

2018 Healthcare Engineering and Patient Safety Symposium

World's Hardest Sudoku: Scheduling Residents in the C.S. Mott Pediatric Emergency Department

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Problem Statement

Background

The C.S. Mott Pediatric Emergency Department (ED) at Michigan Medicine is:

- A Level 1 Pediatric Trauma Center
- Visited by 25,000 patients per year
- Staffed by 5 residency programs

Importance of Schedule Quality

Poor quality schedules can negatively impact:

- Workflow
- Training quality and burnout rates
- Patient access, care quality, safety, and satisfaction

Traditional Approach

Hand-made schedule built by chief resident or administrator, requiring around 20 hours per month

The Challenge

Scheduling residents in the ED involves an overwhelming number of governing rules and preferences the scheduler must abide and consider. Additionally, the schedule that is the best based on one metric may not be the best based on another metric.

Research Goals

- Work with chief residents to learn the scheduling rules and understand how trade-offs should be made between metrics
- Formulate a mathematical model and build a computerized tool which generates high-quality schedules



Time

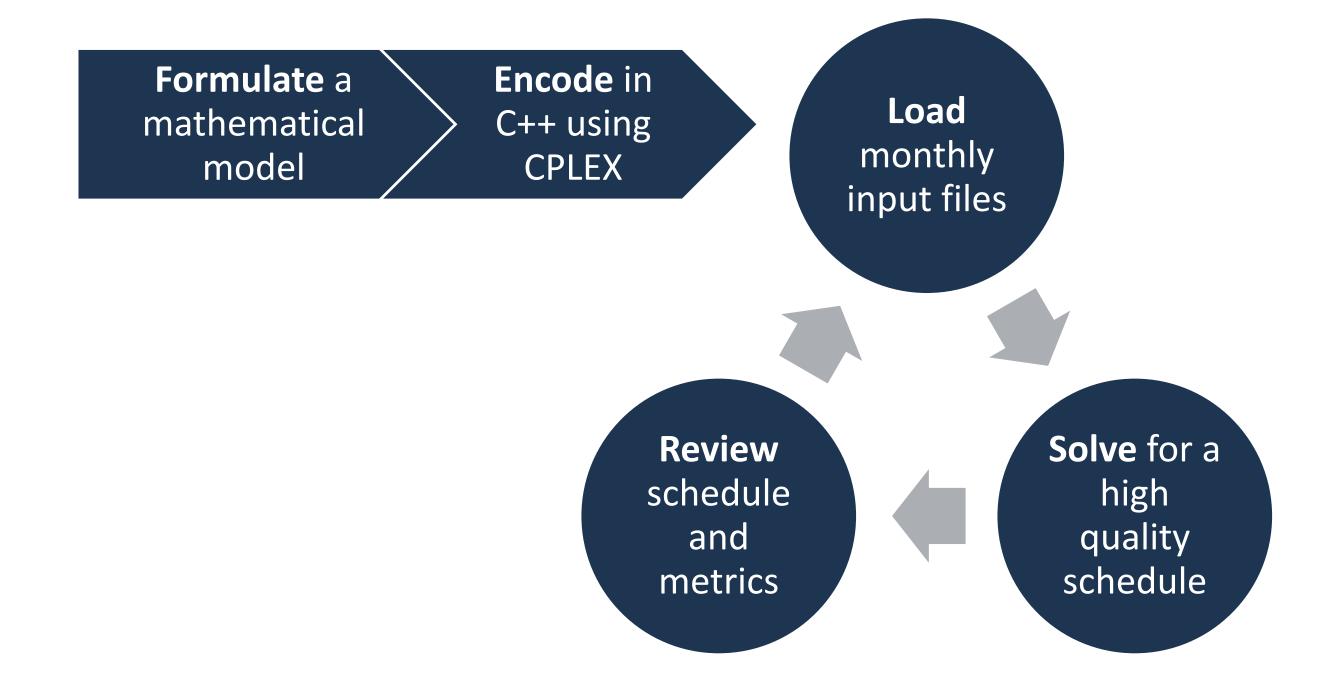
Acknowledgements

We thank the University of Michigan Department of Pediatrics, and the following organizations for sponsoring this work:





Solution Approach



Decisions

Do we assign a resident *r* to shift type *s* on date *d*?

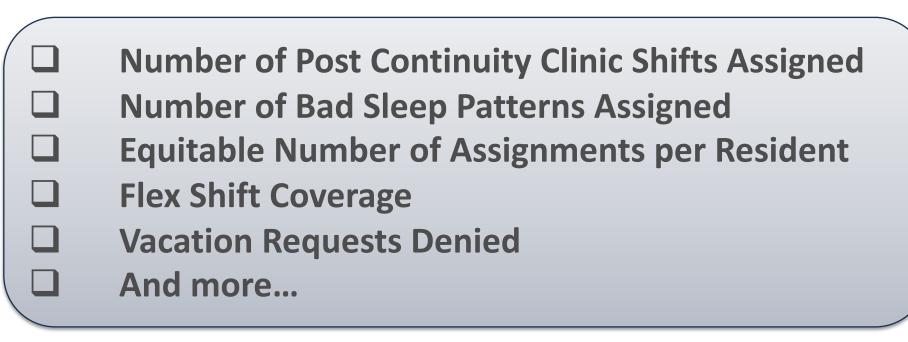
Constraints

All rules must be satisfied for a schedule to be considered feasible.

□ All shifts require a resident
□ 10 hour rest rule (ACGME)
□ Resident work conflicts (conferences and clinics)
□ Varying working dates and time off-requests
□ Certain shifts can only be staffed by seniors
□ Residents can only work 5 consecutive days
□ And more...

Metrics

Determining an acceptable balance of the metrics can be difficult as some have an impact on the overall schedule and others impact individual residents. Additionally, the needs of the chief resident can shift from month to month.

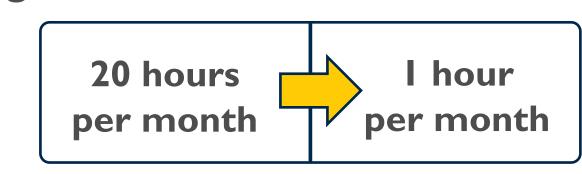


Below is a sample metric report, used to evaluate schedule quality.

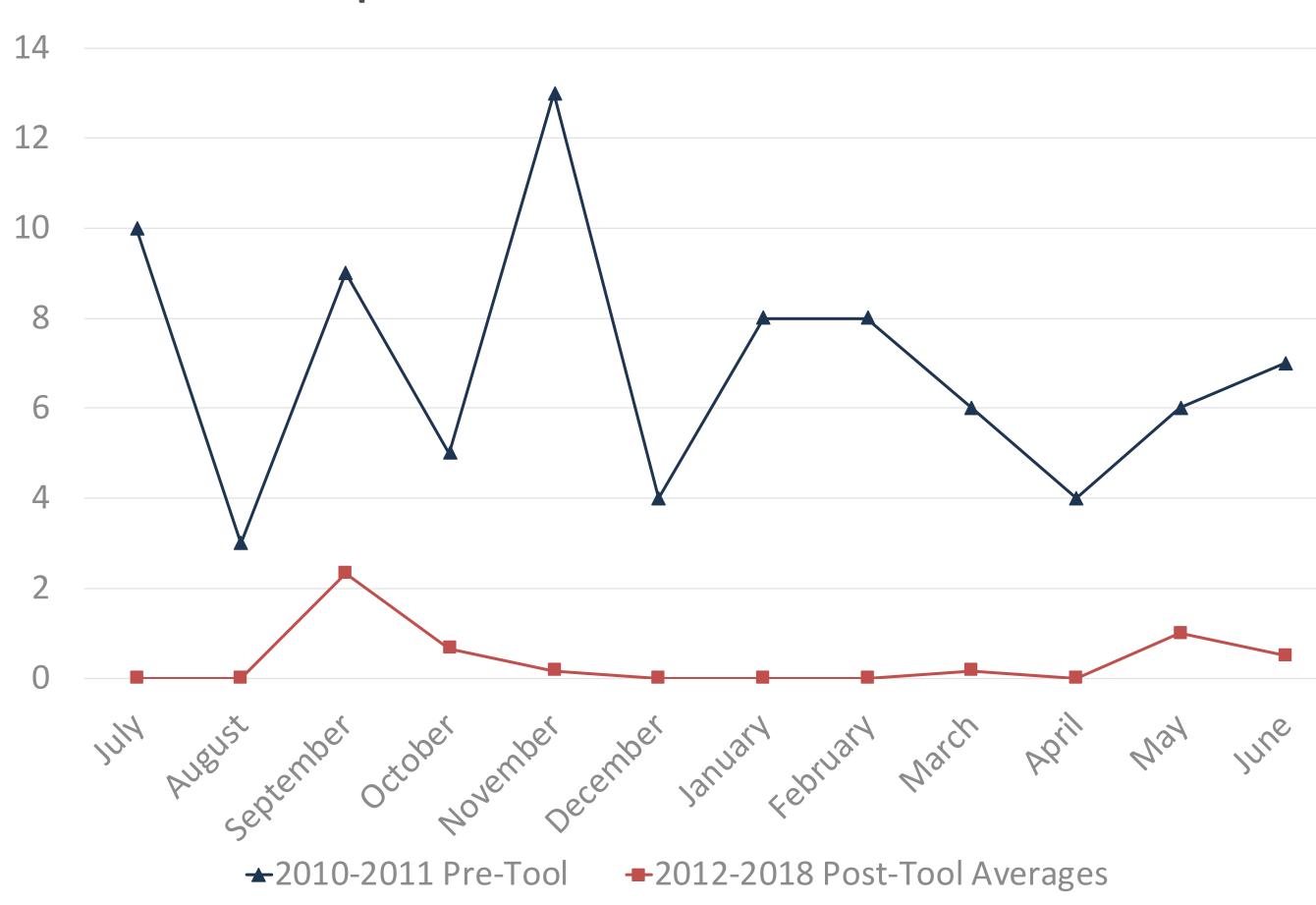
Resident Name	Longest Work Period	Number of Shifts	Number of Night Shifts	Number of Post-CC Shifts	Number of Bad Sleep Patterns
Resident_A	4	9 (9,11)	3 (0, 4)	0 (0, 0)	0
Resident_B	2	7 (7, 9)	3 (0, 4)	0 (0, 0)	0
Resident_C	2	9 (9,11)	3 (0, 4)	0 (0, 0)	0

Impact/Results

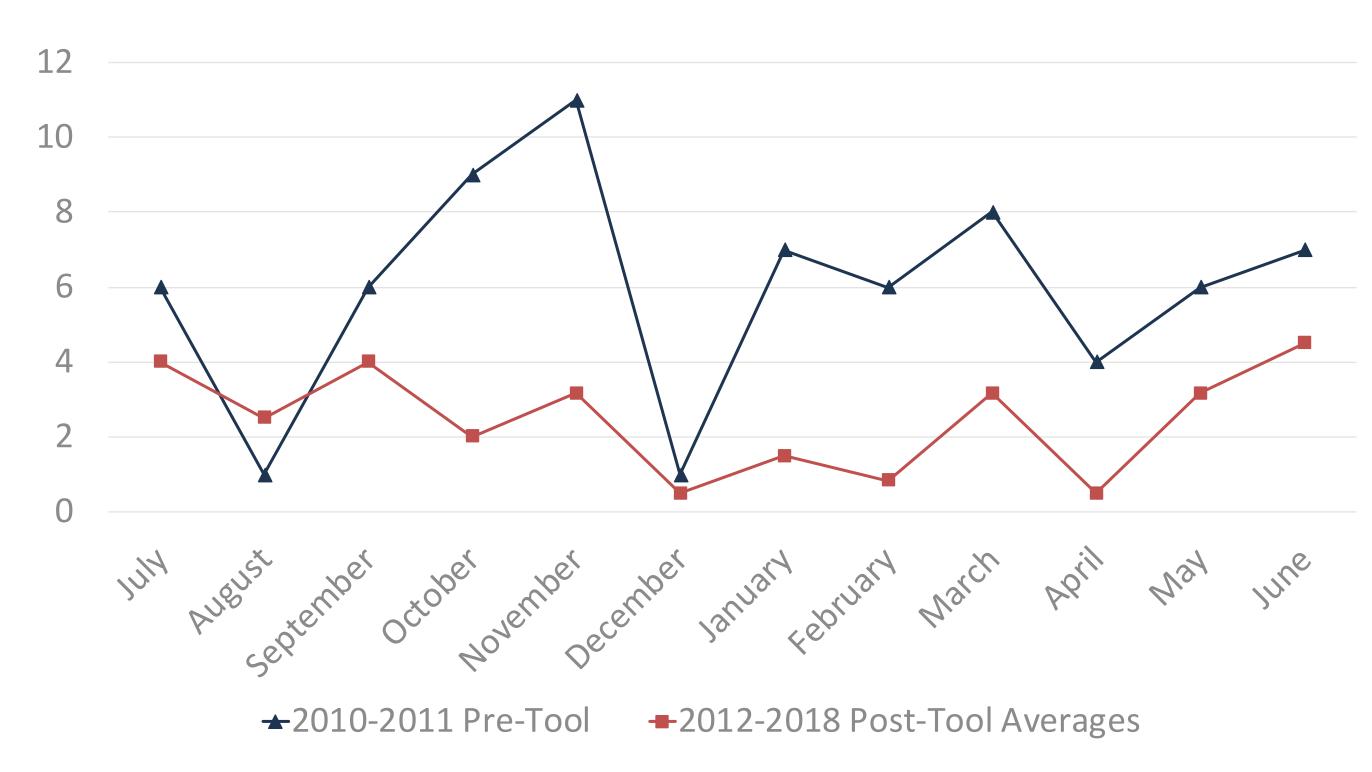
Effect on Scheduling Effort



Effect on Bad Sleep Patterns



Effect on Post-Continuity Clinic Shifts



Future Work

- Formulating more metrics to better evaluate schedule quality
- Further automation of the schedule making process
- Creation of tools to aid chief resident in reviewing the schedule