

Shift scheduling in a Nursing Home
using
Simulated Annealing

Research Paper Business Analytics

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Preface

The research paper is part of the compulsory courses within the Master Business Analytics at the Vrije Universiteit (VU) Amsterdam. From the VU, I would like to thank Dr. René Bekker for his guidance and knowledge. I also want to thank Dennis Moeke, who provided the data, and Ruben van de Geer who gave preliminary guidelines for the discrete event simulation.

Almere, May 2017

Abstract

For dependent elderly a key quality indicator is the extent to which they live the life they prefer. As such, it is important that they receive care at the moments of their preference. The goal of this paper is to provide a scheduling algorithm in which clients preferences are met as much as possible, given a certain staffing capacity. This paper develops and test a discrete event simulation model combined with an optimization algorithm to examine the optimum for full-time and flexible shift nurses-staffing schedules. The data for this paper consists of scheduled and unscheduled care requests, the former being obtained from a Dutch nursing home and elaborated upon by previous research; the latter being derived from expert judgement. This paper makes use of a search optimization algorithm called *simulated annealing*. This is a method which attempts to find the best solution to a given problem within a reasonable timeframe, while escaping local optimums. With this, this paper endeavours to answer the following question; *“Is it possible to schedule nurses optimally in a nursing home using simulated annealing?”*. The results conclude that flexible scheduling is both cheaper and reduces the resident’s waiting time during the day with almost 19 percent. While this method is effective in the optimization process of nurse staffing, as it provided clear results with applicable outcomes, it should be noted that minimal variability of daily activities is a prerequisite for any desirable outcome for this specific dataset.

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Chapter 1

Introduction

In this chapter, the subject and the aim of this research will be introduced. The first section of this chapter will give some background on the problem of nurse staffing in nursing homes. The next section will describe the research question and the final section will define the structure of this paper.

1.1 Background

Recently a Dutch news program has paid much attention to the issue of nurse staffing in Dutch nursing homes [9]. In light of this, little research has been dedicated to nursing staff optimization. As of yet, the problem of finding good nurse schedules has not been solved. Each of the nursing homes is struggling to find the balance between sufficient staff to maintain the well-being of the residents and the recent budgeted costs. The government wants to implement a minimum nursing staff on duty in January 2019. Research has to be done into the minimum number of nursing staff necessary to provide quality of service to the residents.

Mostly elderly people become residents of a nursing home. This group of the age 65 years and older is increasing every year [12]. In these homes, nursing demand fluctuates during the day, as the level of staff necessary depends on daily nursing activities as well as the distribution of workload across the day. In case of rushing hours, it is possible that the quality of care provided to residents may suffer. When the waiting time becomes too long it can affect the well-being of the residents of the nursing home. The challenge is to find the optimum between waiting time and nurse staffing within the tightening healthcare budget. This is called the balance between effectiveness and efficiency in the health care [7]. To find this balance it is necessary to have insight in the nursing activities and the waiting times for the residents. This means that all data are to be recorded over an extended period of time and in multiple nursing homes. These real-life data are helpful to get an answer to the question of an optimal number of staffing before the upcoming regulation. The goal is to find this optimum with the use of a mathematical model.

This paper makes use of discrete event simulation in order to simulate scheduled care [11] and unscheduled care [2]. Using simulated annealing (a search algorithm) we determine the number of staff needed for a large department at a nursing home. The goal is to examine the optimum between (flexible) staff scheduling and waiting time of the residents.

1.2 Research question

To investigate the possibility of finding an optimal nurse schedule in a nursing home using simulated annealing, the following research question is defined:

“Is it possible to schedule nurses optimally in a nursing home using simulated annealing?”

With optimal scheduling we mean finding an optimum between the resident’s waiting time and nurse staffing within a predefined staff capacity. In this research we will consider next to full-time scheduling, also the possibility of scheduling nurses more flexible.

1.3 Structure of the paper

The next chapters of this paper will stepwise describe the method used to answer the research question. In chapter two, the data will be described. Chapter three will outline the staff scheduling used for the nursing department. Chapter four focuses on the defined model for the discrete event simulation. Chapter five is about the implemented optimization algorithm simulated annealing. In chapter six, the results will be presented. The final chapter will give the conclusions and recommendations.

Chapter 2

Data description

The data for this research exists of scheduled and unscheduled care data for a nursing home. In this chapter we will discuss each dataset separately.

2.1 Scheduled data

The data concerned with scheduling was made available by CCMath and Verkooijen & Beima, and consists of anonymized data from a Dutch nursing home.. The data contains information about the preferred activity times (PAT's) of six departments from the period 1 January 2014 until 1 April 2014. In this research paper, we restrict ourselves to the largest department A, which has 49 residents with somatic care (assisted living). Each day has multiple rows with the following attributes:

Attribute	Meaning	Denotation
Location	Name of the department	"A"
Date	The date of the task	"dd-mm-yyyy"
Client ID	The ID of the client	"<client number>A"
Description	A brief description of the task	For example: "Take a shower" or "Give medication"
PAT	The starting time the client prefers for the task	"hh:mm:ss"
Service time	The expected time needed to finish the task	"<minutes>"
Skill level	The required skill level for the task	Basic: "KN1" to More qualified: "KN4"

Table 2.1.1: Attributes description of the scheduled data.

The same dataset was also used in earlier research by Schmidt for the analysis of demand patterns in nursing home care [11]. An adjustment was made to the data in case the same client has two PAT's at the same time, where tasks and service times were added up as one PAT of the client. The reason for this modification was that some of the rows have an equal PAT for the same client, but with a different description and service time. This resulted in an average of 123 rows of data per day. From this study it was concluded that the 91 days of the data are approximately equal. Therefore, we selected only one day (1st of March) of the dataset as our simulation day. In the accumulated dataset the attributes "Location" and "Date" do not differ; only the other attributes differ in their denotation.

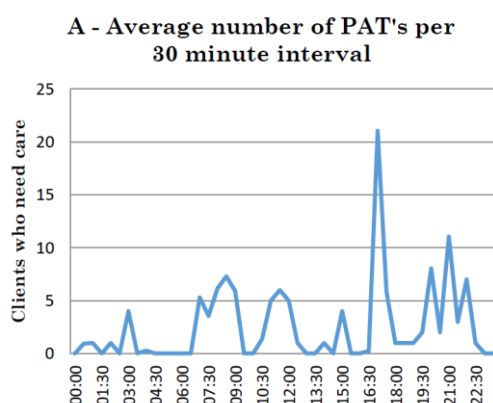


Figure 2.1: Demand for department A, from [11].

Schmidt has also identified the night shift to be a quiet period; no more than approximately four clients within a 30-minute interval need care (see figure 2.1). Therefore, we will focus only on the care process during daytime (07:00 - 23:00 hours). Another remarkable point from the analysis of demand was the large peak at 17:00, where many residents take medication.

For the discrete event simulation, we need to know when a client has a PAT and their corresponding service time. Therefore, we will only use the following attributes: "Client ID", "PAT" and "Service time". During daytime the selected simulation day has the following number of PAT's with a corresponding total service time:

Simulation day	Number of PAT's	Total service time	Mean of the service time	Standard deviation of the service time
1 March 2014	117	24,65 hours	12,64 minutes	8,68 minutes

Table 2.1.2: Number of PAT's, the total service time, the mean and standard deviation of the service time for the selected simulation day.

In practice, the service time of each PAT of a client will differ from day to day. For calculating this value we will use a log-normal distribution. The reason for choosing this distribution is that it is often used to generate durations, based on the shape of the distribution/density. This distribution function requires the parameters mean (μ) and standard deviation (σ):

$$\mu = \ln \left(\frac{m}{\sqrt{1 + \frac{v}{m^2}}} \right) \quad (1)$$

$$\sigma = \sqrt{\ln \left(1 + \frac{v}{m^2} \right)} \quad (2)$$

with m the mean and v the variance of the random variable X . The value m is equal to the service time at a PAT of a client. The variance can be determined using the function for the quadratic variance coefficient of the random variable X :

$$C_x^2 = \frac{Var(X)}{E(X)^2} = \frac{v}{m^2} \quad (3)$$

In order to define a reasonable value for C_x^2 , multiple runs were done using Crystal Ball in Microsoft Excel. This resulted in a reasonable range of durations for a value of 0,05. With this known it is possible to generate for each simulation day a different service time value for each PAT.

2.2 Unscheduled data

The unscheduled activities are unexpected tasks, such as assistance with toileting. This process is generated using an exponential distribution for the interarrival times and a log-normal distribution for the service time of an activity. According to [8] on average every two hours one resident at a nursing department with somatic care has an emergency. With the 49 clients at department A, we expect an average of 24,5 clients per 60 minutes (arrival rate) who need suddenly help. The exponential parameter of the interarrival times is defined by the 1/arrival rate.

From the analysis of Van Eeden [2], an unscheduled task has on average a duration of 2,56 minutes. Using this time-value for the mean (m) in equation 1, we have defined the first parameter of the log-normal distribution of the service time. The squared coefficient of variation of the service time is

assumed to be 1. Knowing this value we can define with equation 2 the other parameter (standard deviation) of the chosen distribution. For every simulation run, different arrivals times and mean care delivery times will be generated.

The expected number of unscheduled activities and corresponding task duration is defined as follows:

Simulation day	Number of emergencies	Total service time
1 March 2014	392	16,73 hours

Table 2.2: Number of expected emergencies and total expected service time.

Chapter 3

Staff scheduling

In this chapter, we will define which staff schedules we will use for the discrete event simulation and simulated annealing algorithm. We will first start with describing the shift types, followed by the expected staff capacity and the shift length scenarios. At the end we will define how to transform a staff schedule to the number of nurses needed per time interval.

3.1 Shift types

The total waiting time at the nursing department depends on the selected staff schedule. For scheduling employees, one can use different shift starting times and lengths. In this research, we will look at full-time and more flexible shifts during the daytime. We will use 8-hour, 4-hour and 2-hour shifts. Each of these shifts can start every 30 minutes, which will result in a total of 71 different shift types (see Appendix I). Each shift length has a cost value. When taking into account that a flexible shift is more expensive per hour than a full-time shift, then we will define the following (simplified) costs:

Shift	Costs per hour (in euro)	Total costs (in euro)
8-hour	1	8
4-hour	1.1	4.4
2-hour	1.2	2.4

Table 3.1: Simplified costs per shift.

3.2 Expected staff capacity

To determine the expected capacity of the staff we first need to know what the total amount of work is during daytime. On a simulation day we have a combination of scheduled and unscheduled events. Adding the expected service times of both the datasets from chapter 2 “Data description” will result in the minimum amount of staffing hours needed:

The amount of work at daytime:

Scheduled	24,65 hours	
Unscheduled	16,73 hours	+
Total:	41,38 hours	

Figure 3.2: The minimum amount of work at department A during daytime.

In practice more staff is needed, because the scheduled and unscheduled events are not equally spread over the day. For defining the minimum working potential at the nursing department we will use the following formula:

$$staff\ utilization = \frac{amount\ of\ work}{capacity} \quad (4)$$

With a staff utilization of 75%, a minimum capacity of 55,2 nursing hours is needed. Therefore, the maximum possible staff hours will be set to 56. When using the lowest costs per hour (see table 3.1), the expected staffing budget will have a value of 56 euro.

3.3 Shift length scenarios

The nurse schedules that we will define within the calculated budget (see paragraph 3.2) exists of the following shift combinations:

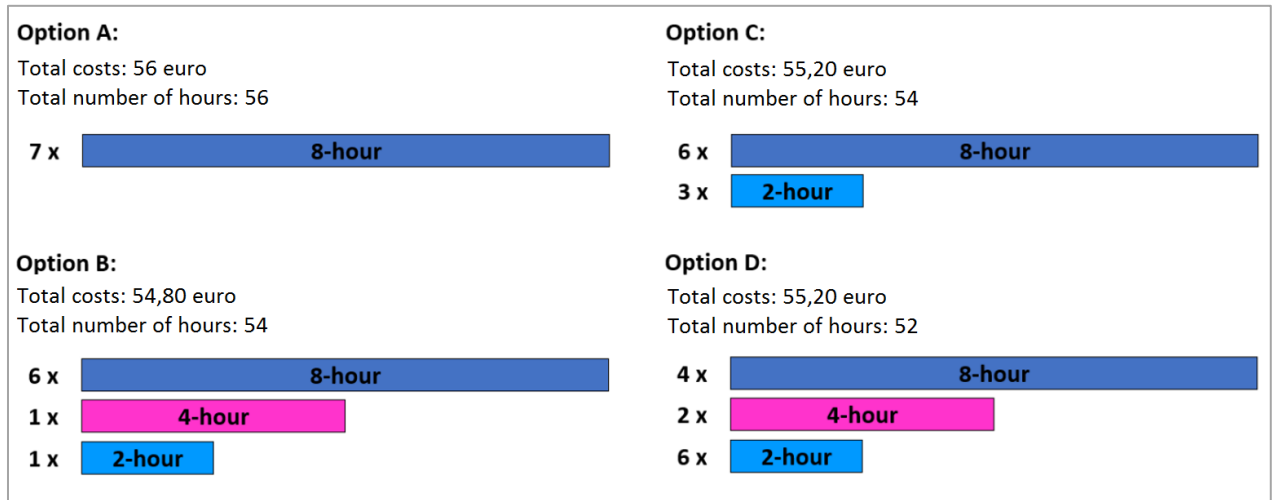


Figure 3.3: Shift length scenarios for the nursing home at department A.

3.4 Available staff

The prime resource (the nurses) are not constantly available, like machines within a company. To define the amount of staff during each 30-minute interval, we will use a part of the mathematical formulation of [5]. For our problem we let k denote a possible shift, and x_k the number of nurses that are scheduled for shift type k . In figure 3.4 an illustration of the used schedule notation can be found. For satisfying the minimum staffing requirement per time interval t we express the following function:

$$\sum_k a_{tk} * x_k \quad (5)$$

with a_{tk} the constraint matrix:

$$a_{tk} = \begin{cases} 1, & \text{shift } k \text{ works during interval } t \\ 0, & \text{otherwise} \end{cases} \quad (6)$$

Schedule

k	x _k
k=1	2
k=2	0
k=3	0
...	...
k=17	2
k=18	0
k=19	1
k=20	0
...	...
k=42	0
k=43	0
k=44	0
k=45	1
...	...
k=71	0

Figure 3.4: Schedule notation for the number of nurses to be scheduled (x_k) for each shift k .

Chapter 4

Discrete event simulation

The first section of this chapter will give background information on discrete event simulation. The next section will define the assumptions and the last section will describe the implementation of the process at the nursing department.

4.1 Background

Discrete event simulation (DES) is a technique for simulating a system where state changes (events) happen at specific points in simulated time. It is assumed that between two consecutive events no state change takes place. DES is used in a large number of industries (ex. manufacturing and retail) and for various processes (ex. transportation and healthcare). With a simulation model one can quickly analyse how a process behaves over time (ex. determine the efficiency of waiting queues or the effect on the system when an unforeseen failure takes place).

4.2 Assumptions

In order to define boundaries for the discrete event simulation we will define the following assumptions for the combined datasets of chapter 2 “Data description”:

Assumptions for the scheduled & unscheduled data

1. A simulation day is between 07:00 - 23:00 hours (daytime)
 2. Scheduled events are ordered First-Come-First-Served (FCFS)
 3. Unscheduled events are ordered FCFS
 4. Unscheduled events have priority
 5. Events after the simulation day have priority for events during the night shift
 6. System is non-preemptive
 7. No difference in skill level of a staff member is needed
 8. Travel time of a staff member is already part of the service time
-

Figure 4.2: Defined assumptions for the discrete event simulation.

4.3 Implementation

The process at the nursing department can be described as follows: a resident requires assistance (at either scheduled or random instants), waits until a nurse is available, and then proceeds to get the help they need. For implementing this process we made use of the discrete-event simulation library SimPy in Python. With SimPy we can model the behaviour of the active components (residents) with different processes in a single environment (the nursing department). A visual impression of our discrete event simulation with the assumptions of previous paragraph is given in figure 4.3.

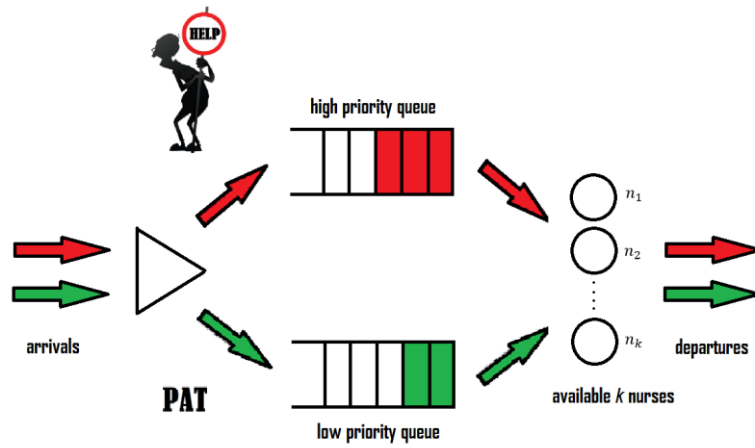


Figure 4.3: Illustration of the discrete event simulation of the scheduled (PAT) and unscheduled (emergencies) events.

The arrivals in the system are the PAT's and the starting times of the emergencies during a simulation day. When entering the system each event has a resident's ID, starting time and service duration. During the simulation the system will continually check the number of k available nurses at that moment, and will give priority to the events that are classified as an emergency. When the resident leaves the system (its care request is fulfilled), the waiting time will be calculated and stored in an array. At the beginning of a simulation (at time 7:00) the nurses will be scheduled according to their working times. In the simulation the nurses are "activated" the moment the starting time is reached, and will "deactivate" when their workday is finished. A nurse will always complete a started task, also if it is outside her/his working hours. At the end of the simulation the value of the cost function (result of waiting time function, defined in chapter 5) will be returned. The simulation end is at time 23:00, plus the time needed to finish the remaining daily activities in the night shift.

Chapter 5

Simulated annealing

The first section of this chapter will introduce the optimization algorithm simulated annealing. The other section will define the method and implementation of this algorithm.

5.1 Introduction

The complexity of optimization problems makes it hard to find an adequate solution to a problem in a reasonable amount of time. In order to do so, a search algorithm is needed. Multiple search algorithms are developed for solving optimization problems. For this research we focus on the algorithm simulated annealing (SA), which is a part of a controlled random technique for solving bound-constrained and unconstrained optimization problems (see figure 5.1).

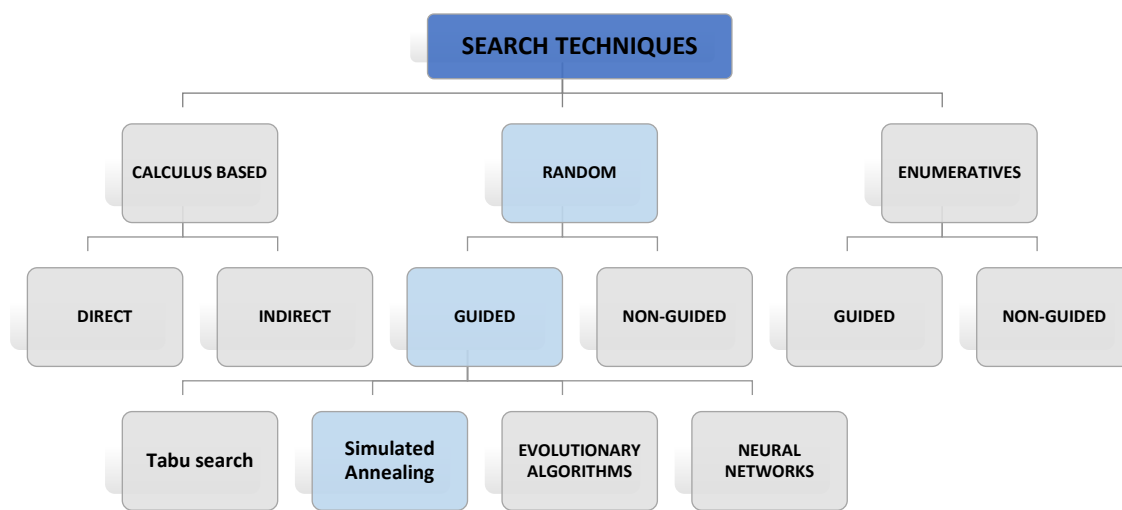


Figure 5.1: Taxonomy of search techniques, from [13] modified for the purposes of this paper.

In 1953 Metropolis et al. [6] created the method SA for simulating the real process of metals annealing. This is a process where molten metal (at a high temperature) is slowly cooled down to a point where it will have a minimum state of energy. In terms of the simulation, the temperature is defined as the decreasing value of the objective function for minimization problems. Characteristic of SA is that it is defined into two phases: exploration and exploitation. The first is used at the beginning stage to escape local optima, and the other one is used later to find the best solution within the current region. Large problems have already been successfully solved using this annealing technique. For example the Traveling Salesman Problem [4] or – more in-line with the research this paper is executing - a medical staff scheduling problem [10].

5.2 Methodology & Implementation

For scheduling the nurses at the department using simulated annealing we made use of the method from the study of medical staff scheduling, as mentioned at the end of previous section. While this study did not take the waiting time into consideration (for the sake of simplicity), we used this study as a guideline for scheduling the nurses.

The process of simulated annealing, starting at a high temperature and ending with a low temperature is illustrated with figure 5.2.1. At the first iteration step a random solution with a corresponding cost value ($C_{current}$) will be generated. During the second iteration, a neighbour solution with corresponding costs (C_{new}) will be computed and compared. When the new costs have

a lower value, then the new solution will be accepted ($C_{current} = C_{new}$). Otherwise, it will keep the current solution or it can still adopt the new solution with a probability of $e^{-\left(\frac{\Delta C}{temp}\right)}$. This probability is known as the Boltzmann distribution, where the difference between the two costs values ($\Delta C = C_{new} - C_{current}$) is divided by the temperature at that moment. Here the value of the current temperature depends on the cooling schedule, which will be defined later in this section. Using the acceptance probability SA can escape local optima (hill climbing). This convergence behaviour is repeated until the final temperature is reached.

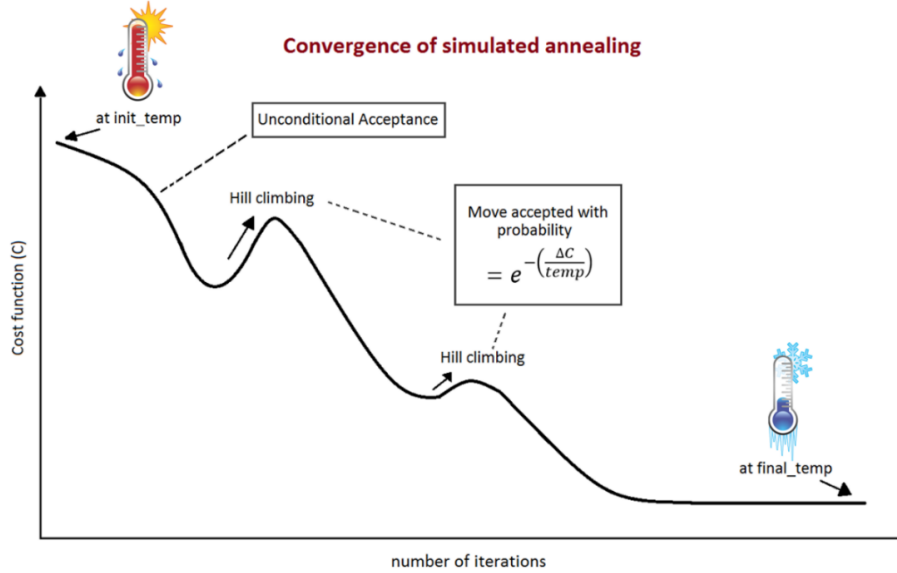


Figure 5.2.1: Convergence of the simulated annealing process, from [1] modified for the purposes of this paper.

In order to describe the implementation of the used algorithm, we will walk step-by-step through the four key components of simulated annealing. For an illustration of the SA process see the flowchart in Appendix II.

(1) Hard & soft constraints:

For succeeding in the goal to schedule the nurses such that the waiting times of the residents are minimized, we followed the framework used by Rosocha et al. [10]. Rosocha defined a categorization of hard and soft constraints as follows: "... soft constraints define medical staff preferences directly connected to the quality of work, physical severity, psychic, and work-life balance, hard constraints are linked to legal and working regulations" (page 2, [10]). During the SA process of making a schedule, all hard constraints need to be satisfied. Soft constraints, on the other hand, need to be included as much as possible, however they are not an imperative. For the scheduling problem of this research we define in figure 5.2.2 the hard constraints. Next to the legal and working regulations of the nurse schedule, we also set a minimum coverage demand for the nursing department. The reason for this modification is that there should be always a staff member available at each moment of time. We choose to select at least two nurses available, because of the high number of residents at the department. This adjustment will also have a positive effect on the size of the search space of SA.

HARD



1. Each staff member can only work one shift a day
2. A minimum of 2 staff members must be available during each time interval
3. A standard number of 2 staff members for the night shift for completing the remaining work

Figure 5.2.2: Hard constraints for the simulated annealing algorithm at department A.

Instead of focusing on the life of the quality of medical staff as proposed by Rosocha, we used the resident's waiting time during daytime and the remaining waiting time for the night shift (above the allowed value of five remaining activities) as our soft constraints (see figure 5.2.3).

SOFT



1. A high total waiting time during a simulation day should be avoided
2. A high total remaining time after 5 remaining activities for the night shift should be avoided

Figure 5.2.3: Soft constraints for the simulated annealing algorithm at department A.

(2) Cost function:

A simulation day (between 07:00 – 23:00 hours), plus the time to finish the daily activities during the nightshift will result in a value for the cost function of a selected schedule. In order to find an optimal schedule where the weighted sum of violations of soft constraints (see figure 5.2.3) is minimized, we will define the following objective function:

$$\text{Minimize } w_1 \mathbb{E}W + w_2 \mathbb{E}W_{\text{remaining}} \quad (7)$$

where $\mathbb{E}W$ is the expected total waiting time during a day and $\mathbb{E}W_{\text{remaining}}$ is the expected remaining waiting time for the night shift. A higher penalty value will be given to the remaining activities for the night shift. Therefore, we will give the following values to the weights: $w_1 = 1$ and $w_2 = 2$.

(3) Neighbourhood structure:

A neighbour structure consists of a set of neighbouring solutions for each possible solution. The structure of a solution is defined as the number of nurses scheduled for each shift type, that is x_k (see figure 3.4). During simulated annealing new schedules will be generated using a method named Simple Searching Neighbourhood (SNN). This method will randomly choose a scheduled nurse of the current schedule, and will place this nurse to a randomly chosen position of the same shift length. If the new schedule is valid (does not violate the hard constraints of figure 5.2.2), then this schedule will be used for the simulated annealing process. Otherwise, a new schedule will be generated until a valid schedule is found.

(4) Cooling schedule:

For finding acceptable solutions with simulated annealing a good cooling schedule needs to be defined. This schedule exists of the following five key parameters: initial temperature, final temperature, the cooling factor, the number of iterations at each temperature and the temperature to start the exploitation-phase. Each of this parameters are described as follows:

- **Initial temperature (T_0)**
Known as the starting temperature of the simulated annealing process. It allows the search process to almost any neighbouring state when the temperature is high enough. However, if this value is too high at the beginning the search can change in a random search. If the initial temperature is too low, the final results becomes (almost) equal to the first result.
- **Final temperature (T_{stop})**
The value of this parameter is usually close to zero. The lower the final temperature is the longer the running time will be to complete the simulated annealing process.
- **Cooling factor (α)**
Once the initial and final temperature are defined, the cooling factor specifies the level the temperature decreases. The higher the value of α is, the more iterations steps are needed (longer running time), but the better the system will stabilise.
- **Number of iterations at each temperature (N_p)**
This parameter will define the number of repetitions needed before the temperature is lowered by the cooling factor. For a low value of the initial temperature, N_p needs to be large enough for exploring the local optimum fully. While less iteration steps are needed for a higher starting temperature.
- **Temperature to start the exploitation-phase ($T_{exploitation}$)**
Used for starting the local search (exploitation) of the simulated annealing process. Usual activated at a temperature close to T_{stop} . The exploitation-phase is in our case a shift that differ only 30 minutes in the starting time of the random selected shift (according to the previously defined neighbourhood structure).

Defining these values is a contentious topic. When selecting values which are too high for the initial temperature, α and N_p ; the running time can become infinite. The process for defining which cooling schedule is optimal is a technique reliant on “trial-and-error”. [3], Hendriks at the TU Delft in the Netherlands performed comprehensive trial-and-error tests, to determine the optimal parameters of the cooling schedule. He concludes that “... SA is able to return a global minimum, with high probability, if the starting temperature T_0 is chosen highly enough, and the cooling happens slowly enough (N_p and α large enough).” (page 43, [3]).

Figure 5.3.5 describes the parameters values as put forth by Hendriks, and as adopted by this paper (underlined). The other parameters (coloured grey) are not required, or implemented otherwise for the nurse scheduling problem. An adjustment for this paper was made to the value of the parameter N_p . Instead of using a total number of 1000 repetitions per temperature, this value was set to 50. The reason for this modification is the expected long running time needed to complete the SA process. A reasonable good schedule needs 6,5 seconds for the discrete event simulation (see paragraph 6.1 for more details of the analysis of the simulation performance). The running time looks short, but this discrete event simulation needs to be repeated multiple times to finish the total simulated annealing process of just one shift length scenario. When using the parameters as proposed by Hendriks, the expected running time per scenario option can be calculated by: “time of the discrete event simulation” x “number of repetitions per temperature value (N_p)” x “total number of temperature steps needed” = 6,5 seconds x 1000 x 136 = 884.000 seconds \approx 10,2 days. The value

of the last parameter is determined by the number of steps needed to go from the initial temperature to the final temperature. At each step a change of 5 percent (cooling factor) of the current temperature will be taken.

According to the experiments done by Hendriks on the number of repetitions (see figure 5.3.6), the duration of the one run with a value 50 for N_p , still resulted in a high number of returned global minima. The expected running time will then be of a reasonable value of 11,3 hours. For the nurse scheduling we added a parameter for the exploitation phase. The selected parameter values for our SA algorithm are defined in figure 5.3.7.

Parameter	chosen value
A_0	$O_{I \times J}$ (zero matrix)
T_0	<u>500</u>
T_{stop}	<u>0,5</u>
α	<u>0,95</u>
N_p	<u>1000</u>
k	1
Weights for \exists	CAN-DO

Figure 5.3.5: Parameters used to find global minimum for the simulated annealing process of [3]. With the selected parameters for our research paper underlined.

Variation on N_p	# returning a global minimum out of 100 runs	duration of 1 run (seconds)
no variations ($N_p = 1000$)	100	41
$N_p = 500$	100	21
$N_p = 250$	98	11
$N_p = 50$	78	2
$N_p = 10$	18	< 1

Figure 5.3.6: Variations of the number of repetitions N_p on table 5.3.5, both from [3].

Parameter	chosen value
T_0	500
T_{stop}	0,5
α	0,95
N_p	50
$T_{exploitation}$	0,6

Figure 5.3.7: Chosen parameter values for the simulated annealing process of this research.

Chapter 6

Results

In this chapter the results of the four scenarios (see section 3.3) of the simulated annealing process will be presented. The first section will describe the number of simulation runs needed, the total running time and the total number of shift possibilities. The next section will define the search progression of the simulated annealing algorithm. The final two sections will present the impact of the nurse scheduling with scheduling medicines at 17:00 (with peak) instead of not scheduling medicines at 17:00 (without peak).

6.1 Performance analysis

For each schedule the arrivals (unscheduled) and the service times (scheduled and unscheduled) of the residents are randomly generated. Therefore, multiple runs are needed to obtain sufficiently accurate results for the discrete event simulation. The determining factor for the number of runs needed is the variability of the value of the objective function (see equation 7). Using a confidence level of 95% for a different number of simulation runs resulted in the following table:

Number of simulation runs	Half-width of the 95% confidence error (relative)	Simulation runtime (in seconds)
5	0,07785	0,67
10	0,05117	1,27
25	0,05108	3,14
50	0,04440	6,50
100	0,02976	12,21

Table 6.1.1: Performance results per number of simulation runs (for a reasonable good schedule).

In order to get an acceptable result within a reasonable time we chose to select the total of 50 simulation runs. Each run was computed on an Intel I7 CPU, 8GB RAM, with an implementation in the Integrated Development Environment PyCharm (version 2016.3), using the programming language Python (version 2.7) combined with the discrete-event simulation library SimPy (version 3.0.10). The total running time for each shift length scenario in section 3.3 (one SA process) had a running time of 11 hours. The total number of possibilities (with repetition and where order is irrelevant) can be calculated with the following formula:

$$\binom{r+n-1}{r} = \frac{(r+n-1)!}{r!(n-1)!} \quad (8)$$

where n is the number of shifts to choose from, and we choose r intervals of them. Determining the number of all possibilities (when using Brute Force) for each scenario option will give the results presented in table 6.1.2. For the most flexible option D is the number of possibilities very high, so when using Brute Force the running time will take a long time. Therefore, simulated annealing is preferred to find a good solution in a reasonable amount of time, especially for option D.

	Option A	Option B	Option C	Option D
Number of possibilities	245.157	74.667	79.108	1.350.074

Table 6.1.2: Number of possibilities per scenario option (including states outside the feasible region), see Appendix III for the calculation.

6.2 Search progression of simulated annealing

A characteristic trace of the search progression of simulated annealing is shown in figure 6.2 (for scenario option A with peak at 17:00; see Appendix IV for the other options). At the beginning (high temperature) all possible parameter values are allowed to be explored, resulting in large fluctuations in the costs value. While after a large number of iteration steps the search algorithm will set the cost value longer fixed on one minimum. Where each iteration step exists of 50 runs of a simulation day with the same schedule.

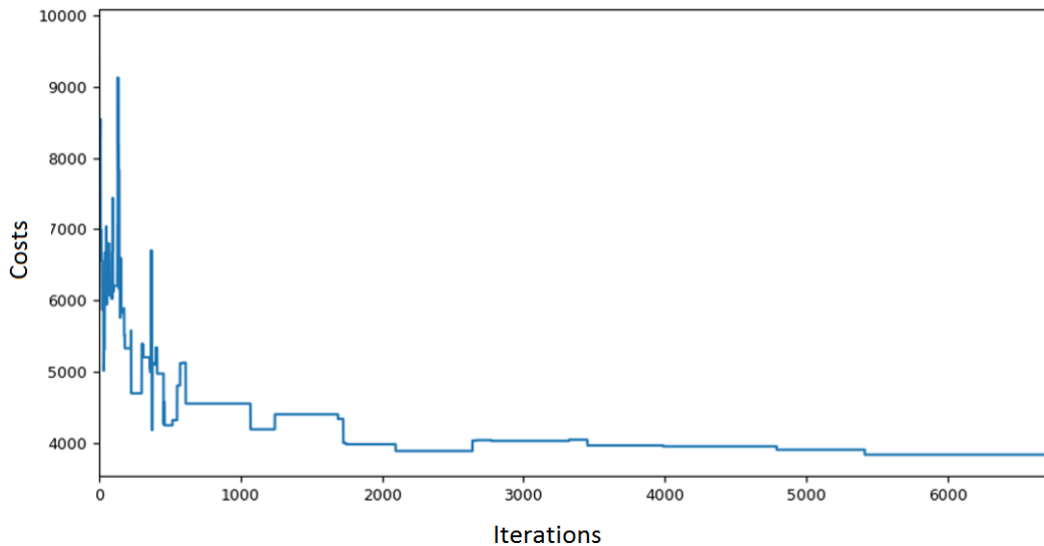


Figure 6.2: Simulated annealing search progression of scenario option A (with peak at 17:00).

6.3 With peak at 17:00

In this section the results will be presented on the impact of the nurse scheduling with scheduling medicines at 17:00 (with peak). See Appendix V for the final selected shifts of each scenario option.

Value of cost function:

In order to succeed in minimizing the waiting time during the day and the remaining waiting time for the night shift, the objective function (see equation 7) needs to be as low as possible. According to table 6.3.1 the three flexible scenario options are preferred over the full-time option A. This is remarkable, because the flexible options have less staffing hours; where option B is the best scenario of the flexible schedules. Theoretically speaking, option C should be better than option B (same number of working hours, but more flexibility). This is perhaps due to the random process of finding an accepted schedule that satisfies the minimum level of nurses constraint.

	Option A	Option B	Option C	Option D
Total costs	3841	3158	3323	3175

Table 6.3.1: Costs per scenario option (with peak).

Average waiting times:

Shown in table 6.3.2 is the average waiting time per resident during day and night. The night shift is divided into two values, one with the remaining activities for the night shift above 5 and the other smaller or equal to 5. According to the results in the table the overall average waiting times are the shortest for scenario option B during the day. Excluding the data of the first five remaining activities for the night shift resulted in a higher average waiting time for all options, because these values will not be part of the objective function (see equation 7). Notable is that option A and C have the highest

values in this category, while for the other categories (daytime and night (with remaining activities > 5)) all options are almost equal. With option D for the night (with remaining activities > 5) is almost twice as much as the rest.

	Option A	Option B	Option C	Option D
Daytime	7,58 min	6,17 min	6,47 min	6,23 min
Night (remaining activities <= 5)	43,94 min	29,19 min	41,22 min	29,67 min
Night (remaining activities > 5)	10,45 min	13,87 min	12,54 min	23,26 min

Table 6.3.2: Average waiting times per scenario option (with peak).

Average waiting time & staffing level per interval:

In this section the result of the average waiting time during the day is combined with the result of the number of staff available at each time interval. The first four figures will show both results per scenario option. The other two figures will show a combined version of each result for all options. From figure 6.3.6 we see that all options start and end with the minimum predefined staffing capacity of two nurses. The full-time scenario option A (see figure 6.3.1) has more staff capacity planned earlier in the morning than the three other options. Remarkable for all options is that per interval the average waiting time is almost equal (see figure 6.3.5) and that the staffing level is always the highest in the afternoon (see figure 6.3.6). The only exception for the average waiting time is option D during lunch time. The reason is that less nurses are scheduled in the morning shift. Therefore, the accumulating nursing activities still had to be done during lunch time.

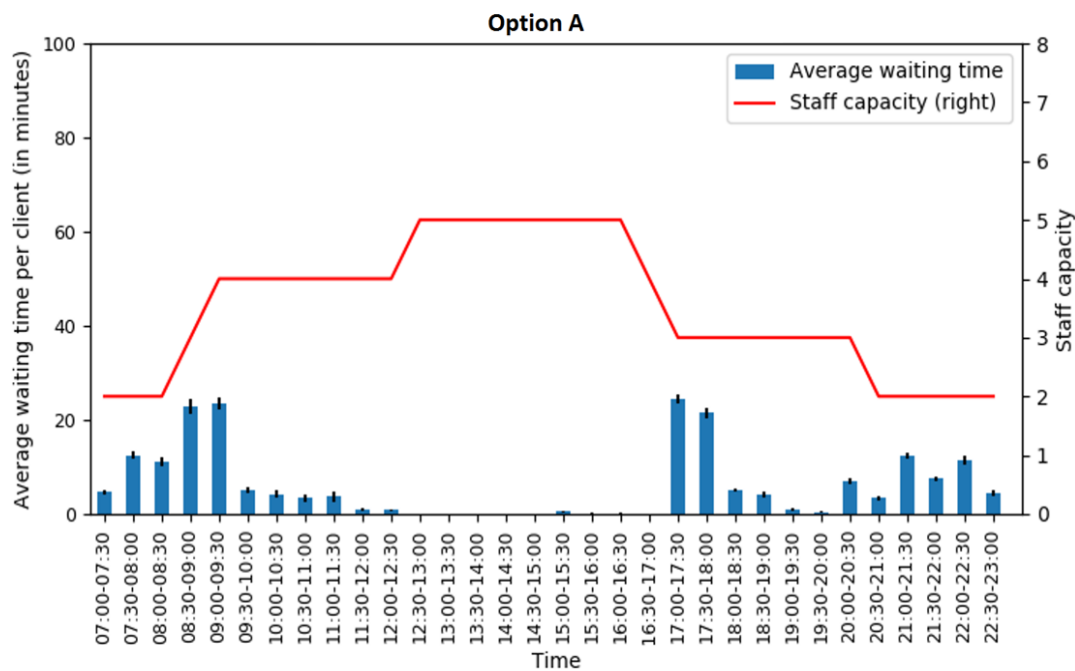


Figure 6.3.1: Average waiting time per interval of scenario option A (with peak).

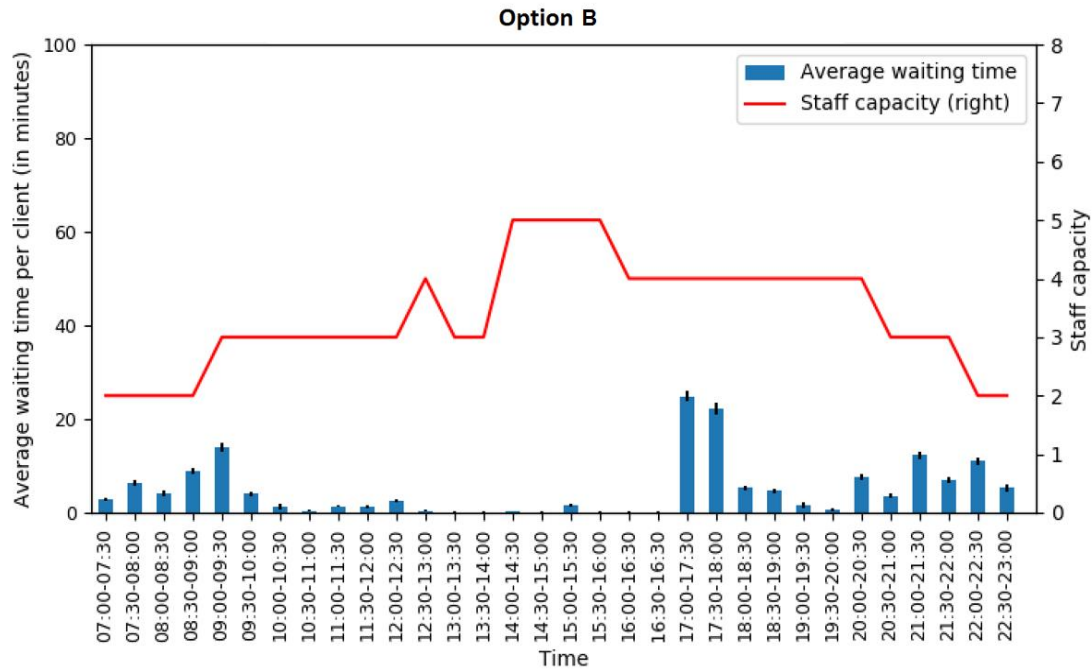


Figure 6.3.2: Average waiting time per interval of scenario option B (with peak).

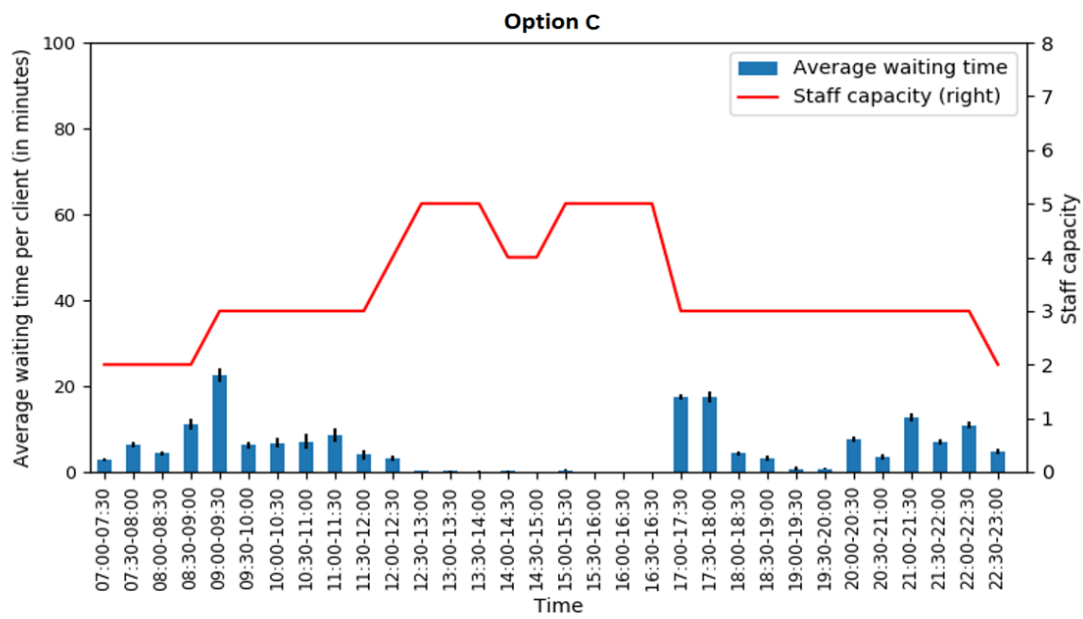


Figure 6.3.3: Average waiting time per interval of scenario option C (with peak).

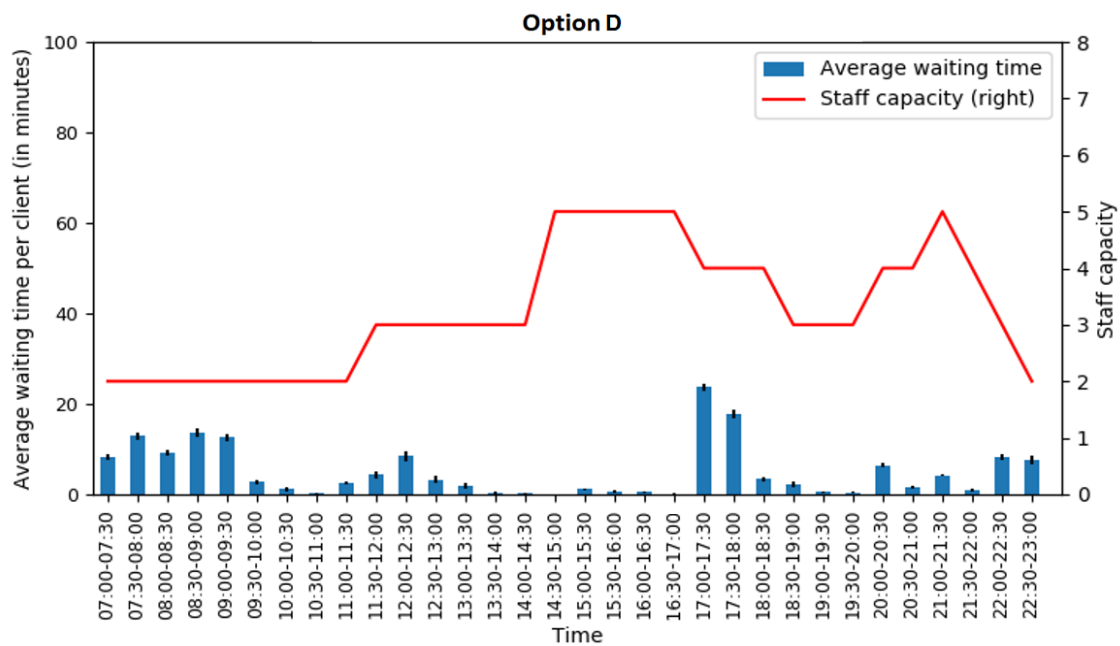


Figure 6.3.4: Average waiting time per interval of scenario option D (with peak).

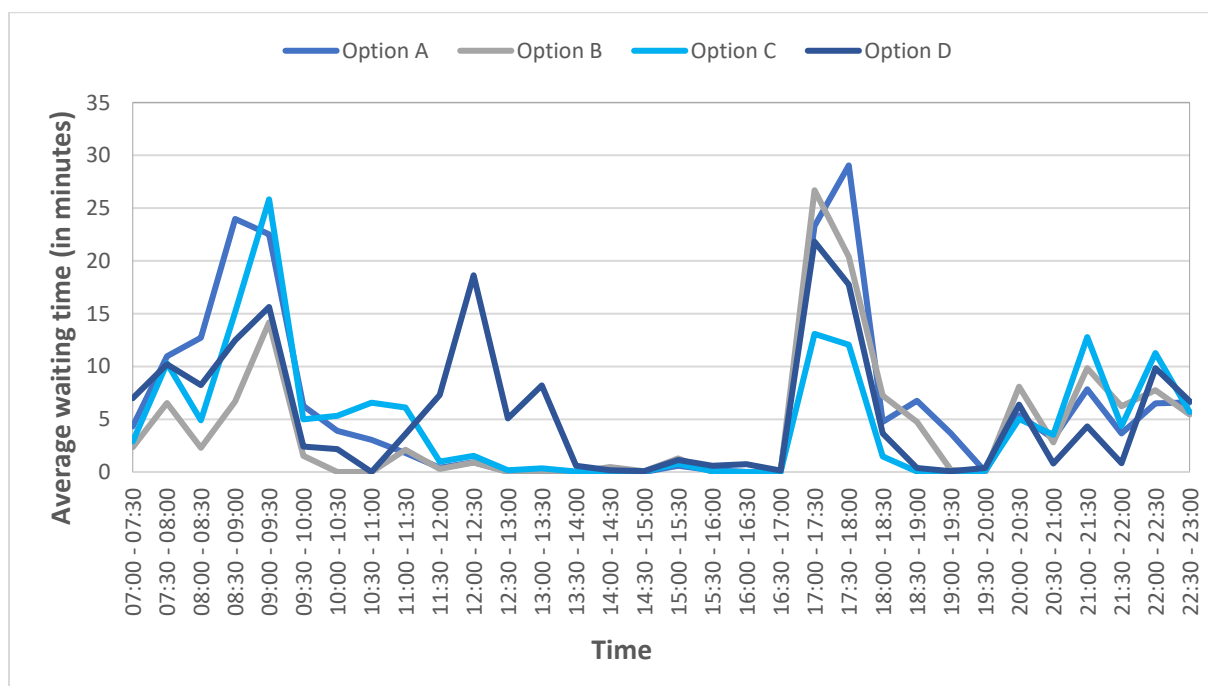


Figure 6.3.5: Average waiting time combined for all scenario options (with peak).

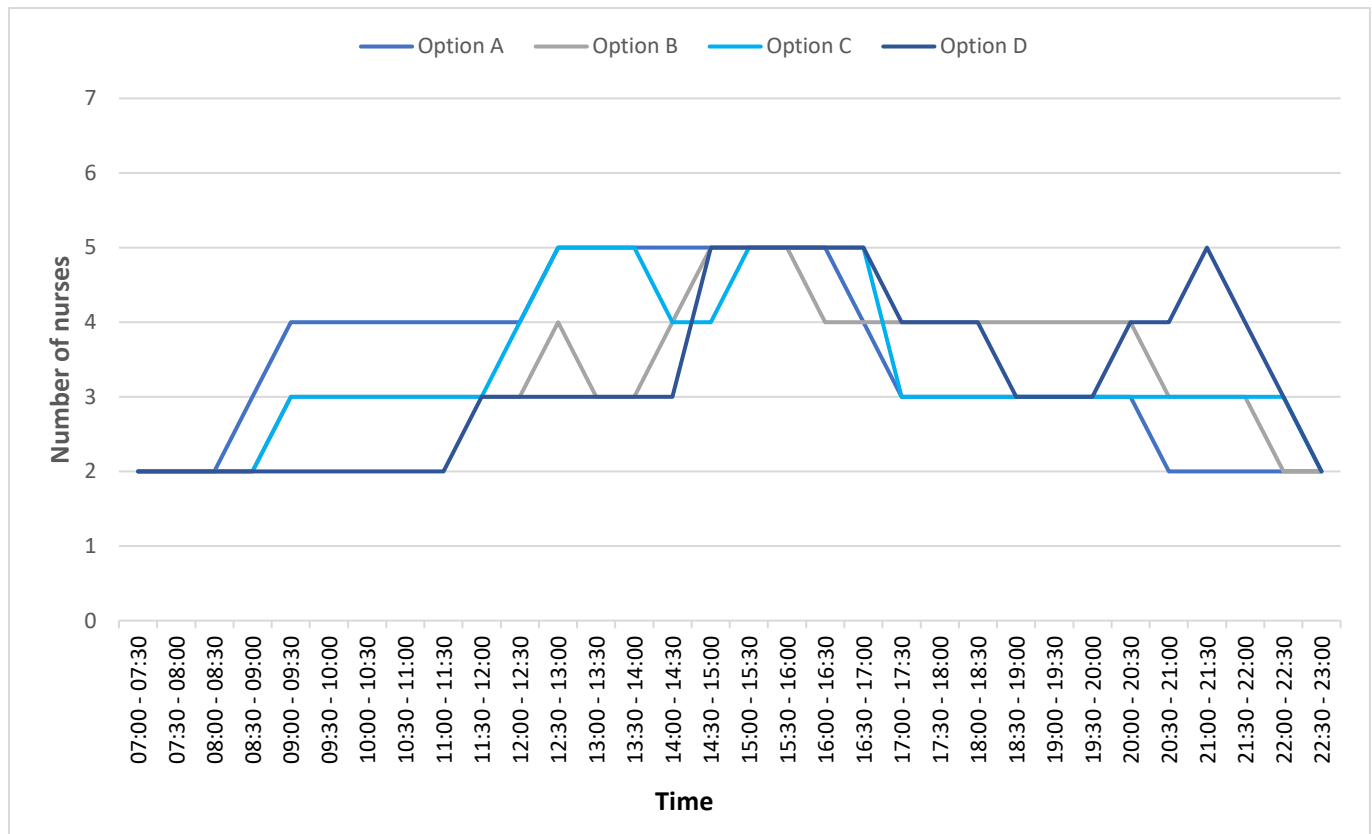


Figure 6.3.6: Staffing level per interval combined for all scenario options (with peak).

6.4 Without peak at 17:00

In this section the results will be presented of the impact of the nurse scheduling without scheduling medicines at 17:00 (without peak). The reason for removing this data is that only one nurse is doing all the tasks, so at that moment there are no Preferred Activity Times. See Appendix V for the final selected shifts of each scenario option.

Value of cost function:

For minimizing the waiting times during the day and the remaining waiting time for the night shift, the objective function (see equation 7) needs to be as low as possible. According to table 6.4.1 the best scenario is the most flexible scenario option D. Remarkable is that option B is better than option C, while theoretically option C should work better (same number of working hours, but more flexibility).

	Option A	Option B	Option C	Option D
Total costs	2394	1876	2058	1541

Table 6.4.1: Costs per scenario option (without peak).

Average waiting times:

See for a description of the same section in previous paragraph 6.3. Directly notable from table 6.4.2 is the least preferred option C, because of the long waiting time for the night shift. The most flexible scenario option D has overall the best average waiting times. It is notable that when comparing the staffing levels at the end of the day for option B with C, than option B has at least as much nurses scheduled as option C (see figure 6.4.2 and 6.4.3). But still option C has a very high remaining average

waiting time. We thought that maybe the random process was affecting this result, but after multiple random runs almost the same unexplainable value came as a result.

	Option A	Option B	Option C	Option D
Daytime	4,89 min	3,81 min	4,07 min	3,11 min
Night (remaining activities <= 5)	46,01 min	49,03 min	70,62 min	20,10 min
Night (remaining activities > 5)	10,22 min	14,32 min	58,36 min	20,88 min

Table 6.4.2: Average waiting times per scenario option (without peak).

Average waiting time & staffing level per interval:

In this section the result of the average waiting time during the day is again combined with the result of the number of staff available at each time interval. The first four figures will show both results per scenario option. The other two figures will show a combined version of each result for all options. From figure 6.4.6 we see that all options start and end again with the minimum predefined staffing capacity of two nurses. Now the flexible schedules option B and C (see figures 6.4.2 and 6.4.3) have more staff capacity planned earlier in the morning than the other options. A remarkable point from figure 6.4.5 is the shift of the nursing activities (for getting the residents to bed) to later in the evening. Again for option D we see an accumulation of the nursing activities during the lunch time (see figure 6.4.6).

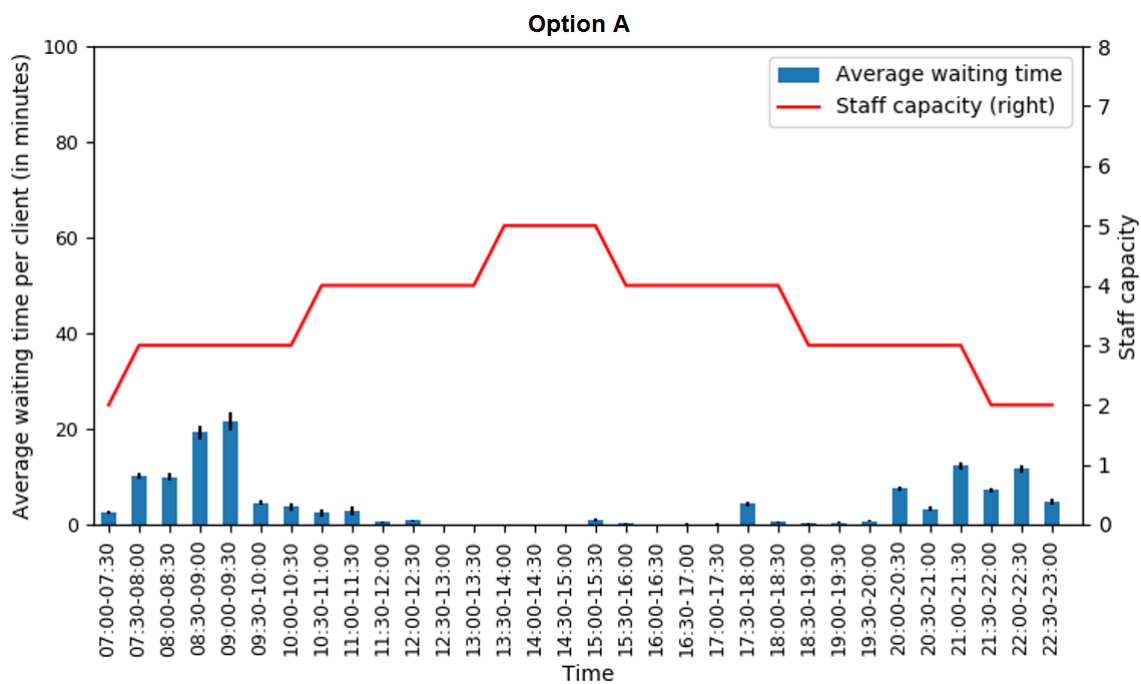


Figure 6.4.1: Average waiting time per interval of scenario option A (without peak).

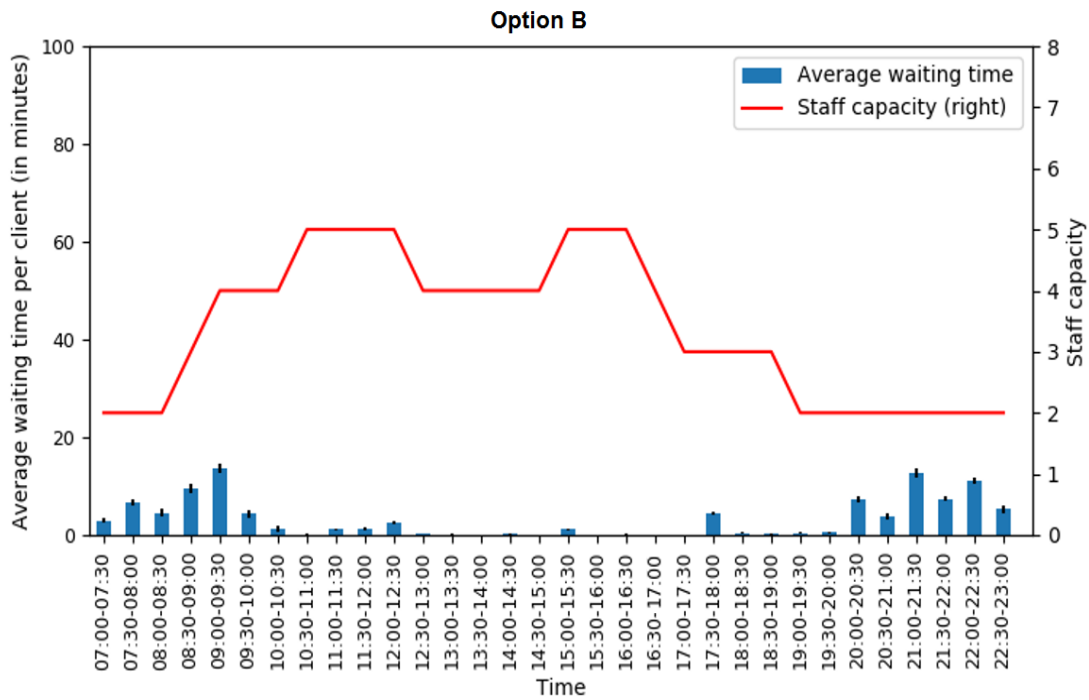


Figure 6.4.2: Average waiting time per interval of scenario option B (without peak).

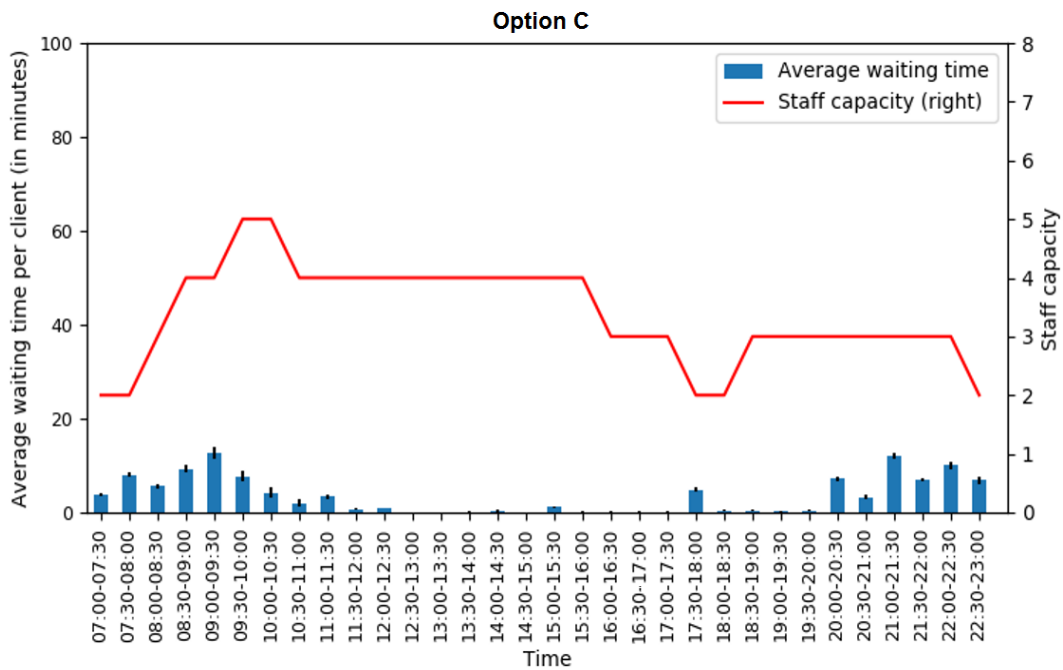


Figure 6.4.3: Average waiting time per interval of scenario option C (without peak).

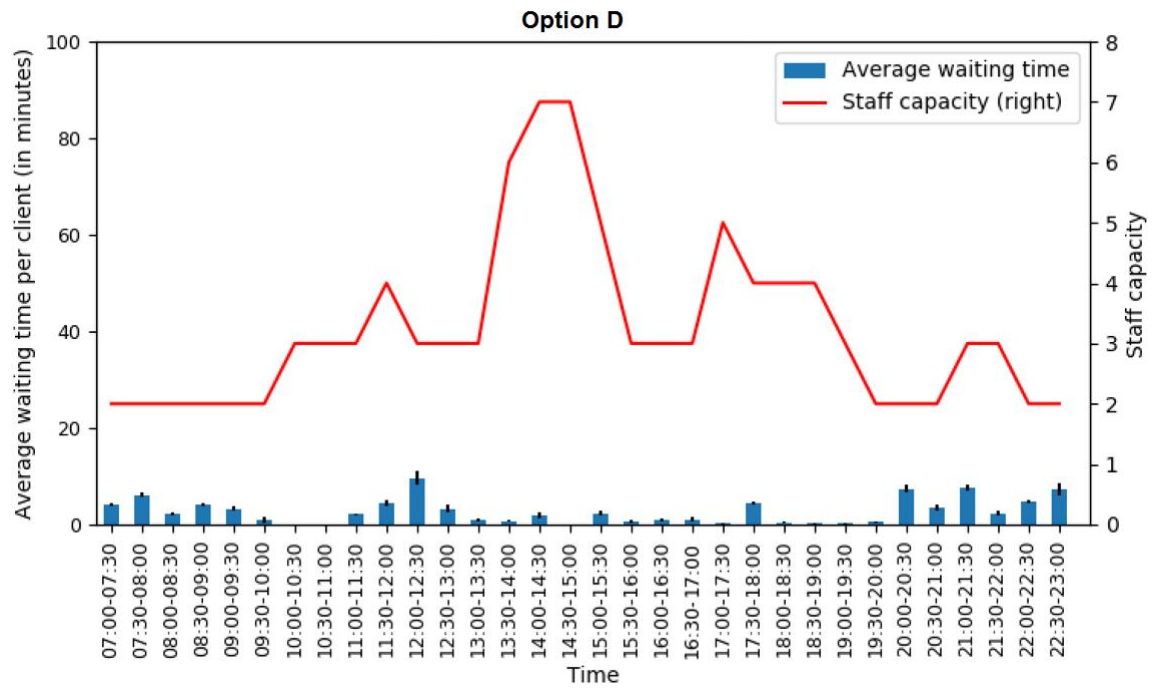


Figure 6.4.4: Average waiting time per interval of scenario option D (without peak).

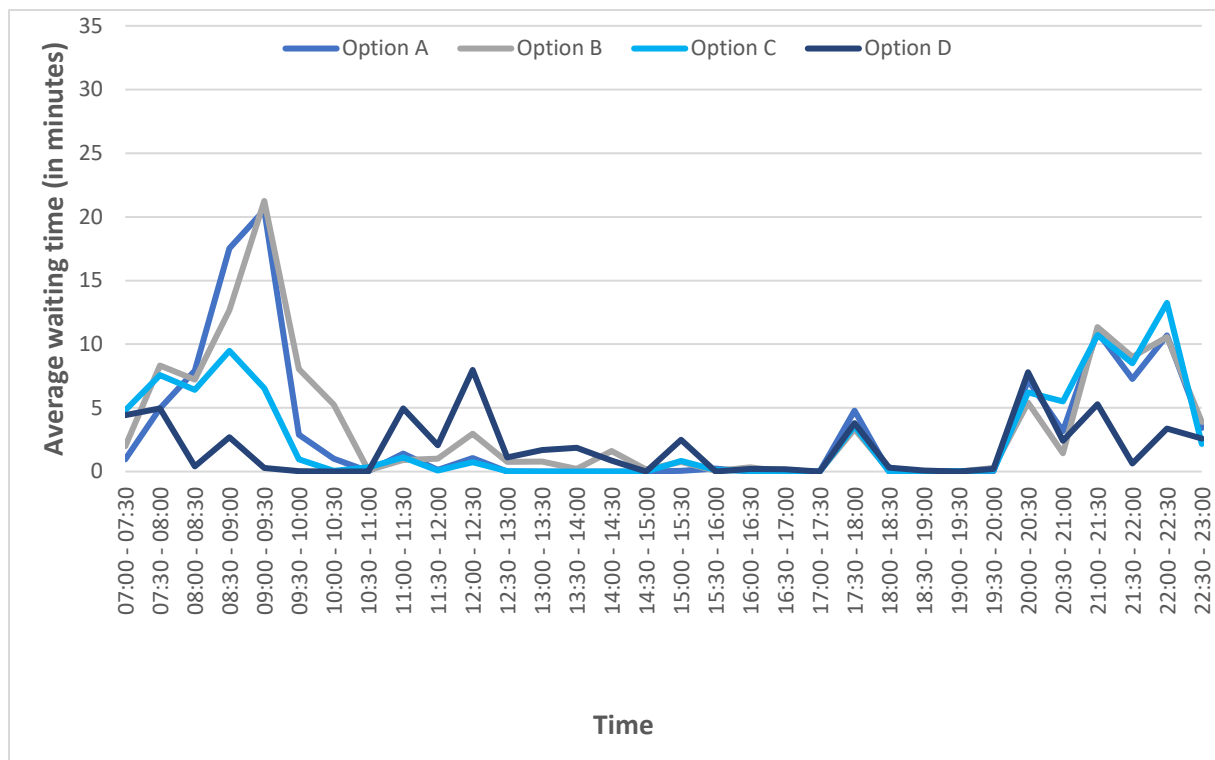


Figure 6.4.5: Average waiting time combined for all scenario options (without peak).

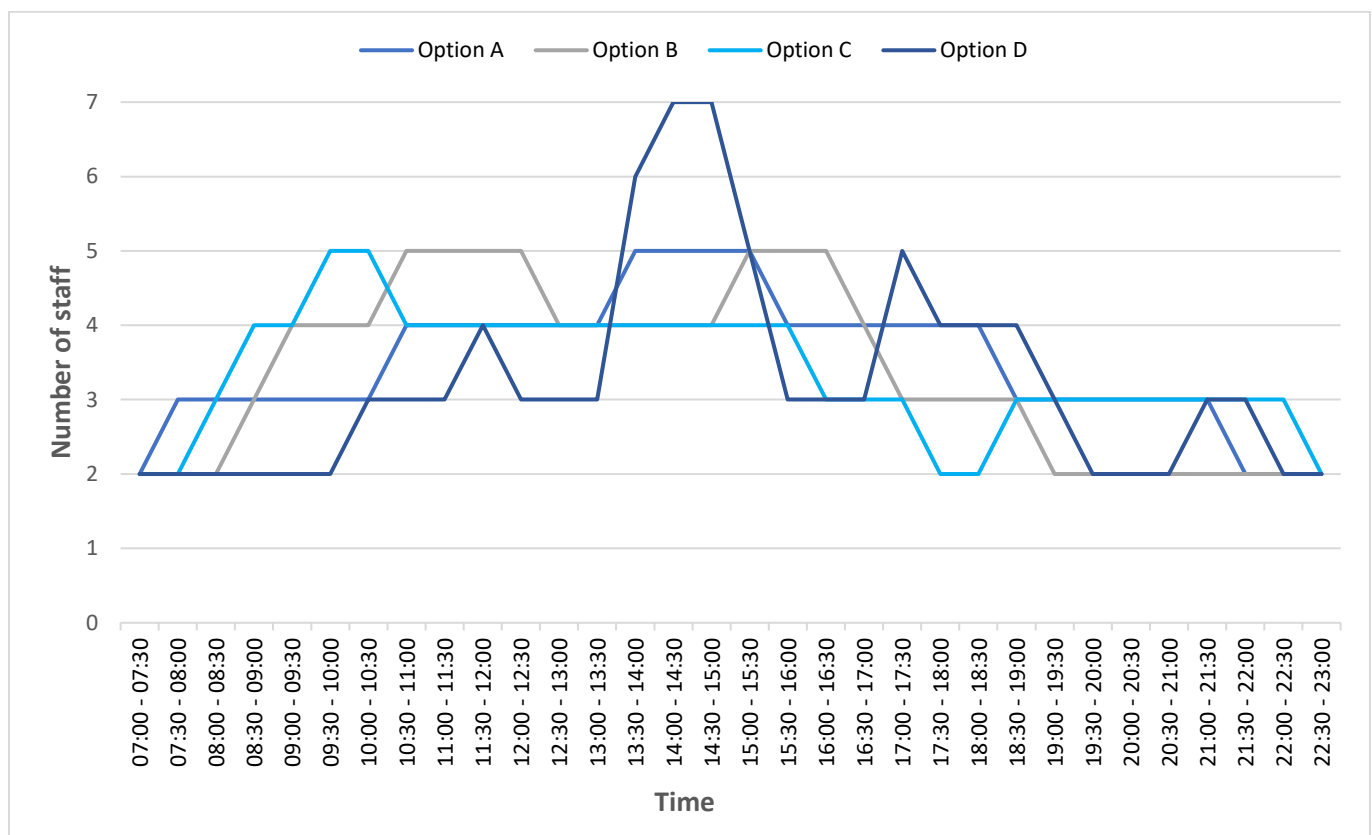


Figure 6.4.6: Staffing level per interval combined for all scenario options (without peak).

Chapter 7

Conclusions & Recommendations

The first section of this chapter will present the conclusions of the results from chapter 6. The next section will give answer to the defined research question. The final section will give some recommendations to improve research based on nurse scheduling.

7.1 Conclusions

The conclusions of the results of this paper are divided into the following four components:

(1) Performance analysis:

According to chapter 6.1, one run (50 simulation days with the same schedule) for the discrete event simulation takes 6,5 seconds. The total running time of one simulated annealing process (for each shift length scenario, see figure 3.3) takes 11 hours. When only using Brute Force, the number of possibilities for the most flexible scenario option D has the highest value (see table 6.1.2). This will result in a long computational time. Therefore, simulated annealing is especially preferred for option D for finding a good solution in a reasonable amount of time.

(2) Staffing budget and cost value:

From both the tables 6.3.1 and 6.4.1 we can conclude that the flexible schedules are more preferred than the full-time schedule (scenario option A). Option A has next to more staffing costs, also a higher value for the cost function of the simulated annealing algorithm (equation 7). When the medicines at 17:00 are scheduled (with peak), then the best flexible schedule is option B (see table 6.3.1). While option D is preferred when the medication at 17:00 is no part of the dataset (see table 6.4.1).

(3) Waiting time & staffing level (with peak at 17:00):

According to table 6.3.2 the overall average waiting times are the shortest for option B during the day. Excluding the data of the first allowed five remaining activities for the night shift resulted in a higher average waiting time for all options, because these values will not be part of the objective function (see equation 7).

For all options is the average waiting time per interval almost equal (see figure 6.3.5). The only exception is option D during lunch time. The reason is that less nurses are scheduled in the morning shift (see figure 6.3.6). Therefore, the accumulating nursing activities still had to be done during lunch time.

(4) Waiting time & staffing level (without peak at 17:00):

Directly notable from table 6.4.2 is the least preferred option C, because of the long waiting time for the night shift. Figure 6.4.5 shows the shifting of the nursing activities (for getting the residents to bed) to later in the evening. Again option D is an accumulation of the nursing activities during the lunch time (see figure 6.4.6).

7.2 Research question

Nursing homes are seeking for an optimum between the resident's waiting time and nurse staffing within a budget. Based on the described data with the made assumptions for the discrete event simulation in chapter 4, and the conclusions from previous section we will answer the following research question:

“Is it possible to schedule nurses optimally in a nursing home using simulated annealing?”

With simulated annealing it is possible to schedule nurses optimally in a nursing home if the daily activities are approximately equal. The results conclude that flexible scheduling is both cheaper and reduces resident waiting times. This annealing method is effective in the optimization process of nurse staffing, as it provided clear results with applicable outcomes. The downside to this method is one of time: the running time for the simulated annealing process (namely 11 hours per shift length scenario) is not very practical. It is, however, unavoidable with this type of multifaceted research.

7.3. Further research

For increasing the completeness of nurse scheduling for the nursing department it is recommended to include the qualification levels. Also interesting is to do research of the effect on the resident's waiting time when spreading the Preferred Activity Time (PAT's) more during the day. Now, most residents have a scheduled task with a long service duration and low priority at the same time. Future research should also consider generating varying shift scenarios within a certain budget; as this paper chose to limit staff capacity scenarios to just four options. This would ensure a broader range of outcomes, and perhaps lead to a better solution.

Appendix

I. Shift types

8-hour shifts:

k	Start time	-	End time
1	07:00	-	15:00
2	07:30	-	15:30
3	08:00	-	16:00
4	08:30	-	16:30
5	09:00	-	17:00
6	09:30	-	17:30
7	10:00	-	18:00
8	10:30	-	18:30
9	11:00	-	19:00
10	11:30	-	19:30
11	12:00	-	20:00
12	12:30	-	20:30
13	13:00	-	21:00
14	13:30	-	21:30
15	14:00	-	22:00
16	14:30	-	22:30
17	15:00	-	23:00

4-hour shifts:

k	Start time	-	End time
18	07:00	-	11:00
19	07:30	-	11:30
20	08:00	-	12:00
21	08:30	-	12:30
22	09:00	-	13:00
23	09:30	-	13:30
24	10:00	-	14:00
25	10:30	-	14:30
26	11:00	-	15:00
27	11:30	-	15:30
28	12:00	-	16:00
29	12:30	-	16:30
30	13:00	-	17:00
31	13:30	-	17:30
32	14:00	-	18:00
33	14:30	-	18:30
34	15:00	-	19:00
35	15:30	-	19:30
36	16:00	-	20:00
37	16:30	-	20:30
38	17:00	-	21:00
39	17:30	-	21:30
40	18:00	-	22:00
41	18:30	-	22:30
42	19:00	-	23:00

2-hour shifts:

k	Start time	-	End time
43	07:00	-	09:00
44	07:30	-	09:30
45	08:00	-	10:00
46	08:30	-	10:30
47	09:00	-	11:00
48	09:30	-	11:30
49	10:00	-	12:00
50	10:30	-	12:30
51	11:00	-	13:00
52	11:30	-	13:30
53	12:00	-	14:00
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55	13:00	-	15:00
56	13:30	-	15:30
57	14:00	-	16:00
58	14:30	-	16:30
59	15:00	-	17:00
60	15:30	-	17:30
61	16:00	-	18:00
62	16:30	-	18:30
63	17:00	-	19:00
64	17:30	-	19:30
65	18:00	-	20:00
66	18:30	-	20:30
67	19:00	-	21:00
68	19:30	-	21:30
69	20:00	-	22:00
70	20:30	-	22:30
71	21:00	-	23:00

Figure I: Possible shift types.

II. Implemented flowchart of simulated annealing

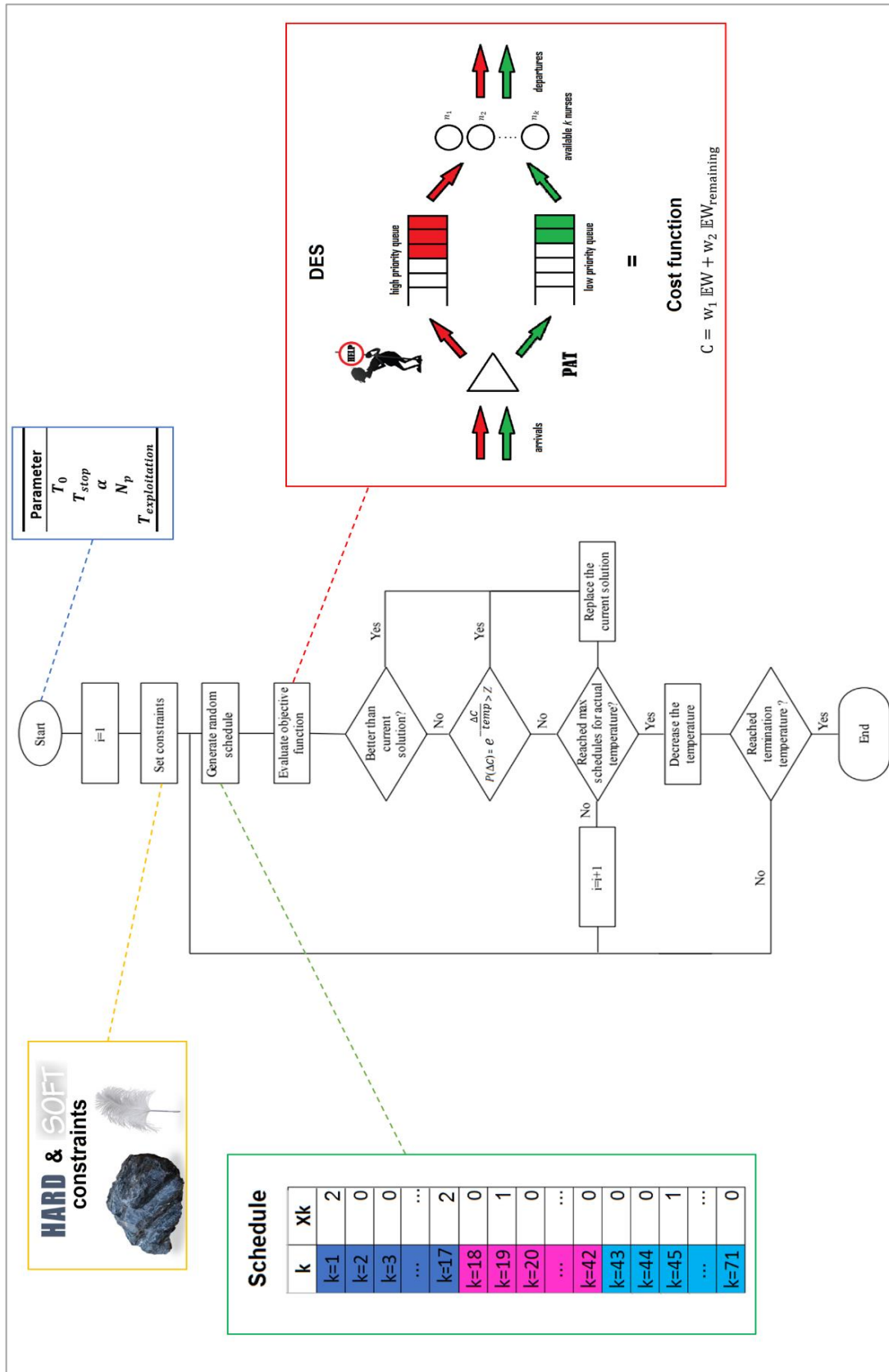


Figure II: Flowchart of the medical staff scheduling algorithm, from [10] modified for the purposes of this paper.

III. Calculation of the number of possibilities per scenario option

	Calculation	Number of possibilities
Option A	$\binom{7+17-1}{7}$	245.157
Option B	$\binom{6+17-1}{6} + \binom{1+25-1}{1} + \binom{1+29-1}{1}$	74.667
Option C	$\binom{6+17-1}{6} + \binom{3+29-1}{3}$	79.108
Option D	$\binom{4+17-1}{4} + \binom{2+25-1}{2} + \binom{6+29-1}{6}$	1.350.074

Table III: Calculation and the number of shift possibilities (including states outside the feasible region) per scenario option defined.

IV. Simulated annealing process

With peak at 17:00

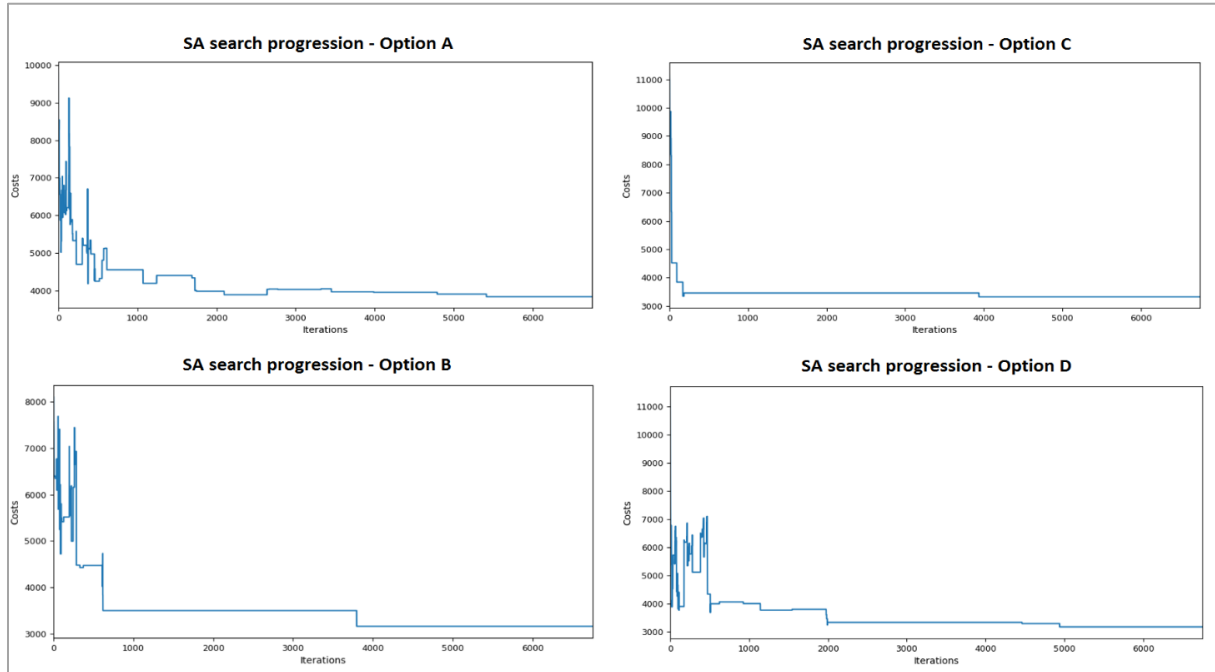


Figure IV.1: Search progressions of the simulated annealing per scenario option (with peak).

Without peak at 17:00

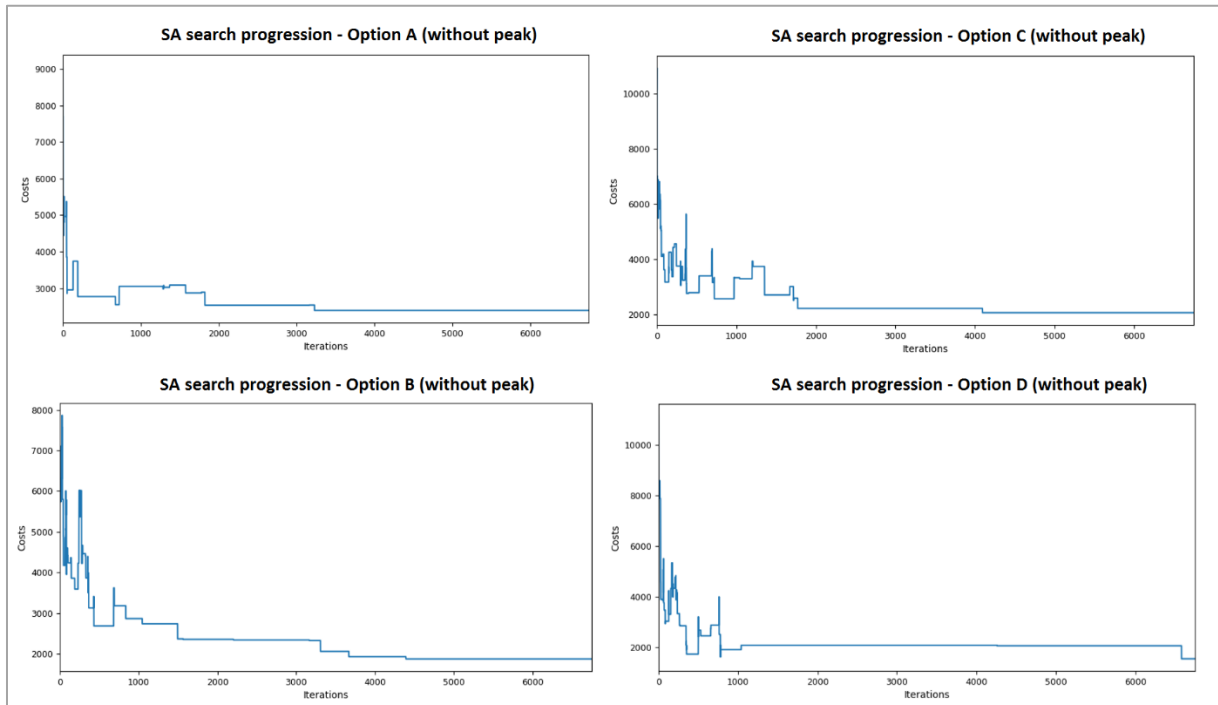


Figure IV.2: Search progressions of the simulated annealing per scenario option (without peak).

V. Selected shifts

With peak at 17:00

Option A		Option B		Option C		Option D	
k	x_k	k	x_k	k	x_k	k	x_k
k=1	2	k=1	2	k=1	2	k=1	1
k=4	1	k=12	1	k=5	1	k=5	1
k=5	1	k=15	1	k=16	1	k=10	1
k=12	1	k=17	2	k=17	2	k=17	1
k=17	2	k=22	1	k=53	1	k=33	1
		k=57	1	k=54	1	k=41	1
				k=59	1	k=43	1
						k=58	1
						k=62	1
						k=68	1
						k=69	1
						k=71	1

Figure V.1: Selected shifts per scenario option (with peak).

Without peak at 17:00

Option A		Option B		Option C		Option D	
k	x_k	k	x_k	k	x_k	k	x_k
k=1	2	k=1	1	k=1	2	k=1	2
k=2	1	k=4	1	k=3	1	k=10	1
k=8	1	k=5	1	k=6	1	k=15	1
k=14	1	k=9	1	k=17	2	k=31	1
k=17	2	k=17	2	k=46	1	k=42	1
		k=18	1	k=66	1	k=49	1
		k=50	1	k=70	1	k=56	2
						k=63	2
						k=71	1

Figure V.2: Selected shifts per scenario option (without peak).

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