ACKNOWLEDGEMENT

The sense of contentment and elation that accomplishes the successful completion of our task would be incomplete without mentioning the names of the people who helped in accomplishment of this Mini-Project, whose constant guidance, support and encouragement resulted in its realization.

First and foremost, I would like to express my sincere words of gratitude and respect to the organization **Government Engineering College**, **Talakal**, for providing me an opportunity to carry out mini project work.

I would like to take this opportunity to thanks our principal, **Dr. Virupaxi Bagodi** for providing me with serene and healthy environment within the college, which helped me to carry out the work easily.

I would like to express my deepest sense of gratitude to our H.O.D, **Dr. Virupaxi Bagodi** for providing me some necessary facilities for the completion of Mini-Project.

I am very grateful to **Asst-Prof. Tejaswini Eshwar Achar** for her invaluable guidance and encouragement.

Last but not the least; I extend my thanks to all the faculty members of Computer Science Department, GEC Talakal, who have encouraged me throughout the course of bachelor of engineering. I am very grateful to my parents and well-wishers for their continuous moral support and encouragement.

MALLIKARJUN A G (2LG19CS019)

ABSTRACT

Health care systems are at the front line to fight the COVID-19 pandemic. Emergent questions for each hospital are how many general ward and intensive care unit beds are needed, and additionally, how to optimally allocate these resources during demand surge to effectively save lives. However, hospital pandemic preparedness has been hampered by a lack of sufficiently specific planning guidelines. In this paper, we developed a hybrid computer simulation approach, with a system dynamic model to predict COVID-19 cases and a discrete-event simulation to evaluate hospital bed utilization and subsequently determine bed allocations. Two control policies, the type-dependent admission control policy and the early stepdown policy, based on patient risk pro filing, were proposed to lower the overall death rate of the patient population in need of intensive care. The model was validated using historical patient census data from the University of Florida Health Jacksonville, Jacksonville, FL. The allocation of hospital beds to low-risk and high-risk arrival patients to achieve the goal of reducing the death rate, while helping a maximum number of patients to recover was discussed. This decision support tool is tailored to a given hospital setting of interest and is generalizable to other hospitals to tackle the pandemic planning challenge.

CONTENTS

Sl No.	CHAPTER NAMES	Page No.
	Acknowledgement	i
	Abstract	ii
01	Introduction	1
	1.1 Characteristics	2
02	System Model	
	2.1 Input Analysis	4
	2.2 D E S Model Conceptulization	5
03	Requirement Specification	
	3.1 Software Requirement	7
	3.2 Hardware Requirement	7
04	System Design	
	4.1 ER Diagram	8
	4.2 Schema Diagram	9
05	System Implementation	
	5.1 HTML	11
	5.2 CSS	11
	5.3 PHP	12
	5.4 DATABASE	13
	5.5 SQL	14
	5.6 XAMPP SERVER	15
06	Triggers	16
07	Results	
	7.1 Home Page	17
	7.2 Login Page	17
	7.3 Hospital Login	18
	7.4 Book Bed Slot	19
	7.5 Triggers Records	20
	7.6 Database Local Host	21
	7.7 Patient Details	22
	7.8 Admin login	23
	Conclusion	

Future Enhancement Bibliography

LIST OF FIGURES

Sl No.	FIGURE NAMES	Page No.
2.1	Patient admission control policy	5
2.2	Early step-down policy	6
4.1	ER- Diagram	8
4.2	Schema Diagram	9