



Problem Statement

The University of Michigan Medical School (UMMS) offers postgraduate medical training programs across many disciplines

Ensuring adequate resident education and proper service coverage requires many training programs to integrate schedules



Coordinating the long-term block schedule – assigning every trainee to services over the year – is a complex challenge

Traditionally, program leadership (chief residents and program directors) constructs the block schedule by hand

The construction process is resource-intensive yet often fails to satisfy the individual & collective needs of stakeholders

Importance

Schedule quality impacts:



Clinical/administrative workflows



Patient access, quality,



Training quality and burnout rates

safety, satisfaction

Research Objective

Develop a decision support system to enable fast construction of high-quality block schedules while improving measures of quality



2017 CHEPS Healthcare Executive Summit

Annual Block Scheduling for Medical Residents William Pozehl, Trevor Hoffman, Anna Learis, Ian McKenzie, Amy Cohn

Basic assignment	
Rotation Duration	
Service coverage	L ≤
Resident education	$\lambda \leq$
Service sequencing	0 ≤
Service spacing	
Pre-assignments Prohibitions	

Problem Size Total Variables Total Constraints Solve Time

Solution Approach

Model



245 residents | 107 services | 24 time periods 1,346,520 1,992,897 > 8 hours

Solve Time Reduction Strategies

- A. Decompose senior and intern scheduling
- Sequential scheduling B.

Two-stage IM scheduling

Night Team	NT Gen Med	NT CCMU		NT CCU	
Stage 1			Sta	age 2	

Schedule

Peds + MP

Aggregate like services with composite educational requirements and service demands Stage 1 Decompose aggregated services and apply individualized requirements and demands Stage 2

rm-starting solver Wa D.

- Add subset of constraints to model
- Solve model
- Generate MIP warm start file
- Repeat steps 1-3 until all constraints added



$$= 1, \forall r \in R, t \in T$$

$$y_{rap} = 0, \forall r \in R, s \in S, t \in T$$

$$\leq U \forall (R', S', T') \in C$$

$$\leq \mu, \forall e \in E, (S', T') \in e$$

$$\forall t \in \{1, ..., |T| - 1\}$$

$$r_{rBi} \leq 1, \forall t \in \{0, ..., |T| - 1 - d_A\}$$

$$= 1, \forall n \in N$$

$$= 0, \forall o \in O$$





Enabled greater **specificity** of resident and service needs, relative to manual construction

- vacation requests
- schedule fairness
- elective/research matching ____

Provided significant real-world impact on quality of schedules and patient care

and implementing successfully

Variable definition dictates **tractability** as scope expands

Iterative rule construction produces overall solve time reduction

Ongoing Work \mathbf{O}^{-} Speed Quality Efficien

We graciously thank these organizations for their support:



We also express our gratitude to the program directors, incoming/outgoing chief residents, and the many CHEPS students who have contributed to this project.



Conclusions

Impact

Introduced schedule synchronization across 3 residency programs

Improved satisfaction (relative to prior years) regarding:

pacing and challenging rotation sequences fellowship interview and graduation conflicts

Lessons Learned

Collaboration is key to getting the details right, obtaining buy-in,

Evaluating alternative formulations for impact on solve time

Implementing additional metrics based on leadership feedback

Streamlining administrative and schedule revision processes

Acknowledgements

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