



Dynamic Patient Priority Assignment for Emergency Medical Services

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Introduction

Efficient emergency medical service design requires rationing limited medical resources through patient triage. However, traditional triage systems are static and do not depend on the changes in available resources.

A spatial emergency medical system with multiple resource types and multiple demand types is considered. We aim to

- dispatch the appropriate type of server to an arriving emergency call
- reach the patient fast to meet time standard(9 min/13 min)

Therefore we prioritize based on the resource availability of the system. The resource availability keep changes due to call arrivals and service completions, which naturally results in dynamic reprioritization.

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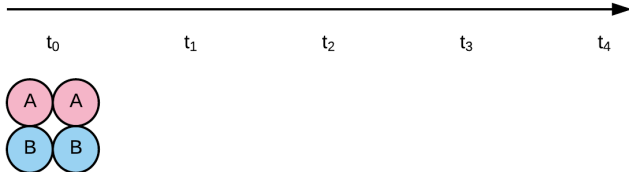
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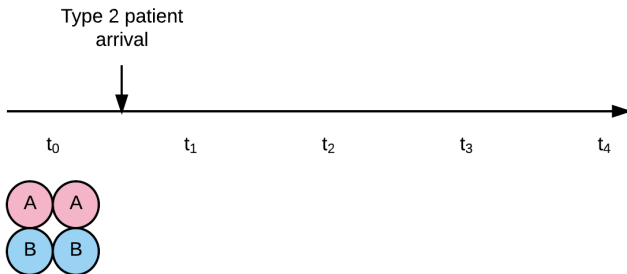


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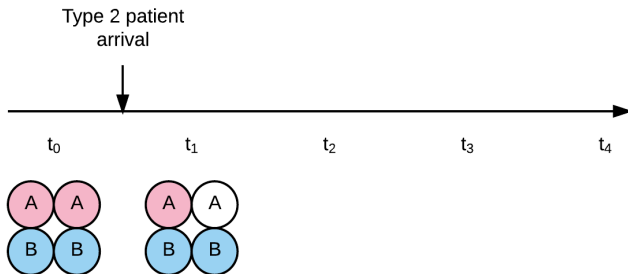


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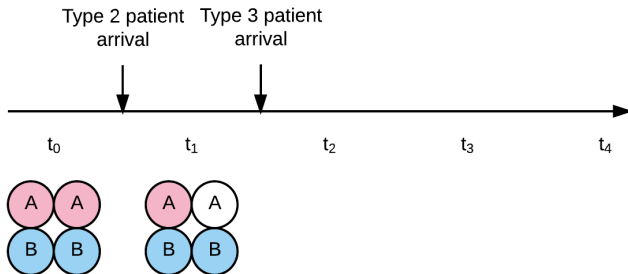


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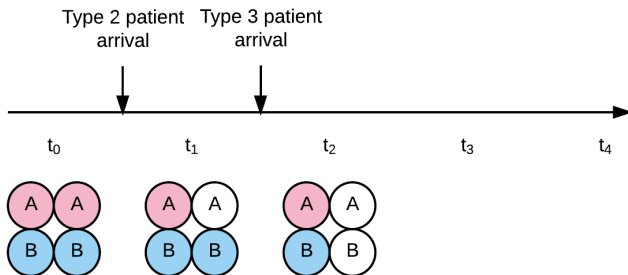


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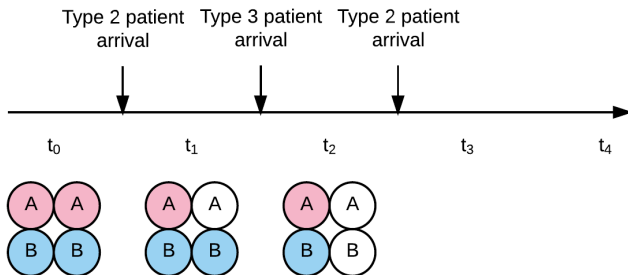


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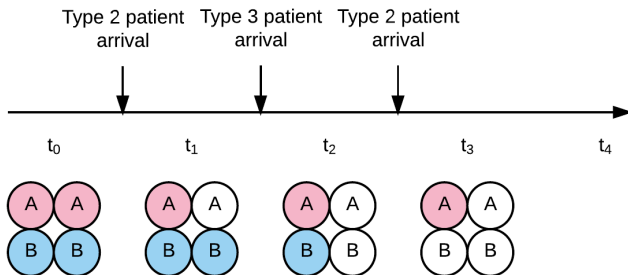


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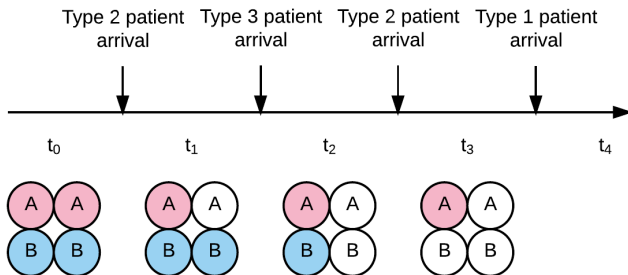


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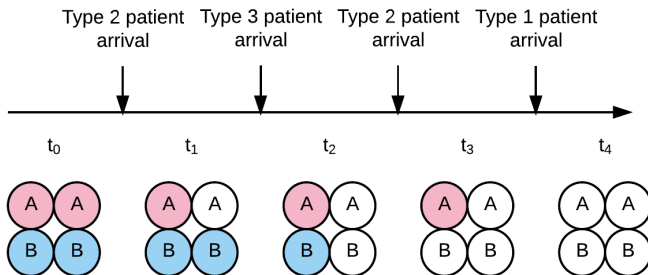


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Ambulances are differentiated by the types of treatment they can provide.

- Advanced Life Support(ALS)
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Calls arriving at rate $\lambda = \sum_i \lambda_{ip}$ have

- types $i \in \{1, \dots, m\}$: Any available information that is correlated with the urgency of a call can be used as a type information.
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 - ▶ Geographic information
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Signal

The true urgency of an arriving call with priority 2 is known only probabilistically based on its call type, with parameter $\alpha^i = P(\text{urgent}|\text{call type}=i, \text{priority}=2)$.

For priority 1 calls $\alpha^i = 1$, for priority 3 calls $\alpha^i = 0$ for any call type i .

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Based on type(i) and priority of an arriving call, assign either an ALS ($a^i = 0$) or BLS ($a^i = 1$), depending on the system congestion (s^A, s^B).

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Transition $P_t(j|s_t, a_t)$

- An urgent call arrives $(s^A, s^B) \rightarrow (s^A - 1, s^B)$
- A less urgent call arrives $(s^A, s^B) \rightarrow (s^A, s^B - 1)$
- An ALS server finishes service $(s^A, s^B) \rightarrow (s^A + 1, s^B)$
- A BLS server finishes service $(s^A, s^B) \rightarrow (s^A, s^B + 1)$
- A dummy event $(s^A, s^B) \rightarrow (s^A, s^B)$

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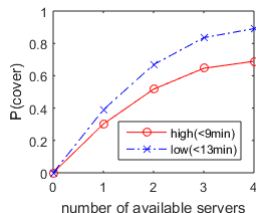
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Since ambulances are spatially located, only a subset can respond fast. The probability that an arriving high(low) priority call is served in a timely fashion is modelled as a non-decreasing reachability function $f^H(s)(f^L(s))$.

	High	Low
send ALS	$f^H(s^A)$	$f^L(s^A)$
send BLS	$f^H(s^B)$	$f^L(s^B)$

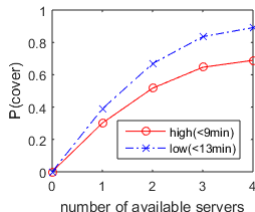


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We get different utility depending on the match between the server type and true priority of the call.

	High	Low
send ALS	U_{HA}	U_{LA}
send BLS	U_{HB}	U_{LB}

- $U_{HA} > U_{LA}$ and $U_{HA} > U_{LB}$: we get more benefit by serving a high priority call with a ALS than serving a low priority call
- $U_{HA} > U_{HB}$: Under-service of urgent call is penalized
- $U_{LA} = U_{LB}$: A low priority call can be served equally well by ALS or BLS

Solution Methodology

Finite-time discrete MDP is solved by backward induction to maximize total expected reward.

$$V_t(s_t) = \sup_a \{ R_t(s_t, a) + \sum_j P_t(j|s_t, a) V_{t+1}(j) \}$$

The size of possible action set to be evaluated at each time epoch t grows exponentially with the number of type m . However, we don't really have to evaluate the whole set to find the optimal solution, due to the structural property of the problem that follows.

Type Independence of Optimal Action

Proposition 1

For any time epoch t and state s , the optimal action for the call type i is to send an ALS server if and only if the following equality is true:

$$\alpha^{i2} U_{LA} f^H(s^A) + (1 - \alpha^{i2}) U_{LA} f^L(s^A) > \alpha^{i2} U_{HB} f^H(s^B) + (1 - \alpha^{i2}) U_{LB} f^L(s^B))$$

which does not depend on a^k for all $k \in \{1, \dots, m\}, k \neq i$.

Proposition 1 implies that the optimal decision of sending an ALS server or a BLS server to type i call can be made regardless of decision for other call types.

Therefore, the number of action we have to evaluate at each time epoch t to solve by the backward induction can be reduced from exponential 2^m to linear m .

Optimality of Threshold-Type Policy

Proposition 2

For any time epoch t and state s , a threshold value $\bar{\alpha}_t(s)$ can be specified such that it is optimal to send ALS server to type i call if and only if $\alpha^i > \bar{\alpha}_t(s)$, if

$$U_{HA}f^H(s^A) - U_{HB}f^H(s^B) - U_{LA}f^L(s^A) + U_{LB}f^L(s^B) > 0.$$

and the threshold value is

$$\bar{\alpha}_t(s) = \frac{U_{LA}f^L(s^A) - U_{LB}f^L(s^B) - V_{t+1}(s^A + 1, s^B) + V_{t+1}(s^A, s^B + 1)}{U_{HA}f^H(s^A) - U_{HB}f^H(s^B) - U_{LA}f^L(s^A) + U_{LB}f^L(s^B)}$$

The condition is satisfied independent of the state if U_{HA} is significantly larger than U_{HB} .

Optimality of Monotone Policy

Proposition 3

For each call type i , the optimal action a_t^i is

- ① nonincreasing in s^A if the value function $V_t(s^A, s^B)$ is concave in s^A
- ② nondecreasing in s^B if the value function $V_t(s^A, s^B)$ is concave in s^B ,
and the value function $V_t(s^A, s^B)$ is supermodular in (s^A, s^B) .

Corollary 1

Value function $V_t(s^A, s^B)$ is

- ① Monotone nondecreasing in s^A and s^B .
- ② Convex(Concave) in s^A and s^B , if $f^H(s)$ and $f^L(s)$ is convex(concave) in s .
- ③ Modular.

Computational Setup

Resources

The EMS has 2 ALS servers and 4 BLS servers with service rate normalized to

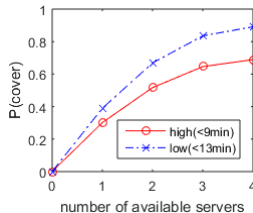
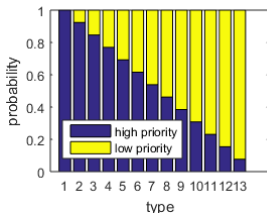
$$\mu_A = \mu_B = 1.$$

Demands

Emergency call datasets from Hanover County, Virginia (June 2009~December 2011) is used to create arrival rates.

Information and Reachability

The type information, reachability function and utility are created as

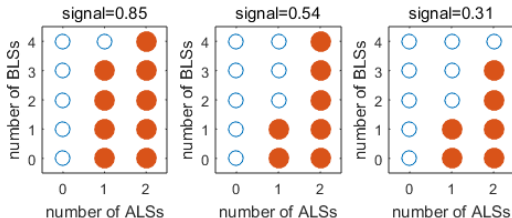


Utilities are set as $U_{HA} = 1$, $U_{HB} = 0.4$, $U_{LA} = U_{LB} = 0.3$.

It is assumed that (1) calls arriving when there is no server available is served by external system (2) calls are always served otherwise.

Result

A snapshot of optimal policies at $t = 217 = T/2$:



The dynamic solution created from solving the MDP is compared to two other static policies, case 1 (always send BLS to priority 2 calls) and case 2 (always send ALS to priority 2 calls).

	dynamic	case 1	case 2
Value	11.0427	10.6036	10.8117

From the use of dynamic policy, the expected coverage is improved by 4.14% compared to the case 1 policy and 2.14% compared to the case 2 policy.

Discussions

- In this research, we examine the potential of dynamic priority assignment to increase the emergency medical service coverage under resource limitations.
- We show conditions under which we have optimal threshold-type, monotone policies. Our computational study provides that the dynamic policy achieves significant improvement in coverage over existing static policies.
- Future work might concentrate on the extension of the model to geographical call types so that the model can explicitly consider spatial features of the system.

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