

Data-driven System Simulation in NYGH ED

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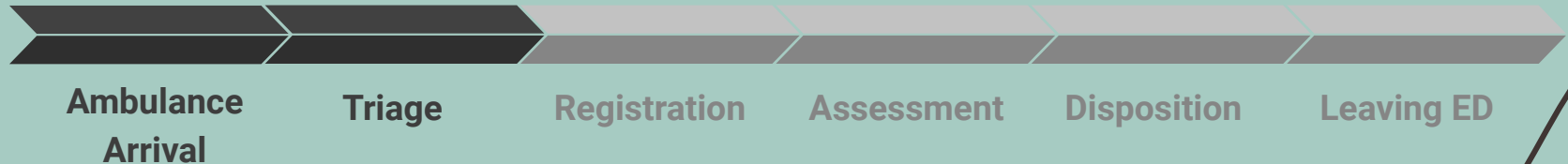
01

Preliminary Data Analysis

Arrival Process

Service & Departure Process

LOS = Leaving ED Time - Arrival Time



NYGH ED System Simulation



Arrivals

Generating patient arrivals
into the ED



Capacity

Inferring resource capacity
(missing resource information;
approximate via time of
day/day of week)



Length of Stay (LOS)

Modelling patient's LOS in the ED
system (can extend to individual
stations in future work)



Interventions

Cutting down consult patients'
LOS and analyzing possible
secondary congestion effects

Overview

Assumptions

- Patient's LOS is **state-aware**

Model Selection

- **Random Forest Regressor** as the LOS model
- $\text{LOS} = \text{RF pred} + \text{noise}$

Simulation Approach

- Data-driven arrivals
- Length of stay (LOS)
- Simulate

Initial Data*

- **Training:** 2016 & 2017
- **Testing:** 2018

Data Used

- **Training:** May, June, July 2018
- **Testing:** July & August 2018

Intervention Analysis

- **Cut down consult patients' LOS** by 10%, 20%, 30%, 40%, and 50%

***Concept Drift** = data distribution changed over time
(Focused on a shorter training & testing period)

Data (May-August 2018)

Percent Consult Patients



**Patient
Types:**

**T123
Admitted**

~12% of total
patients

**T123 Not
Admitted**

66-68% of total
patients

T45

20-22% of total
patients



02

Analysis

Models, Experiments, and Evaluation



System States, Model Features, Model Evaluation



4 System States

System State 0	General NIS (1)
System State 1	NIS by Patient Type (3)
System State 2	NIS by Zone (11)
System State 3	NIS by Patient Type x Zone (33)

NIS = Number in System



Features

Features in the models:

1. Patient Static Information*
2. Capacity Proxy*
3. System State X
4. Season, Trend, Holidays*

***Patient static info:** age, gender, ambulance, consult, initial zone

***Capacity proxy:** arrival hour, arrival day of week

***Season** (arrival week number, arrival month), **Trend** (number of weeks since beginning of training data),

Holidays (Ontario public holidays)

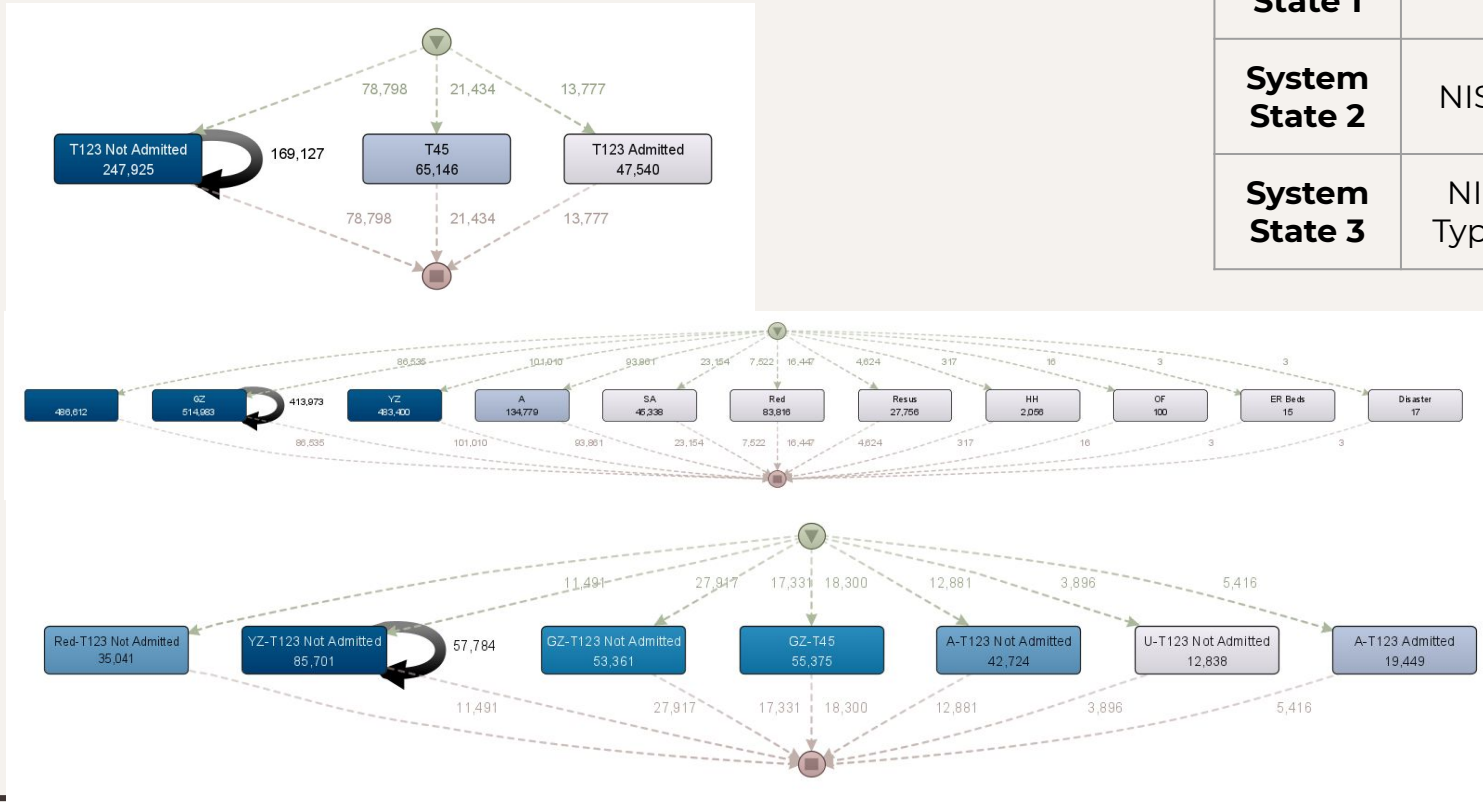


Model Evaluation

1. **Descriptive statistics**
(mean & 90th percentile, histograms, Q-Q plots)
2. **Inference**
(Confidence intervals, Kolmogorov–Smirnov Test)

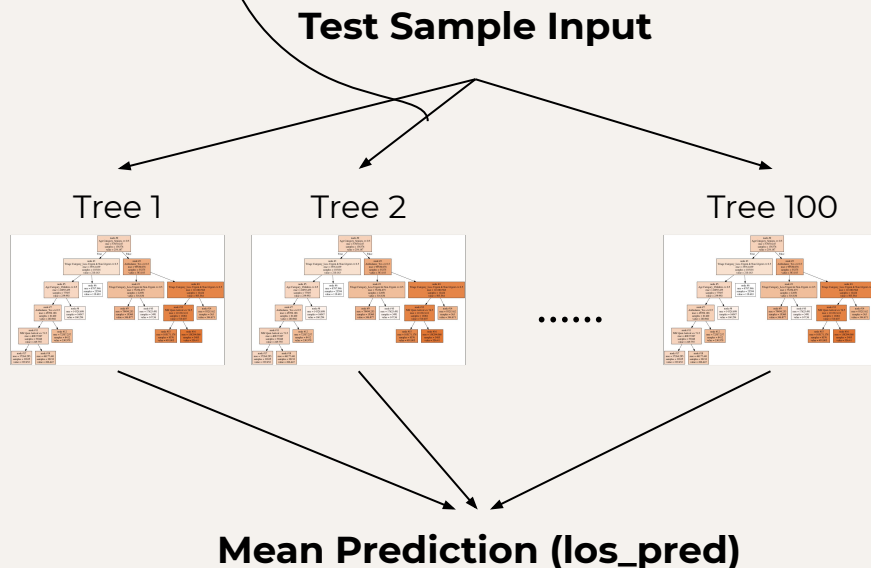
System States as Process Abstractions

System State 1	NIS by Patient Type (3)
System State 2	NIS by Zone (11)
System State 3	NIS by Patient Type x Zone (33)



Modeling LOS: Random Forest Regression

An ensemble of Decision Trees



LOS Random Forest (RF) Regressor:

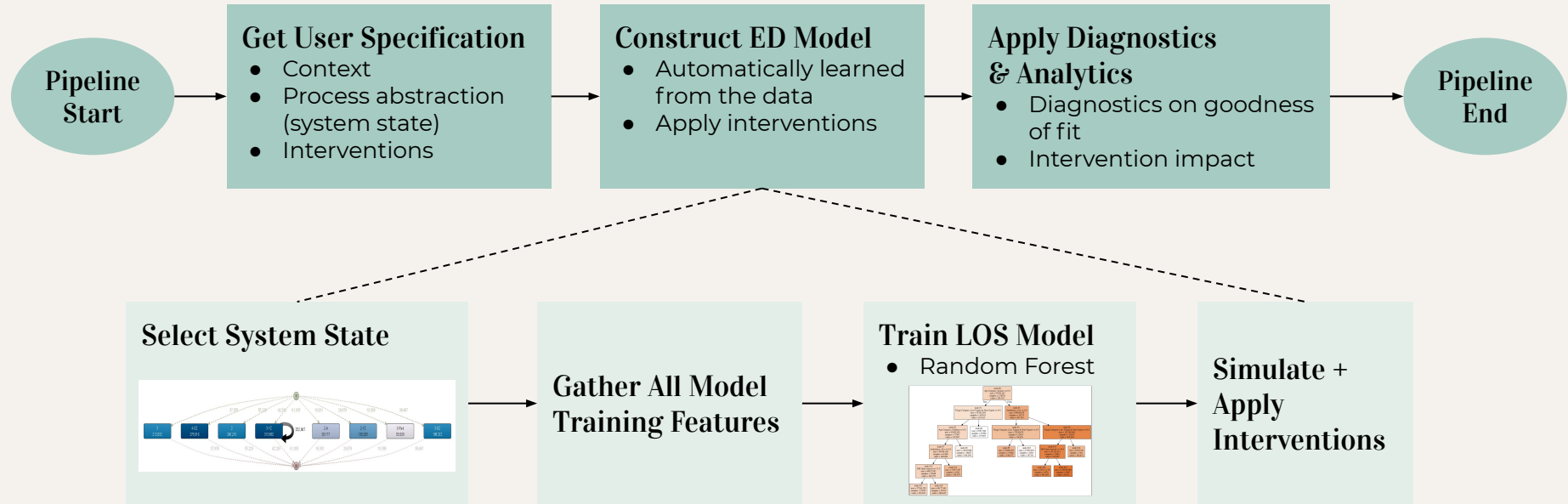
- x = Patient static info*, Capacity features*, System State X, Season, Trend, Holidays*
- y = **log** of patient's length of stay (LOS)
- **Hyperparameters**: 30 minimum samples in the leaf and 100 trees in the RF model


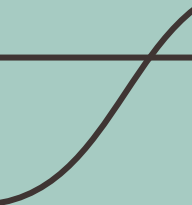
Sampling Method from RF Model:

- Store a bucket of training errors
- For each observation (in log minutes):
 - los_pred = RF mean prediction
 - Error = random sample from the bucket of training errors
- **Sampled LOS** = $\exp(\text{los_pred} + \text{error})$

Automated Data-Driven Modeling Pipeline

Tiered Process Map





03

Results

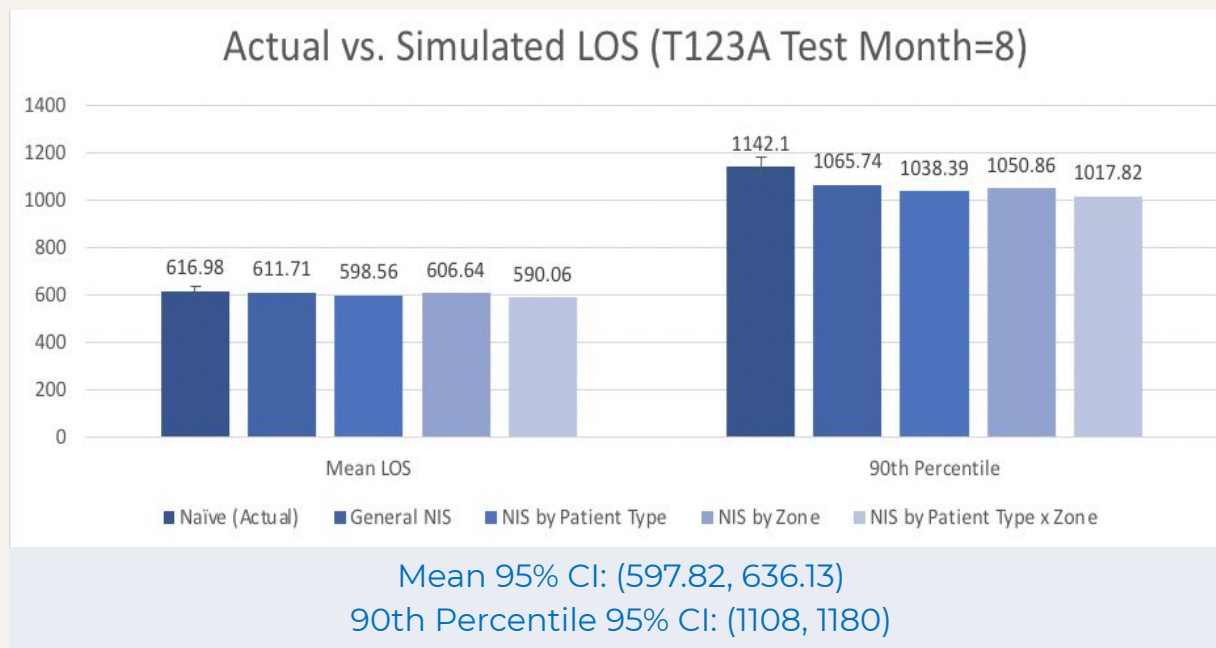
Descriptive Statistics and Inference

Mean & 90th Percentile LOS Predictions

August 2018

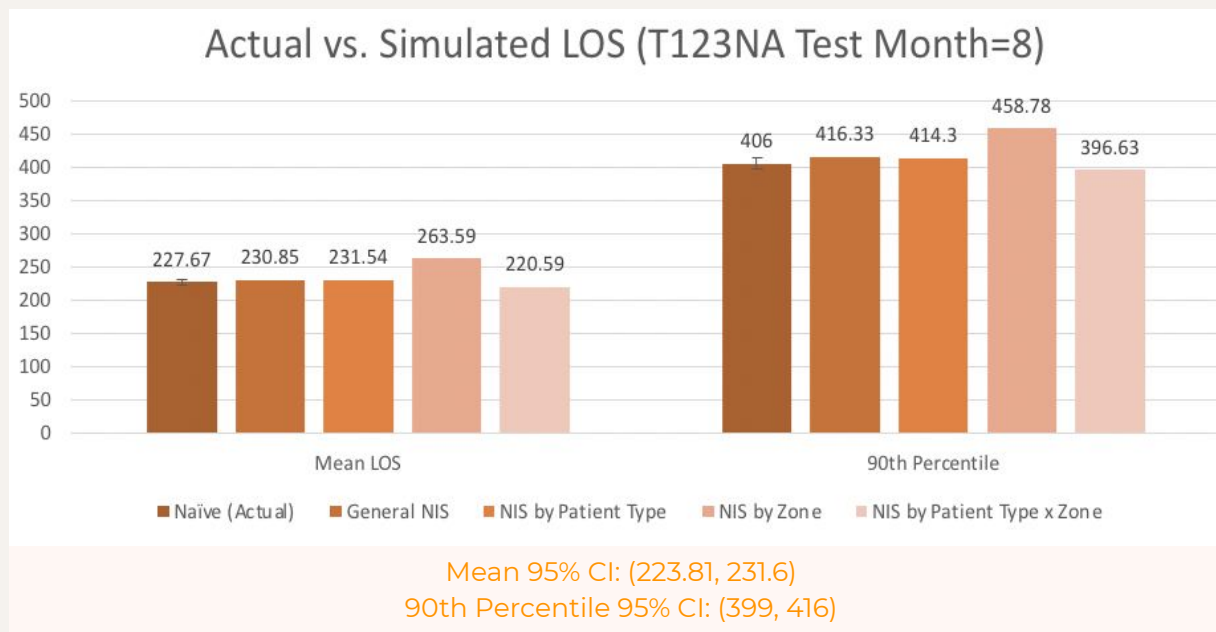
Actual vs. Simulated LOS, T123 Admitted

Goodness of Fit: Mean & 90th Percentile Predictions (in Minutes)



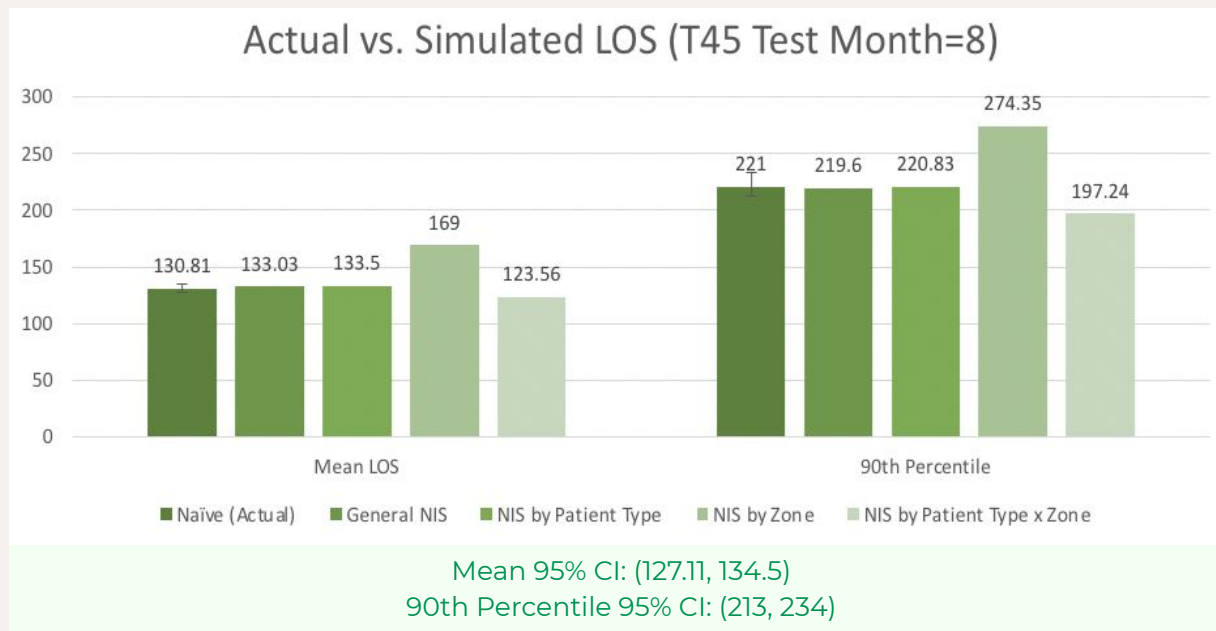
Actual vs. Simulated LOS, T123 Not Admitted

Goodness of Fit: Mean & 90th Percentile Predictions (in Minutes)



Actual vs. Simulated LOS, T45

Goodness of Fit: Mean & 90th Percentile Predictions (in Minutes)



Mean & 90th Percentile Predictions

X = Falling Within 95% Confidence Interval of Actual Mean & 90P

	System State 0	System State 1	System State 2	System State 3
T123A (Mean)	X	X	X	
T123NA (Mean)	X	X		
T45 (Mean)	X	X		
T123A (90P)				
T123NA (90P)		X		
T45 (90P)	X	X		

LOS Histograms & Q-Q Plots

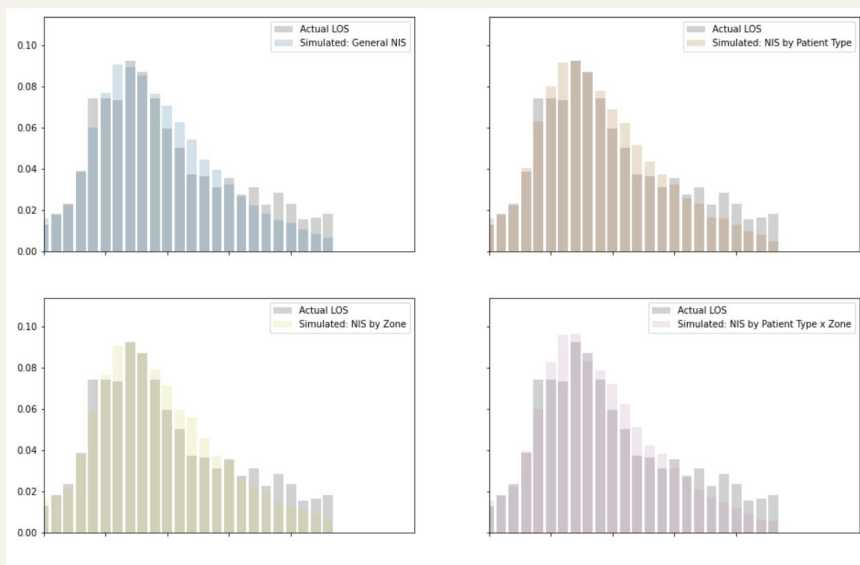
August 2018

Patient Type: T123 Admitted

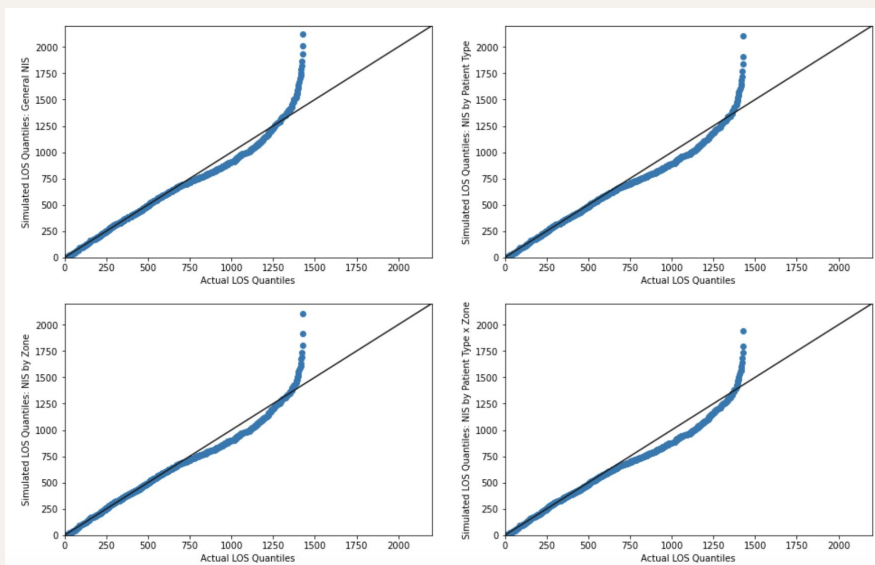
Goodness of Fit: LOS Distribution

System State 0	System State 1
System State 2	System State 3

Relative Frequency Histograms



Q-Q Plots

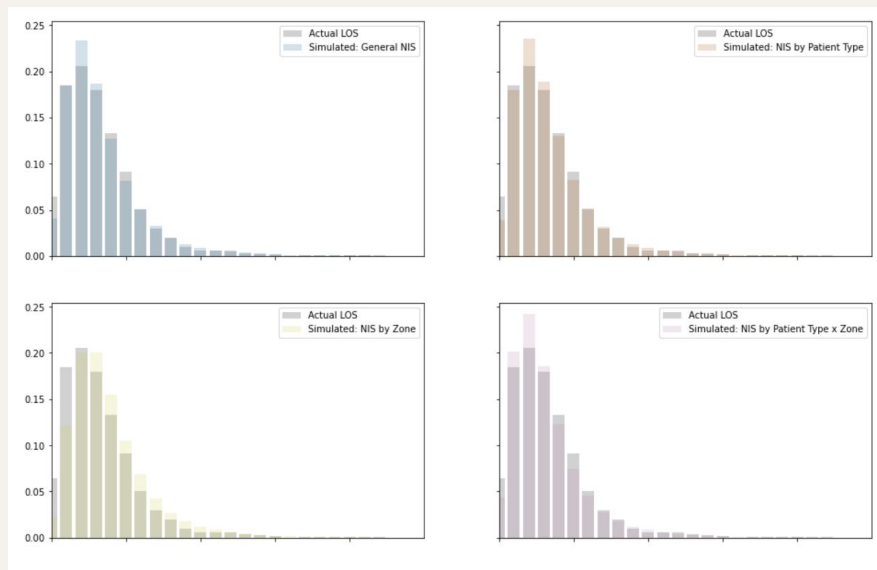


Patient Type: T123 Not Admitted

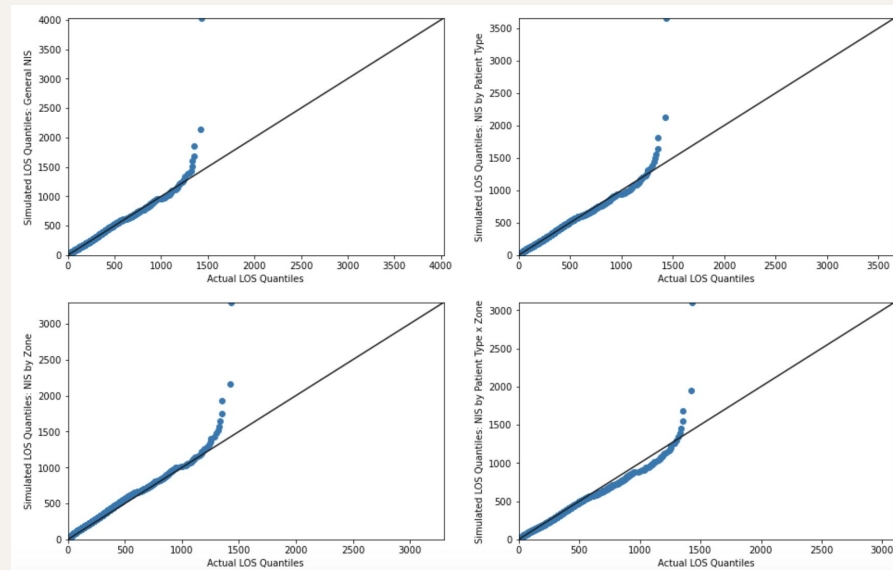
Goodness of Fit: LOS Distribution

System State 0	System State 1
System State 2	System State 3

Relative Frequency Histograms



Q-Q Plots

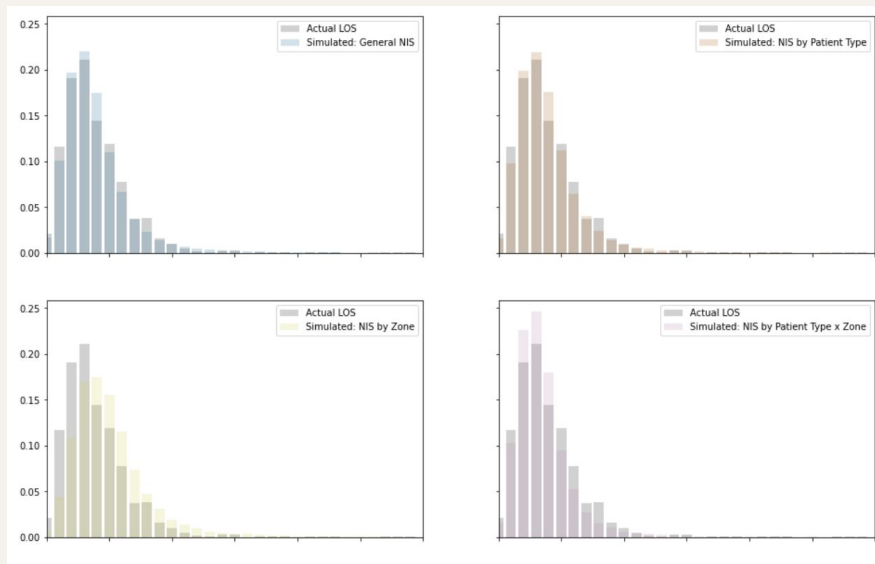


Patient Type: T45

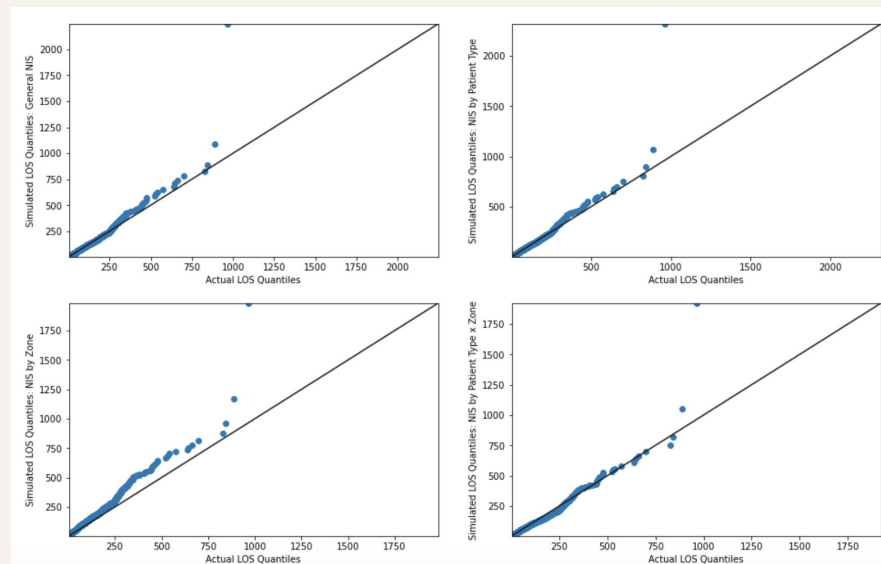
Goodness of Fit: LOS Distribution

System State 0	System State 1
System State 2	System State 3

Relative Frequency Histograms



Q-Q Plots



Kolmogorov-Smirnov (KS) Test

August 2018

KS Test Statistics

Goodness of Fit: LOS Distribution (Smaller KS test statistic suggests better fit)

	System State 0	System State 1	System State 2	System State 3
T123A	0.0447	0.0545	0.0496	0.0641
T123NA	0.0379	0.0429	0.118	0.0441
T45	0.0315	0.0351	0.217	0.0884

Best Models

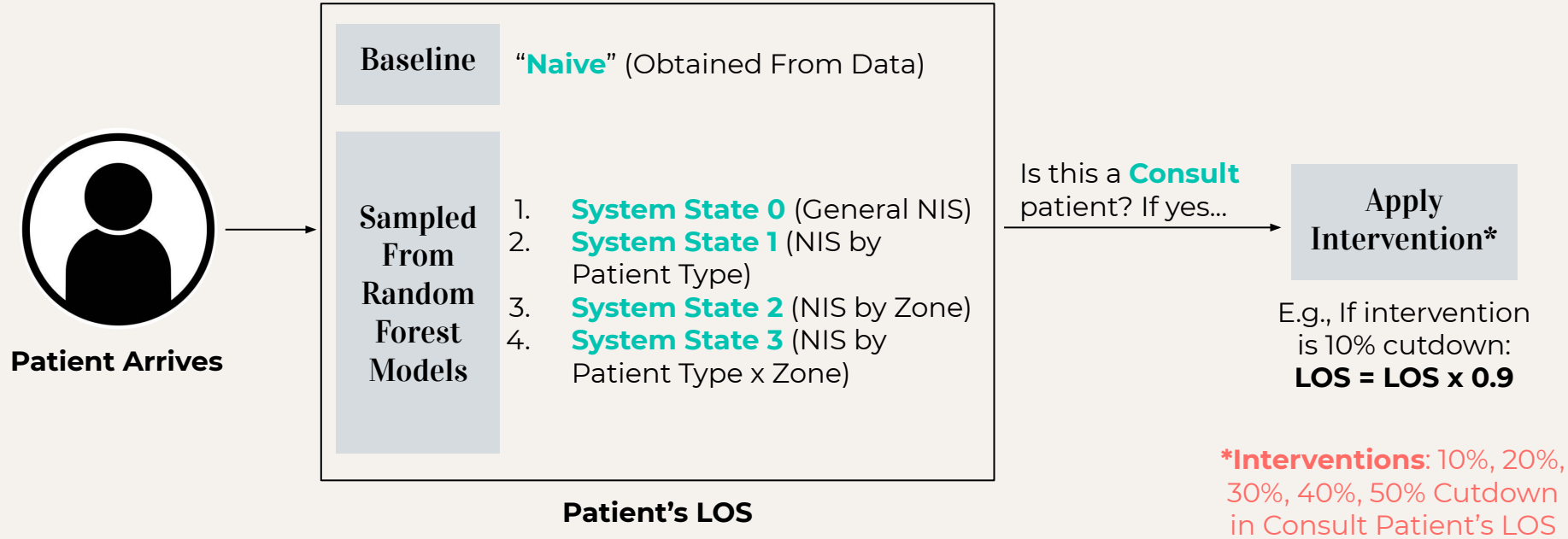
	Mean & 90th percentile LOS predictions	Histograms and Q-Q Plots	KS Test
System State of the “Best” Model(s)	1 (NIS by Patient Type)	0 (general NIS) and 1 (NIS by Patient Type)	0 (general NIS)
“Best” in terms of	# of times predictions fall within 95% CI of actual data	Deviation from the 45-degree line	KS test statistic

Best Model: Model with System State 0 (General NIS)

Intervention Analysis

Cutting down LOS of consult patients by 10%, 20%, 30%, 40%, and 50%
August 2018

Intervention and Models



Mean & 90th Percentile LOS (Current Situation)

		Mean LOS			90th Percentile LOS				
		T123 Admitted	T123 Not Admitted	T45			T123 Admitted	T123 Not Admitted	T45
Baseline	Current Situation				Current Situation				
	10.28 hrs	3.79 hrs	2.18 hrs		19.04 hrs	6.77 hrs	3.68 hrs		
	10.20 hrs	3.85 hrs	2.22 hrs		17.76 hrs	6.94 hrs	3.66 hrs		
General NIS Model									

Mean & 90th Percentile LOS (10% Cut Down)

Mean LOS				90th Percentile LOS			

Mean & 90th Percentile LOS (20% Cut Down)

Mean LOS				90th Percentile LOS			

Mean & 90th Percentile LOS (30% Cut Down)

Mean LOS				90th Percentile LOS			

Mean & 90th Percentile LOS (40% Cut Down)

Mean LOS				90th Percentile LOS			

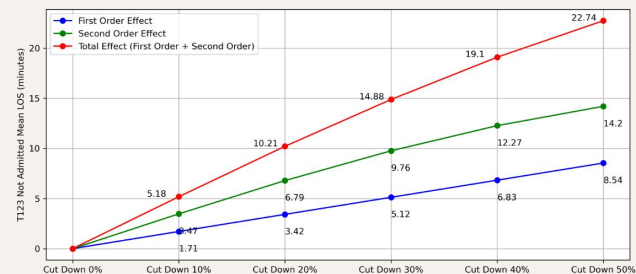
Mean & 90th Percentile LOS (50% Cut Down)

Mean LOS				90th Percentile LOS						
		T123 Admitted	T123 Not Admitted	T45			T123 Admitted	T123 Not Admitted	T45	
General NIS Model	Baseline	Current Situation			Current Situation					
		10.28 hrs	3.79 hrs	2.18 hrs	19.04 hrs	6.77 hrs	3.68 hrs			
		10.20 hrs	3.85 hrs	2.22 hrs	17.76 hrs	6.94 hrs	3.66 hrs			
	Cut down consult patients' LOS by <u>50%</u>			Cut down consult patients' LOS by <u>50%</u>						
	LOS Now	5.24 hrs	3.47 hrs	1.95 hrs	9.10 hrs	6.13 hrs	3.23 hrs			
Total Time Reduced 1st and 2nd order		297.4 mins	22.7 mins	15.8 mins	519.5 mins	48.5 mins	26.1 mins			
Est. 1st Order Reduction		295.4 mins	8.5 mins	2.9 mins	514.7 mins	17.3 mins	3.8 mins			
Est. 2nd Order Reduction		2.0 mins	14.2 mins	12.9 mins	4.8 mins	31.2 mins	22.3 mins			

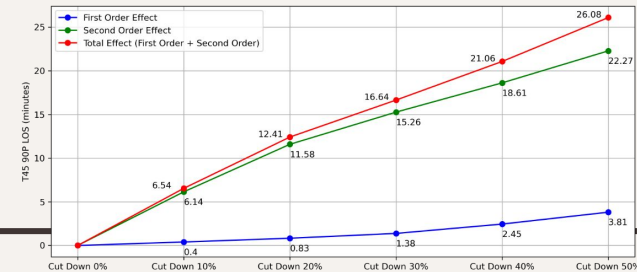
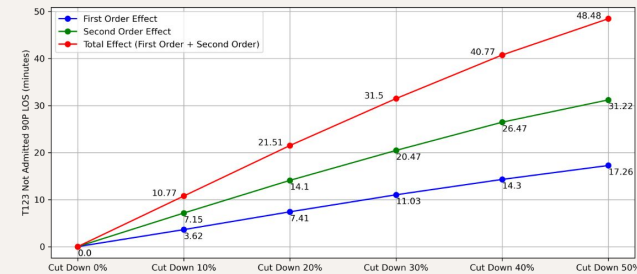
Reduction on LOS with Interventions



Mean
LOS



90th
Percentile
LOS





04

Conclusion

Limitations and Possible Future Directions

Main Conclusions

- Our infinite-server model is able to capture **second order effects**
 - We saw evidence of **“system state” contributing to congestion** in the system
- Second order effects are observed in **T123 Not Admitted and T45 patients**
 - Could be consequence of congestion alleviated from top priority patients
- The cutdown in LOS of consult patients **will not significantly reduce** the length of stay beyond the first order effect
 - T123 Admitted patients: **insignificant second order effect**
 - T123 Not Admitted & T45 patients: **50% consult patients LOS cut down** results in **~12% reduction** in 90th percentile length of stay (with second order effects)

Limitations & Future Directions

	Limitations	Future Directions
Data	<ul style="list-style-type: none">• Data from 2018 (not very recent)• Training and testing data limited to a few months	<ul style="list-style-type: none">• Consider trade-off between recency vs. adequacy of training and testing data
Arrival & Service Processes	<ul style="list-style-type: none">• “Black-box” service process	<ul style="list-style-type: none">• Generate synthetic arrivals into the ED system• Infer resource capacity (n servers) in simulation• Model LOS on individual station-level
Process Abstraction	<ul style="list-style-type: none">• Representation of congestion (“system state”) is highly simplified, by counts of patients in the ED	<ul style="list-style-type: none">• Discover alternative ways to improve system state representation



Thank You

Do you have any questions?



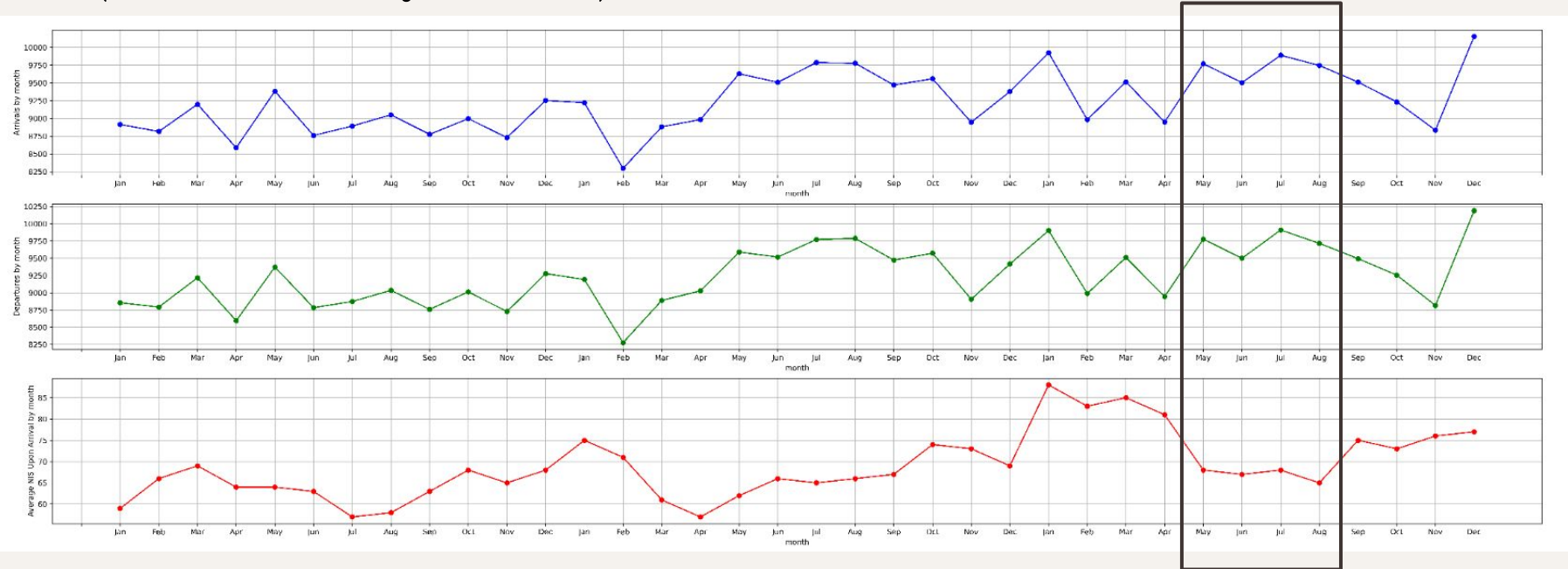
Back Up

Concept Drift

The statistical properties (mean & 90th percentile) of the target variable (LOS) we are trying to model changes over time in unforeseen ways. Percent consult, a factor contributes significantly to LOS also changes over time.

	2016			2017			2018		
	T123A	T123NA	T45	T123A	T123NA	T45	T123A	T123NA	T45
Mean LOS (minutes)	629	225	123	632	226	127	641	242	147
90th Percentile LOS (minutes)	1198	406	219	1194	408	227	1225	428	248
Percent Consult (%)	96.87%	5.65%	1.74%	93.78%	5.21%	1.53%	96.36%	5.89%	1.62%

Arrivals, Departures, Average NIS Upon Arrival (2016-2018 by Month) Increases Over the Years



May, Jun, Jul, Aug 2018
(Relatively Stable Counts)

Data: Train-Test Split

Train-test Split

Training
(May, Jun, Jul)

In-sample Test
(July)

Out-of-sample Test
(August)

T123
Admitted

- 3,422 in total
- 97.0% consults

- 1,171 in total
- 97.8% consults

- 1,160 in total
- 95.2% consults

T123 Not
Admitted

- 19,281 in total
- 6.17% consults

- 6,550 in total
- 5.6% consults

- 6,645 in total
- 5.3% consults

T45

- 6,458 in total
- 1.33% consults

- 2,168 in total
- 1.2% consults

- 1,939 in total
- 1.2% consults

Simulation Procedure

NYGH ED System Simulation Procedure

1. Initialization:

- a. Arrival times from test data (2018) and add to event calendar
- b. Trained LOS RF regressor model
- c. Current number of patients in the system (aka current NIS) = 0

2. Running Simulation:

- a. While (event calendar is not empty):
 - i. Pop an event from the calendar
 - ii. Event = arrival:
 1. Current NIS + 1
 2. **Assign LOS to the patient by sampling from LOS RF regressor**
 3. Departure time = arrival time + LOS
 - iii. Event = departure:
 1. Current NIS - 1

If intervention: for consult patients,
 $LOS = LOS \times (1 - \% \text{ cut down})$

- % cut down can be 10%, 20%, 30%, 40%, or 50%