Coordination of Surgical Blocks and Ambulatory Clinics at a Large Teaching Hospital

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Outline

- Motivation and Background
- Goals
- Inputs
- Decisions, Constraints, and Objective
- Initial Results
- Challenges
- Conclusions/Future Work



Motivation







Background

- Colorado Health System
 - Numerous locations and specialties
 - Piloting project for Orthopedics
- Providers
 - Require both Operating Room (OR) and Clinic Room time
 - Must satisfy numerous individualized requirements
 - Limited work locations
- Current Schedule
 - Pieced together over time
 - Minimal "wiggle-room"
 - Providers want more time



Goals

 Develop a mathematically-based decision support tool that efficiently schedules health care providers into operating and clinical rooms over a monthly horizon

 Enable what-if analyses for incorporating new providers, adding new rooms, addressing bottlenecks, and improving existing schedules



Inputs

- Types of rooms
- Room locations
- Room availabilities
- Provider availabilities
- Allowable daily schedules
- Provider room requirements (work packages)
- Scheduling considerations
 - Continuity across weeks
 - Specialty Coverages



Decisions

- Sequence: a combination of room types and how many rooms of each type that make up a single, feasible day of work
 - (e.g. 2 Denver ORs in the AM and 4 Denver Clinic rooms in the PM)
- Decision Variables: Does provider p work sequence s on day d of week w?



Constraints

- Must work a sequence every day
- Allowable sequences
- Provider room requirements
- Limited provider availability
- Weekly continuity
- Strict room capacities
- Specialty coverage requirements





Objective

- Minimize the total number of virtual rooms that are used
 - Virtual Room: A room that doesn't physically exist, but is used to represent a planned overbooking
- Other metrics: continuity, required travel, number of rooms



Initial Results

- Monthly schedule with reduced room overutilization is quickly generated
- Report is generated on room utilization which enables identification of room over/underutilization
- Capable of what-if analyses:
 - Hiring a new providers
 - Adding new rooms
 - Modifying current work packages





Challenges

- Learning each other's languages
 - Identifying scheduling rules / constraints
 - Ease vs. complexity of implementation



- Identifying where scheduling flexibility exists
 - How flexible is the system?
 - How much flexibility to include in the model?



Future Work

- Identify and implement additional scheduling requirements
- Incorporate schedule quality metrics into objective
- Standardize process for gathering inputs and generating new schedules
- Expand scope of scheduling



Thank You!

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