

# Flow Calculation Tool

- 3** Flow Calculation
- 4 LOU/LOH/LOT
- 5 Capacity Planning
- 6 Staffing Profile

Split Flow  
Inpatient Transitional Care

Time Stamps

Target Utilization

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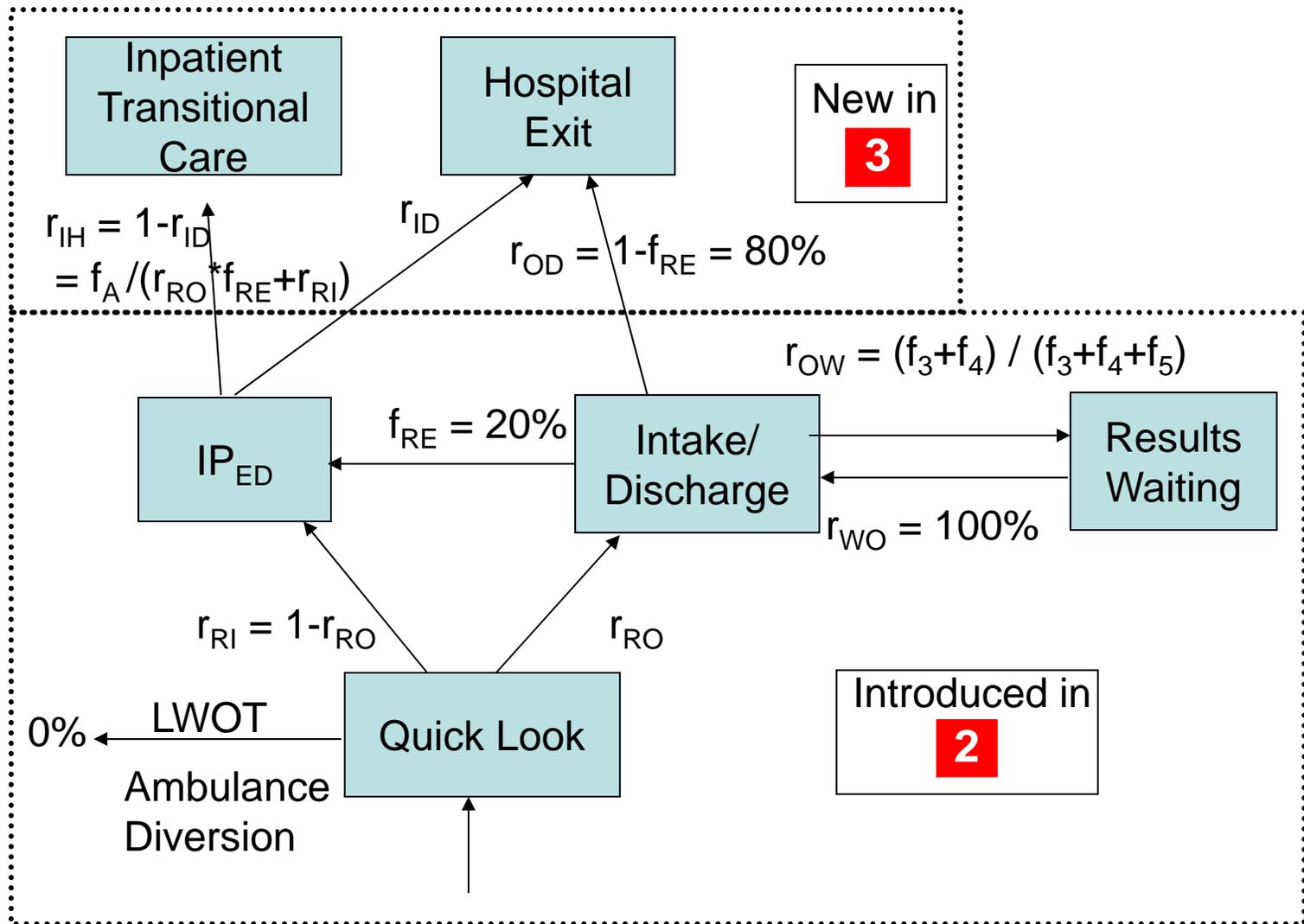
# Analysis Goals

- With this tool, the user will be able to answer the question: “How many patients per hour will arrive to each area of the Split ED?”
- The answer is based upon patient acuity mix ( $f_1, f_2, f_3, f_4, f_5$ ) and volume, and the percentage of patients admitted to the inpatient units ( $f_A$ ) from the ED.

# Patient Flows in the Split ED

- Remember, in Tool **2**, we ‘push’ patients into the front of the Split ED on the basis of acuity.
- Now in Tool **3**, patients are ‘pulled’ out of the back-half to match the ED’s admit percentage.
  - The ‘Inpatient Transitional Care’ area accommodates patients ‘boarding’ in the ED while waiting for inpatient bed placement.
  - For more information on the “whole-hospital” effect of ED admits, see [1] and [2]
- The next slide shows all Split ED areas combined graphically. In this Tool, all patients flows in the diagram will be calculated.

# Combining Flows in the Split ED



# Tool 3 Inputs

- Percent of patients admitted to inpatient bed units from the ED.

Percent Admitted to IP Department from ED ( $f_R$ ):	22%
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- Inputs from Tool **2**
  - Daily planning volume including LWOTs.
  - Patient acuity mix ( $f_1, f_2, f_3, f_4, f_5$ ) and the default Intake/Discharge to IP<sub>ED</sub> transfer percentage ( $f_{RE}$ ).

<b>INPUT:</b>	
Daily Planning Volume (Including LWOTS)	265
<b>Acuity:</b>	
Level 1 ( $f_1$ )	0.03%
Level 2 ( $f_2$ )	8.28%
Level 3 ( $f_3$ )	68.73%
Level 4 ( $f_4$ )	20.53%
Level 5 ( $f_5$ )	2.18%
Sum (must equal 100%):	100%
Default OP <sub>ED</sub> to IP <sub>ED</sub> transfer percentage ( $f_{RE}$ ):	20%

# Tool 4 Outputs

## Queuing Network Flow Balance Equations<sup>[3],[4]</sup>

- $r_{OI}$  is same as used in **2** and  $f_A$  is the percentage of ED patients admitted to an inpatient unit.

$$Quick\ Look\ (QL)\ Arrivals = \begin{cases} Daily\ Planning\ Volume / 24 * 1.30 \\ Daily\ Planning\ Volume / 24 * 0.70 \end{cases}$$

Peak period multiplier

Off-Peak period multiplier

$$Intake/Discharge\ Arrivals = Quick\ Look\ Arrivals * 2 * (f_3 + f_4 + f_5)$$

$$Results\ Waiting\ Arrivals = QL\ Arrivals * \left[ (f_3 + f_4 + f_5) + \left( \frac{f_3 + f_4}{f_3 + f_4 + f_5} \right) \right]$$

$$IP_{ED}\ Arrivals = QL\ Arrivals * \left[ (f_1 + f_2) + f_{RE} * (f_3 + f_4 + f_5) \right]$$

$$Inpatient\ Transitional\ Care\ Arrivals = IP_{ED}\ Arrivals * \frac{f_A}{f_{RE} * (f_3 + f_4 + f_5) + f_1 + f_2}$$

$$Hospital\ Exit\ Arrivals = QL\ Arrivals * (1 - f_{RE}) * (f_3 + f_4 + f_5) + IP_{ED}\ Arrivals * \left( 1 - \frac{f_A}{f_{RE} * (f_3 + f_4 + f_5) + f_1 + f_2} \right)$$

# The EXCEL<sup>®</sup> Tool 3

Purpose: Calculate, using daily arrivals and urgency mix, the hourly patient flow to each split flow area

INPUT:						
Percent Admitted to IP Department from ED ( $f_A$ ):	22%	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>3</b> Flow Calculation  <b>4</b> LOU/LOH/LOT  <b>5</b> Capacity Planning  <b>6</b> Staffing Profile                 </div>				Split Flow Admit Hold
Daily Planning Volume (Including LWOTs):	233					Time Stamps
<b>Acuity:</b>		From <b>2</b>				Target Utilization
Level 1 ( $f_1$ )	0.03%					Integer Effect
Level 2 ( $f_2$ )	8.28%					
Level 3 ( $f_3$ )	68.73%					
Level 4 ( $f_4$ )	20.53%					
Level 5 ( $f_5$ )	2.18%					
Sum (must equal 100%):	100%					
Default OP <sub>ED</sub> to IP <sub>ED</sub> transfer percentage ( $f_{RE}$ ):	20%					
OUTPUT:						USED IN
Patient Arrivals per Hour	Quick Look	Intake/Discharge	Results Waiting	IP <sub>ED</sub>	Inpatient Transitional Care	<b>5</b>
Peak Period (9am - 9pm):	12.62	23.08	11.27	3.36	2.78	
Off-Peak Period (9pm - 9am):	6.80	12.43	6.07	1.81	1.50	<b>6</b>
Overall Daily Average	9.71	17.75	8.67	2.58	2.14	

Note: Tool **6** is the staffing tool.

# Using Tool 3 Output

- The tool's output shows, during peak and off-peak periods, the arrival rate to Split ED areas.
- The output is directly useful for staffing.
  - For example, if a doctor and team serve 2 patients per hour in the  $IP_{ED}$ , then:

$$IP_{ED} \text{ Doc Teams Needed} = \frac{IP_{ED} \text{ Arrival Rate/Hr}}{2 \text{ patients/Hr}}$$

$$IP_{ED} \text{ Doc Teams Needed} = \frac{2.58}{2} = 1.3 \approx 1 - 2 \text{ Doc teams needed}$$

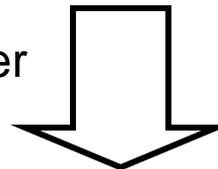
- Tools **5** & **6** allocate space and providers, respectively, to the Split ED areas in more detail.

# Links to Next Tools

- Hourly patient arrivals
  - Re-enter, *don't copy and paste*, into Tools **5** & **6** the numbers circled below where requested.

<b>OUTPUT:</b>					
Patient Arrivals per Hour	Quick Look	Intake/Discharge	Results Waiting	IP ED	Inpatient Transitional Care
Peak Period (9am - 9pm):	12.62	23.08	11.27	3.36	2.78
Off-Peak Period (9pm - 9am):	6.80	12.43	6.07	1.81	1.50
Average	9.71	17.75	8.67	2.58	2.14

Re-enter



**5** **6**

# References

- [1] quantifies demand for inpatient resources by patients originating in the ED.
- [2] provides more information on the effect of the ED on the whole hospital.
- [3] defines flow balance theory in queuing networks.
- [4] shows an example of its use to model an entire hospital's patient flow.

- [1] Cochran JK, Roche KT, (in revisions). A queuing-based decision support methodology to estimate hospital inpatient bed demand. *Journal of the Operational Research Society*.
- [2] Roche KT. A queuing and simulation-based approach to non-linear hospital bed planning. MS Thesis, Ira A. Fulton School of Engineering, Arizona State University 2005.
- [3] Gross D, Harris CM. *Fundamentals of Queueing Theory*, 3<sup>rd</sup> edition. New York: John Wiley and Sons Inc., Section 4.2: Open Jackson Networks 1998;174-183.
- [4] Cochran JK, Bharti A. A multi-stage stochastic methodology for whole hospital bed planning under peak loading. *International Journal of Industrial and Systems Engineering* 2006;1(1):8-36.