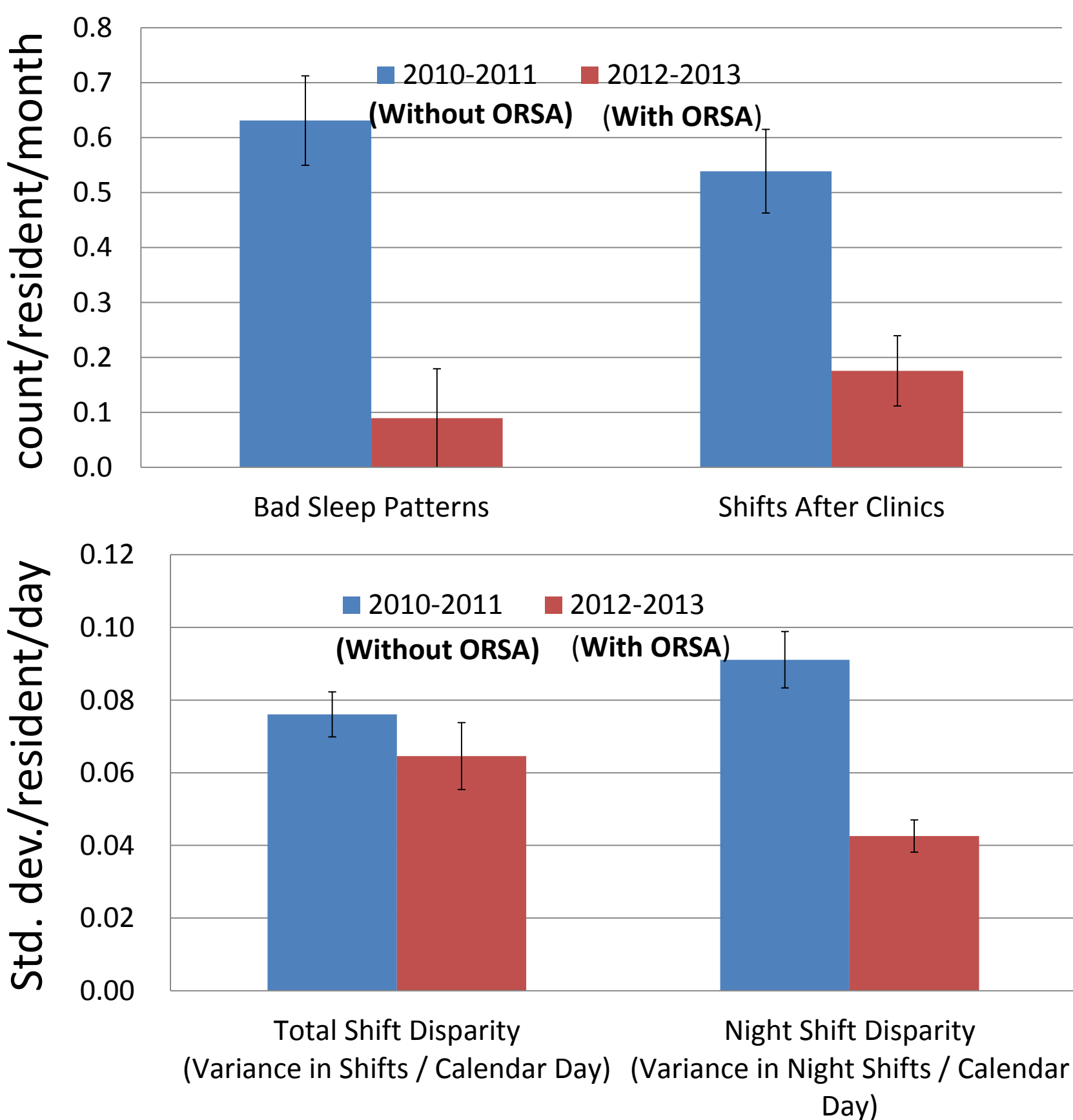
Metrics for U of M PEDs

- **Total day / night shift equity**
 - The number of shifts is related to practice quality in education training
 - Unfair night shift division results in poor morale and decreased learning ability
- **Number of Bad Sleep Patterns**
 - Poor sleep habits cause cognitive decline, which have been associated with decreased quality of patient care
- **Number of shifts worked post-continuity clinic**
 - Fatigue common in post-continuity clinic shifts

		Resident Name	Smith	Jones	Chen	Joe
		Night Shifts / Total Shifts	0 / 7	1 / 7	1 / 7	5 / 7
		Fairness				
NIGHT	Day	Monday	1AM – 10AM 	Tuesday		Sleep Pattern
						Wake-up
				1PM – 10PM 		Sleepy
	NIGHT					

RESULTS

- ORSA has been used since July 2012 to build the monthly resident shift schedule for the UMHS Pediatric Emergency Department
- Run time to generate a single schedule is under two seconds
- The time for the chief resident to interactively improve the solution until satisfied is typically between one and two hours
- ORSA guarantees the schedule will have no rule violations
- Several metrics have significantly improved over the manual process:



CONCLUSIONS

Our optimization-based scheduling tool:

- Allows chief resident to compare tradeoffs
- Reduces time to create schedule
- Improves measures of schedule quality

FUTURE WORK

- User-friendly GUI
- Increase automation
- Apply to other departments/scheduling problems

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