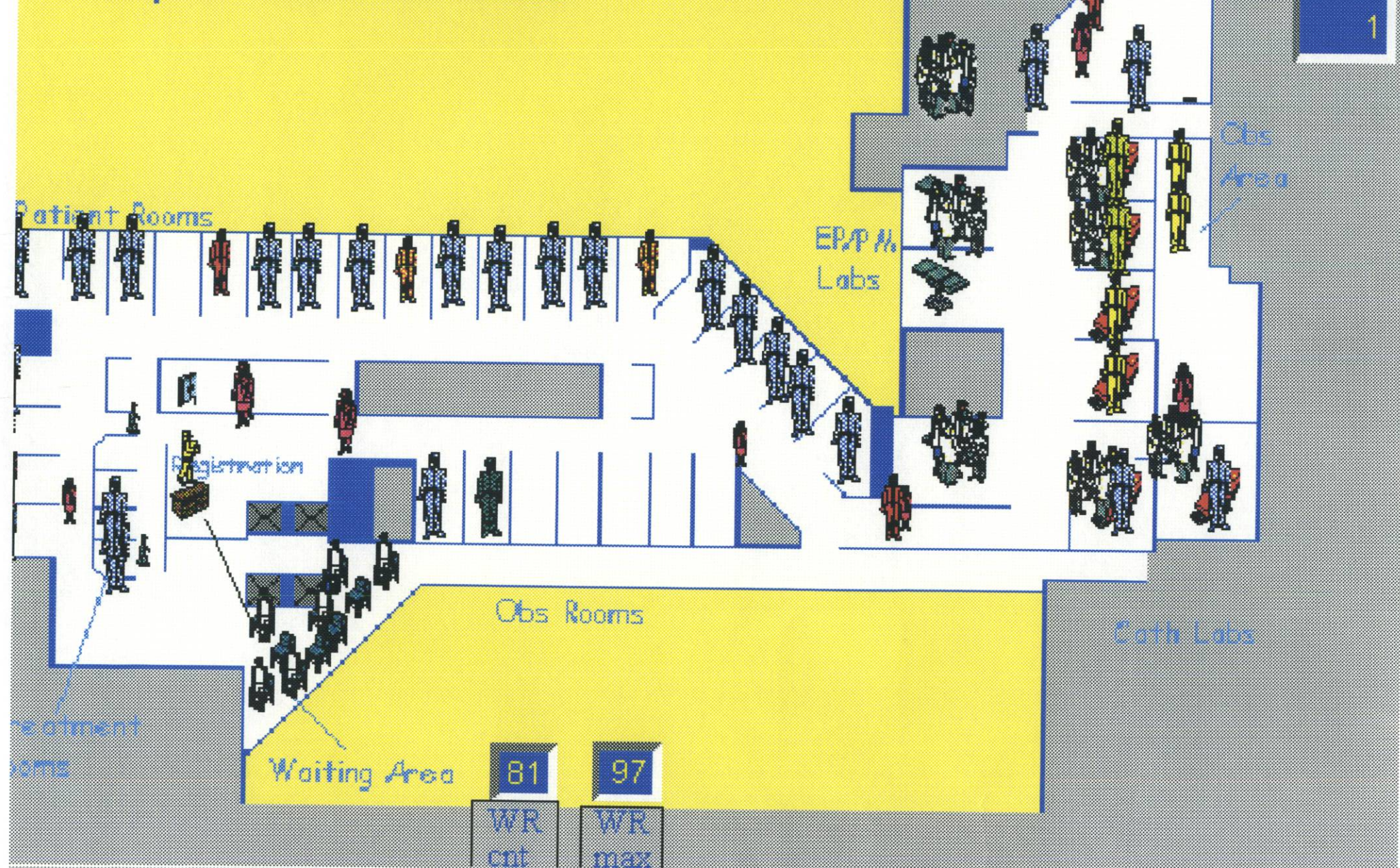


Baylor Heart Hospital

**Senior Design
Spring 1998**

HR: 02 MIN: 49

Port Hospital Simulation Model



Management Summary

Baylor University Medical Center, a five-hospital complex located just north of downtown Dallas, is one of the leading tertiary care teaching and referral centers in Texas and the Southwest. The complex currently has 1,455 licensed beds with 681 people on the medical staff. Our project focused on the planned heart hospital, which is to be built across Worth Street from the main hospital tower. This eight-story facility would be financed and run jointly by Baylor and three major cardiac physician groups. The third floor of the hospital would house the cathology and electrophysiology labs that provide diagnostic tests and host several non-emergency procedures.

A team consisting of Baylor employees and the Healthcare Environmental Design architectural firm has been working on the floor plan and design of this facility. Because the project involves multimillion dollar expenditures from both the physicians and the hospital and performs tasks vital to the welfare of cardiology patients, the two sponsors want to insure the facility can handle the expected patient flow in the new heart hospital. As a result, our team has been asked to collect data, run a simulation for the new facility, and analyze the results. To accomplish this task, we used data taken from logs, hospital databases, nurse and doctor estimates, and personal observations to construct a MedModel (software designed to simulate medical facilities) model which simulated the heart hospital environment. According to the simulation, the third floor of the heart hospital will be able to support the expected patient flow with no glitches if some minor changes are made. If the new facility is approved by Baylor and the physicians, it could begin construction as early as September 1998.

Background

The purpose of our project was to work with a team of Baylor employees to create a working model of the proposed heart hospital using a simulation program called MedModel. We used the architectural blueprints created by Healthcare Environmental Design as the basis for the model. Our group wanted to create a model which was easy to understand, filled with meaningful statistics, and easily alterable to test the impact changes in staffing or scheduling might produce. In addition, the simulation is intended to assist the hospital in determining the exact number of rooms on the floor and the necessity of building more labs. The information will be used by Baylor management to help determine the floor plan of the hospital to be built later this year.

To create the model, our team compiled and analyzed data collected from hospital databases, logs, nurses and doctors, and previous design projects. We also gathered data while observing the current heart treatment facility over a two-week period. We used the statistical output of the model to locate and reduce future problems with the new hospital. The statistical data and final simulation will be used by the physician groups and Baylor to help achieve the optimal staffing and scheduling mix for their new facility.

Data Collection

Data Sources

We used the following sources to obtain our data for the simulation:

1. **Apollo Database:** This hospital-wide database is run and maintained by John Dixon. It is the computerized log of many cardiology procedures performed at the current heart treatment facility. The database contains the procedure done, time taken for the procedure, and subsequent destination of the patient. This information was used to determine the distribution of cath lab procedure times, patient types, and helped fill any holes in the patient flow charts.
2. **Nurse's Logs:** These logs provided raw data not included in the Apollo database. Specific data obtained from these logs include time spent in the 3 East Observation room, 3 South Observation room, and cath holding. We took the hard data from the nurse logs and entered them into our own database.
3. **Nancy Vish:** Nurse Vish, the senior managing cardiology nurse, provided patient types for all different classes of patients. She also suggested initial procedure times and patient flow quantities for several different types of patients and provided confirmation for all patient procedure times and distributions.
4. **Student Observation:** Our team spent two weeks taking procedure times for those tasks not included in the logs or the Apollo database. These include IV times, EKG times, nurse interviews, and a few other tasks completed in the treatment room before the main procedure.
5. **Dr. Ed Bond:** Dr. Bond, a cardiologist at Baylor, provided firm estimates for electrophysiology, IDC, and pacemaker procedures which did not have enough data points to accurately described with an continuous distribution.
6. **Data From 2 Roberts South Project:** We used family member arrival numbers and distributions determined by a previous design team

Patient Types

Elective Cath Patient: These are outpatients who need to undergo cath procedures. This initially consists of a simple assessment by the doctors; some patients stop at this diagnostic step, whereas others need further invasive treatment (such as an angioplasty, for example). The elective cath patients will make up the largest part of the patient flow.

Pacemaker Patient: These are patients who need to have their pacemakers remotely adjusted. The pacemaker patients also make up a large number of patients in the heart hospital. They are treated in the EP labs.

Electrophysiology Patient: These are patients who have their hearts electrically stimulated in the EP labs. These patients are also outpatients; however, their time in the hospital is usually greater than average due to the longer procedure time and the level of sedation (which requires a longer post-procedure stay).

ICD Patient: These are patients who had an EP done the day before and the doctors decided they need an ICD. The procedure is similar to a pacemaker implantation—a electronic device is attached to the heart and provides periodic shocks to the organ.

Ablation Patient: These are patients who had an EP done the previous and their physician decided they needed an ablation. An ablation is a procedure in which decaying heart cells are removed.

Biopsy Patient: These patients need a biopsy done on their heart. This procedure occurs in the cath lab; the doctors insert a tiny device into the body and “grab” a tiny piece of the heart. It is primarily a procedure practiced on transplant cases.

Cardioversion Patient: These patients do not use the cath or EP labs; Rather, they are kept in the inpatient or observation room and have their hearts periodically “shocked” with electric paddles.

Right Heart Patient: These patients need cath labs only on the right side of their heart. They are treated just like normal cath patients; they do, however, have shorter hospital stays.

Transfer/ED Patient: These patients are transferred from the Baylor University Medical Center facility. They bypass the admission and pre-operation treatment room. Most are admitted for cath labs, but some are there for EP labs.

Staffing

The staff which will run the new heart hospital consists of doctors, nurses, and technicians from both Baylor and the physicians' groups who will help finance the new facility. The simulation attempts to record the activities performed on the patient by each of the employees.

Registration Clerk: The receptionist is a non-nurse who takes the proper documentation from the patients as they arrive for their surgery. He/she will direct the patient to the waiting room until a treatment room vacates.

Treatment Room Technician: The technician assists the patient in the treatment room. He/she will perform the duties which do not require a nurse, such as undressing the patient, taking the patient's pulse, and testing the patient's blood.

Treatment Room Nurse: This nurse will bring the patient from the waiting room to the treatment room. He/she will run an IV, take the patient history, and perform other tasks needed before the patient can undergo treatment.

Heart Nurse: These nurses escort the patient from the treatment room to the observation and/or inpatient rooms. Then, they will take the patients from these rooms to the cath or EP labs. After the procedure, the nurses will observe any patients who are recuperating in the inpatient or observation rooms on a periodic basis.

Cath Observation Nurse: These nurses take patients from the cath labs to the cath holding facility or the 3 East facility (or BUMC if the patient has had severe problems in the lab). These nurses will also observe the patients in cath holding.

3-East Nurse: These nurses observe the patients in the 3-East facility.

Cath Teams: These are the teams which perform the cath labs on the patients.

EP Teams: These teams perform the EP procedures.

Each of the team members in the new hospital has duties not confined to those enumerated here; these “extra” tasks include paperwork, data entry, and any emergency duties which might arise if a patient has unexpected problems. These duties do not directly effect the patients, and therefore are omitted from this model.

Statistical Analysis

MedModel uses both constant numbers and variable distributions to simulate certain events such as patient arrivals, procedure times, and even the number of family members arriving with each patient. To calculate these distributions, our design team used ExpertFit, a software package designed to fit data to certain distributions. To accomplish this task, we entered the raw data into a spreadsheet and then ran a statistical analysis. Two results emerged from this process; first, several possible distributions were returned by the computer, and second, a number which indicated the reliability of these distributions was given. If the reliability score was sufficient, that distribution was used. If no suitable distribution was returned, our group manually entered the data into a user defined distribution. All of the distributions and tables are included in an appendix later in the report.

Arrivals: The arrivals basically follow two different types of distributions. The first, applied to the high volume patients (such as cath patients), is a logarithmic distribution. The mean for the distribution of the cath patients was 22.5 patients per day, the minimum was 10 patients and the maximum was 35 patients. The other arrivals did not have enough data to warrant statistical distributions. For this reason, our group used the estimates given by Nancy Vish; however, due to the small number of patients, the simulation should not be adversely effected. In all, 19 non-cath patients can be expected every day. See the appendix for exact numbers for all patient types.

Family Member Distribution: The family member distribution was taken from a previous design project. We used this data to create an empirical table. Most patients (65%) are accompanied by one or two family members.

Registration Process: This data was taken from direct student observation and used to create an empirical table. Most patients (49%) take five minutes to register; all are registered within two or three minutes of that mark.

Treatment Room: This procedure consists of an IV, blood lab, EKG, database entry, and patient education. The distribution for each subprocedure is normal. See the attached chart for specific means and standard deviations. Overall, the mean for the treatment room time was 44.5 minutes and the standard deviation was 12.5 minutes.

Cath Labs: The lab time was taken from the Apollo database and confirmed by Nancy Vish. The data could not be suitably fit to any distribution; therefore, an empirical tables were used. The mean time for the lab was 49.2 minutes with a minimum time of 19.3 minutes and a maximum time of 90 minutes.

EP Labs: The lab time for EP labs, like that of the cath labs, was taken from the Apollo database and could not be fit to any distribution, so an empirical table was used. The mean for the procedure was 144.6 minutes with a minimum of 10 hours and a maximum of 45 minutes.

Biopsy Procedure: The biopsy data was taken from the Apollo database. It fit a normal distribution with a mean of 25 minutes and a standard deviation of 5 minutes.

Ablation Procedures: Data on ablations was taken from medical logs. No curve could be fitted to the procedure, so an empirical table was used. The mean time for the procedure was 6 minutes, with a minimum time of 5 minutes and a maximum time of 10 minutes.

Cardioversion Procedures: Data was insufficient for the cardioversion procedure; however, due to the extremely small volume of cardioversion patients (one or less per day), the 6 hour estimate given by Nancy Vish should not effect the outcome of the model.

ICD Procedures: An empirical table was used to describe the distribution for this procedure. The mean for the ICD's was 145 minutes, the minimum time was 90 minutes, and the maximum was 240 minutes.

Right Heart Procedures: This procedure was fit to a normal curve; the mean was 30 minutes and the standard deviation was 5 minutes.

Pacemaker Procedures: No distribution was a suitable fit, so an empirical table was used. The mean for the procedure was 131 minutes, the minimum was 90 minutes, and the maximum was 240 minutes.

Again, for more detailed information on the statistical distribution used, see the appendix in back. This appendix provides best-fit curves for each type of data, empirical tables from which the distributions were derived, and the exact number of observations used to map the data.

MedModel

MedModel is the computer software package used to simulate medical facilities. The program has an extensive graphical interface, complete with dozens of computer graphics. In this model, we entered the design given to us by Healthcare Environmental Design firm and built locations and paths on top of the blueprints. We created the model to an accurate scale—the software is detailed enough to include the time an employee takes to walk from one room to the next.

In the model, the ten patient types follow paths from one location to the next. The specific path taken by each patient depends on his/her patient type. The resources (Baylor employees) also move along these paths from location to location either with a patient or to meet one. The software then collects statistics on locations, patients, and resources after the model is run. For further reference, see the patient flow charts included in a later appendix.

Model Components

Each model consists of several elements:

Entities: Entities are the elements which pass through the model and have actions performed on them—in other words, in general, they are the patients in the model. Our model also consider family members to be entities. For a more detailed description of the ten entities (patient types) see the preceding section on patient types.

Locations: Locations are places in the model where an action is done to an entity, even if the action is only waiting. Each location in the model will be discussed in the subsequent section.

Path Networks: These are the paths the entities and resources take around the model. Entities and resources travel around separate paths. Interfaces connect nodes on the path to the locations in the model.

Resources: The resources are the members of the Baylor heart hospital team. They include the techs, nurses, and doctors that treat patients.

Processing: Processing is the logic followed by the entities in the model; in general, the processing is broken up into two parts—the movement of the entities along the paths, and the actions taken upon them at their destination.

Arrivals: Arrivals dictate when and how frequently the entities arrive.

Attributes: Attributes are characteristics assigned to each of the entities. In our model, these include number of family members, whether or not certain patients require an overnight stay, and several other characteristics relevant to some patient types.

Locations

Entrance: This location is the point at which the majority of patients will enter the model (with the exception of those patients like the ICD or Ablation patients already in the model). It represents the door or elevator from which the patients will emerge.

Registration Line: This is where the patients coming from the entrance will wait until a registration clerk is available.

Registration Desk: The patients will fill out the preliminary documentation here and then be directed to the waiting room until a treatment room opens.

Waiting Room: The patients will wait here until a treatment room opens.

Treatment Room: The patients will be sent here. A nurse and a technician will run an IV, take patient histories, perform EKG tests, and prepare the patient for his or her procedure.

Observation Rooms: The patients will wait in these rooms until the appropriate lab is ready for them. In case these rooms are full, the patients will occupy an inpatient room. Post-procedure patients will also come here if they do not need the intensive observation provided at the cath holding or 3 East recovery rooms.

Inpatient Rooms: In case the observation rooms are full, the patients will wait here for their procedure. These rooms will also be used to house any patients who need overnight stays. Post-procedure patients will also recuperate here.

Cath Labs: These labs will be used for several procedures, foremost among them, the actual cath lab procedure.

EP Labs: Several procedures, including electrophysiology labs and pacemaker labs, will be performed here.

Cath Holding: Cath patients who do not need extensive observation will be kept here after their labs before moving to inpatient/observation rooms.

3 East: EP patients and cath patients who need closer observation will be kept here before they can be moved to an inpatient/observation room.

Departure: Patients and family members exit the model here.

BUMC: Not officially part of the model, BUMC is the main hospital to which emergency cases will be sent. Transfer patients will also arrive from BUMC.

Patient Flow

These are the different paths that the patients take through the model. Many of the paths are variable; in these cases, we have tried to give the exact percentages for the proportion of patients that travel along each alternate route. Flow charts are also included in a later appendix. Due to the numerous patient types, this section will only give a brief description of their flow. For a more detailed description please consult the additional material. Also, this simulation was concerned only with the third floor of the new hospital—traffic outside this limited subject area was not explicitly noted in the simulation. In the case that a patient does leave the third floor facility (and goes to BUMC, for example), the model (and the flow chart) will just show the entity departing.

Elective Cath Patient

This patient will enter the model at the official entrance and then move to the registration line to wait to register. From there, the patient will wait in the waiting room until a treatment room is open. From the treatment room, the patient will move into either an observation room or an inpatient room (the observation room will have priority) until the cath lab is ready. After the cath procedure, the patient will go one of three places. If the cath team decided not to use an interventional procedure (as happens in 56% of the cases), the patient will move to the cath observation room. If the patient does require intervention (29% of cases), he/she will be moved to the 3 East recovery room. If the patient was a transfer from BUMC (14%), they will be discharged and transported back to the main hospital. For those patients that remain in the heart hospital, they will be moved to an observation or inpatient room and discharged after a rest period.

EP Patient

These patients will arrive and register, just as the cath patients do. They follow the same path to the observation/inpatient rooms; however, from there, the EP

patients travel to the EP lab. After the lab procedure, about half of the patients are well enough to be moved to an observation/inpatient room. However, due to the need for heavy sedation during the procedure, the other half of patients are moved to the 3 East recovery room. After four to six hours of observation, both types of patient are usually released.

Pacemaker Patient

The pacemaker patients follow the same path through registration, treatment, and to the observation/inpatient room as do the EP and cath lab patients. Like the EP patients, they are moved to the EP lab. However, their procedure is usually much shorter and less invasive than the EP patients', so they usually do not require recovery in 3 East. These patients are held in an inpatient/observation room until 11:00 AM the next day.

ICD Patients

These patients are ones that have already undergone an EP procedure, but the doctors feel there is a need to insert the ICD device. Therefore, since they are already in the system, these patients bypass the normal entrance process completely. For the purpose of this model, they are assumed to have entered the system directly into an inpatient/observation room. From there, the patients will move to the EP labs for their procedure. Due to the highly invasive nature of this procedure, all ICD patients spend time in the 3 East recovery room. From there, they will move to an inpatient/observation room until 3:00 PM the next day when they are discharged.

Ablation Patients

Similar to ICD patients, ablation patients are former AP patients who need further treatment. These patients enter the system (for the purpose of this model) in the inpatient/observation rooms. From there, the patient will move to the EP lab, where he/she will undergo the ablation. Again like the ICD procedure, ablations are highly invasive, and the ablation patients require observation in the 3 East

recovery room. From there, they will be moved back to an observation/inpatient room until they are discharged at 3:00 PM the next day.

Biopsy Patients

Biopsy patients arrive and register in the same fashion as do cath patients or EP patients. From the waiting room area, however, they bypass the observation/inpatient rooms and move directly to the cath lab. For most (90%) of the biopsy patients, the procedure is relatively minor and they are discharged immediately after the biopsy. However, for the 10% of patients who undergo a groin biopsy, a short stay in the cath observation recovery room is needed.

Right Heart Patients

These patients arrive, register, and move to an observation/inpatient room just like the cath patients do. From there, they move to the cath lab and have the right heart procedure done. A slight majority of the patients who undergo the procedure (60%) are ready to be discharged after the lab; however, a significant number (40%) need to be transferred to BUMC for further treatment.

Transfer Patients

Some patients are transferred from BUMC to the heart hospital; these patients enter through the normal entrance, but they bypass the registration line and waiting room and move straight to an observation/inpatient room. Ninety percent of the patients are at the heart hospital for a cath lab, and these patients enter the cath lab path at the inpatient/observation node. The remaining 10% enter the EP lab path at the same point. When discharged, these patients are treated like any other within the model, although in reality, they will move back to BUMC.

Cardioversion Patients

These patients arrive and register and wait like cath or EP patients. From there, they move to an inpatient/observation room, where the cardioversion treatment is performed on the patient. After a four hour treatment, the patient is discharged.

Model Analysis

After completion, we tested the model by running it several dozen times to insure no problems existed. Initially, we tested it with the staffing and lab numbers given to us by the doctor groups and Baylor. These initial figures included two registration clerks, two treatment nurses, two treatment technicians, eight heart nurses, six cath lab teams, three EP lab teams, two 3 East nurses, and four cath holding nurses. The day at the heart hospital will officially run from 7:00 AM to 11:00 PM—seventeen hours. However, with these initial resources, the operating time of the hospital was more than twenty-eight hours, well over the seventeen hour target. Therefore, we altered several different resource levels.

The first main problem we discovered was with the treatment nurses. With the initial level of two nurses, the treatment rooms were simply being underutilized—in fact, two of the cath labs were unused because not enough patients were running through the model. Our group found that by increasing this number to three nurses, the treatment room could be fully utilized. This reduced the total time to 21:02, about four hours over the target time.

The next “bottleneck” we tackled was the 3 East nurses. We noticed that several patients were forced to remain in the cath and EP labs well after their procedures were finished. The nurses in 3 East seemed hopelessly overloaded, so we increased their number until time improvement stopped. We found that five is the optimal number for the 3 East nurses. By increasing the number to five, the simulation time was cut to 17:30.

Finally, we tried to shave off the extra time by increasing the number of heart nurses. We found that nine of these nurses is the optimal number. With this many nurses, we whittled the total time down to 17:01—well within a reasonable margin of error for the desired operating time.

Because several of the patient types required nearly all of the seventeen hours for their procedure and recovery time, we did not try to further lower the simulation running time. Instead, we ran several scenarios to determine if any “fat” existed in the system. We tried lowering the number of technicians, registration clerks, cath holding nurses, and many of the other non-critical variables. Not surprisingly, we found that several resources can actually be reduced with no negative impact on the overall time. For example, the new hospital has 23 inpatient rooms. Or simulation indicates that this number could be lowered to 22 rooms with no adverse impact. Otherwise, we found the optimal number of each resource to be:

Registration Clerks: 2
Treatment Nurses: 3
Treatment Technicians: 2
Heart Nurses: 9
3 East Nurses: 5
Cath Holding Nurses: 4
Cath Teams: 6
EP Teams: 6
Treatment Rooms: 4
Inpatient Rooms: 22
EP Labs: 3

Perhaps most surprisingly, we found that the hospital could actually lower the number of cath labs to five with only a minor negative time cost (5 labs used about 15 more minutes than 6). However, other considerations must be balanced before eliminating a lab. If one of the five remaining cath labs was to go down, only having four labs would provide a serious bottleneck in the patient flow. So, although eliminating one of the cath labs might be economically attractive on paper, we would not recommend the risk, especially when people’s lives might be at risk.

Conclusions and Recommendations

Baylor and the doctors' groups are planning on spending a lot of money on their new heart facility; before they do so, they need to be certain the facility they are building is adequate to handle the expected patient flow. Our model indicates that with only a few minor changes, such as using more treatment and heart nurses, their new hospital will be able to handle the number of patients expected to come through the building.

The model, with its ten patient types and multiple laboratory facilities, was a complex one; our design team, however, attempted to create a completely unbiased simulation. After analyzing the model, we would make the following recommendations:

- 1.) Increase the staff levels so they at least meet the numbers given under "Model Analysis."
- 2.) Determine whether or not the space which houses the inpatient room that our model indicates is superfluous can be used for a more necessary facility.
- 3.) Include six cath labs in the new facility—even if the sixth lab is a bit unnecessary, it provides "insurance" in case one of the other labs malfunctions.

For more detailed information (scenario results, empirical data, floor plans, etc.) please refer to the accompanying appendices.

MedModel Processing

Formatted Listing of Model:
C:\MedMod3\models\Hh4.mod

Time Units: Minutes
Distance Units: Feet

Locations

Name	Cap	Units	Stats	Rules	Cost
Entrance	inf	1	Time Series	Oldest, ,	
Desk	2	1	Time Series	Oldest, ,	
Waiting_Room	inf	1	Time Series	Oldest, ,	
Treatment_Room	4	1	Time Series	Oldest, ,	
Inpatient_Room	23	1	Time Series	Oldest, ,	
Observation_Room	7	1	Time Series	Oldest, ,	
Three_East	9	1	Time Series	Oldest, ,	
EP_1	1	1	Time Series	Oldest, ,	
EP_2	1	1	Time Series	Oldest, ,	
EP_3	1	1	Time Series	Oldest, ,	
Cath1	1	1	Time Series	Oldest, ,	
Cath2	1	1	Time Series	Oldest, ,	
Cath3	1	1	Time Series	Oldest, ,	
Cath4	1	1	Time Series	Oldest, ,	
Cath5	1	1	Time Series	Oldest, ,	
Cath6	1	1	Time Series	Oldest, ,	
Cath_Holding	6	1	Time Series	Oldest, ,	
Regline	INFINITE	1	Time Series	Oldest, ,	
Departure	inf	1	Time Series	Oldest, ,	
Staff_room	inf	1	Time Series	Oldest, ,	
desk_workers	2	1	Time Series	Oldest, ,	
BUMC	inf	1	Time Series	Oldest, ,	

Entities

Name	Speed (fpm)	Stats	Cost
Cath	114	Time Series	
Fam_member	114	Time Series	
EP	114	Time Series	
ICD	114	Time Series	
Biopsy	114	Time Series	
Cardiovers	114	Time Series	
Right_Heart	114	Time Series	
Transfer_ed	114	Time Series	
PM	114	Time Series	
Ablation	114	Time Series	

Path Networks

Name	Type	T/S	From	To	BI	Dist/Time	Speed	Factor
PT_NET	Passing	Speed & Distance	N1	N2	Bi	16.50	1	
			N2	N3	Bi	16.99	1	

STAFF_NET Passing

Speed & Distance

N3	N4	Bi	30.45	1
N4	N5	Bi	10.00	1
N5	N6	Bi	15.74	1
N6	N7	Bi	12.00	1
N6	N8	Bi	15.60	1
N8	N9	Bi	13.36	1
N9	N10	Bi	13.20	1
N10	N11	Bi	12.40	1
N11	N12	Bi	12.80	1
N12	N13	Bi	12.40	1
N13	N14	Bi	12.00	1
N14	N15	Bi	15.73	1
N15	N16	Bi	11.12	1
N16	N17	Bi	3.39	1
N17	N18	Bi	49.38	1
N18	N19	Bi	13.20	1
N19	N20	Bi	16.04	1
N20	N21	Bi	9.23	1
N21	N22	Bi	18.41	1
N18	N23	Bi	10.00	1
N23	N24	Bi	7.21	1
N24	N25	Bi	6.41	1
N24	N26	Bi	10.49	1
N15	N27	Bi	6.01	1
N27	N28	Bi	8.40	1
N28	N29	Bi	13.20	1
N29	N30	Bi	11.20	1
N5	N30	Bi	49.71	1
N31	N1	Bi	4.81	1
N21	N32	Bi	40.41	1
N1	N2	Bi	14.40	1
N2	N3	Bi	8.80	1
N2	N4	Bi	5.21	1
N5	N6	Bi	5.21	1
N6	N7	Bi	5.65	1
N4	N8	Bi	28.84	1
N8	N5	Bi	7.69	1
N8	N9	Bi	9.80	1
N9	N10	Bi	6.80	1
N10	N11	Bi	6.81	1
N9	N12	Bi	15.22	1
N12	N13	Bi	8.09	1
N13	N14	Bi	6.80	1
N14	N15	Bi	5.61	1
N15	N16	Bi	12.40	1
N16	N3	Bi	8.48	1
N3	N17	Bi	10.80	1
N17	N18	Bi	12.80	1
N18	N19	Bi	12.40	1
N19	N20	Bi	5.21	1
N20	N21	Bi	11.12	1
N21	N22	Bi	13.93	1
N22	N23	Bi	49.06	1
N4	N24	Bi	16.00	1
N24	N25	Bi	13.60	1
N25	N26	Bi	12.40	1
N26	N27	Bi	12.00	1
N27	N22	Bi	7.20	1
N23	N28	Bi	14.84	1
N28	N29	Bi	10.40	1
N29	N30	Bi	10.67	1
N30	N31	Bi	19.69	1
N23	N32	Bi	15.33	1
N32	N33	Bi	6.81	1
N33	N34	Bi	7.58	1
N33	N35	Bi	6.80	1
N4	N36	Bi	21.96	1

N7	N37	Bi	20.37	1
N30	N38	Bi	20.36	1
N30	N39	Bi	6.70	1
N29	N40	Bi	10.46	1
N28	N41	Bi	11.06	1
N23	N42	Bi	11.76	1
N32	N43	Bi	5.44	1
N35	N44	Bi	5.33	1
N23	N45	Bi	8.23	1
N28	N46	Bi	11.11	1
N29	N47	Bi	9.74	1
N30	N48	Bi	36.46	1

 * Interfaces *

Net	Node	Location
PT_NET	N4	Treatment_Room
	N7	Inpatient_Room
	N18	EP_3
	N19	Cath4
	N20	EP_1
	N20	EP_2
	N20	Cath2
	N21	Cath1
	N19	Cath3
	N23	Cath5
	N25	Cath6
	N26	Cath_Holding
	N22	Three_East
	N3	Desk
	N1	Regline
	N1	Entrance
	N1	Departure
	N2	Waiting_Room
	N32	BUMC
	N27	Observation_Room
STAFF_NET	N7	Treatment_Room
	N11	Inpatient_Room
	N34	Cath_Holding
	N31	Three_East
	N1	Staff_room
	N27	Observation_Room
	N37	Waiting_Room
	N36	Desk
	N39	Cath1
	N40	Cath2
	N41	Cath3
	N42	Cath4
	N43	Cath5
	N45	EP_3
	N46	EP_2
	N47	EP_1
	N44	Cath6
	N48	BUMC

 * Resources *

Name	Units	Stats	Res Search	Ent Search	Path	Motion	Cost
------	-------	-------	---------------	---------------	------	--------	------

pre_nurse	4	By Unit	Closest	Oldest	STAFF_NET Home: N1 (Return)	Empty: 114 fpm Full: 114 fpm
pre_tech	2	By Unit	Closest	Oldest	STAFF_NET Home: N1 (Return)	Empty: 114 fpm Full: 114 fpm
reg	2	By Unit	Closest	Oldest	STAFF_NET Home: N36 (Return)	Empty: 114 fpm Full: 114 fpm
heartnurse	8	By Unit	Closest	Oldest	STAFF_NET Home: N1 (Return)	Empty: 114 fpm Full: 114 fpm
enurse	6	By Unit	Closest	Oldest	STAFF_NET Home: N31 (Return)	Empty: 114 fpm Full: 114 fpm
obsnurse	2	By Unit	Closest	Oldest	STAFF_NET Home: N34 (Return)	Empty: 114 fpm Full: 114 fpm
cathteam	6	By Unit	Closest	Oldest	STAFF_NET Home: N38 (Return)	Empty: 114 fpm Full: 114 fpm
epteam	3	By Unit	Closest	Oldest	STAFF_NET Home: N38 (Return)	Empty: 114 fpm Full: 114 fpm

 * Processing *

Process				Routing	
Entity	Location	Operation	Blk Output	Destination	Re
Cath	Entrance	CATH_LOS = Clock()			
		FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member			
		CATHPT=1 Cath_Dest = Cath_Dest_table()	1 Cath	Regline	FI
Cath	Regline		1 Cath	Desk	FI
Cath	Desk	USE reg FOR N(5,1)			
			1 Cath	Waiting_Room	FI
Cath	Waiting_Room	INC Waitroom_count, 1 If Waitroom_count > Waitroom_max then Waitroom_max = Waitroom_count			
			1 Cath	Treatment_Room	FI
Cath	Treatment_Room	USE pre_tech FOR N(5,1) USE pre_tech FOR N(5,1) USE pre_nurse FOR N(7,1)			
			1 Cath	Inpatient_Room	FI

Cath	Inpatient_Room	Macro_room	1	Cath	Observation_Room	F
				Cath	Cath1	F
				Cath	Cath2	F
				Cath	Cath3	F
				Cath	Cath4	F
				Cath	Cath5	F
			2	Cath	Cath6	F
				Cath	Departure	F
Cath	Observation_Room	Macro_room	1	Cath	Cath1	F
				Cath	Cath2	F
				Cath	Cath3	F
				Cath	Cath4	F
				Cath	Cath5	F
			2	Cath	Cath6	F
				Cath	Departure	F
Cath	Cath1	Macro_cath				
			1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Cath2	Macro_cath	1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Cath3	Macro_cath	1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Cath4	Macro_cath	1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Cath5	Macro_cath	1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Cath6	Macro_cath	1	Cath	Cath_Holding	F
			2	Cath	Three_East	F
			3	Cath	BUMC	F
Cath	Three_East	USE enurse FOR -488+W(7.06,969)	1	Cath	Inpatient_Room	F
				Cath	Observation_Room	F
Cath	Cath_Holding	USE obsnurse FOR CATH_OBS_TABLE()				
			1	Cath	Inpatient_Room	F
				Cath	Observation_Room	F
Cath	Departure	JOIN FAM_MEM Fam_member log "Cath Average LOS", CATH_LOS				
		FREE ALL				
Fam_member	Entrance		1	Cath	EXIT	F
			1	Fam_member	Waiting_Room	F
Fam_member	Waiting_Room					

		INC Waitroom_count, 1 If Waitroom_count > Waitroom_max then Waitroom_max = Waitroom_count				
			1	Fam_member	Departure	JK
	Fam_member	Departure				
		FREE ALL				
			1	Fam_member	EXIT	FI
	Cath	BUMC				
		INC BUMC_count GRAPHIC 2	1	Cath	Departure	FI
	EP	Entrance				
		EP_LOS = Clock () EP_ATT=EP_ROUTE_TABLE() PRO_DONE=0 FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member				
			1	EP	Regline	FI
	EP	Regline	1	EP	Desk	FI
	EP	Desk				
		USE reg FOR N(5,1)	1	EP	Waiting_Room	FI
	EP	Waiting_Room				
		INC Waitroom_count, 1 If Waitroom_count > Waitroom_max then Waitroom_max = Waitroom_count				
			1	EP	Treatment_Room	FI
	EP	Treatment_Room				
		USE pre_tech FOR N(5,1) USE pre_tech FOR N(5,1) USE pre_nurse FOR N(7,1)	1	EP	Inpatient_Room	FI
				EP	Observation_Room	FI
	EP	Inpatient_Room	1	EP	EP_1	FI
				EP	EP_2	FI
				EP	EP_3	FI
			2	EP	Departure	FI
	EP	Observation_Room	1	EP	EP_1	FI
		Macro_room		EP	EP_2	FI
				EP	EP_3	FI
			2	EP	Departure	FI
	EP	EP_1	1	EP	Three_East	FI
		Macro_ep				
			2	EP	Inpatient_Room	FI
				EP	Observation_Room	FI
	EP	EP_2	1	EP	Three_East	FI
		Macro_ep				
			2	EP	Inpatient_Room	FI
				EP	Observation_Room	FI
	EP	Departure				
		JOIN FAM MEM Fam_member log "EP Average LOS", EP_LOS FREE ALL	1	EP	EXIT	FI

EP	EP_3	Macro_ep	1	EP	Three_East	F
			2	EP	Inpatient_Room	F
EP	Three_East	USE enurse FOR N(54,27)		EP	Observation_Room	F
			1	EP	Inpatient_Room	F
					Observation_Room	F
ICD	Inpatient_Room	ICD_LOS = Clock () ICD_ATT=1				
		WAIT 120				
		Macro_room	1	ICD	EP_1	FI
				ICD	EP_2	FI
			2	ICD	EP_3	FI
				ICD	Departure	FI
ICD	Observation_Room	Macro_room	1	ICD	EP_1	FI
				ICD	EP_2	FI
				ICD	EP_3	FI
			2	ICD	Departure	FI
ICD	Departure	JOIN FAM_MEM Fam_member log "ICD Average LOS", ICD_LOS FREE ALL	1	ICD	EXIT	FI
ICD	EP_1	Macro_ep	1	ICD	Three_East	FI
ICD	EP_2	Macro_ep	1	ICD	Three_East	FI
ICD	EP_3	Macro_ep	1	ICD	Three_East	FI
ICD	Three_East	USE enurse FOR N(54,27)	1	ICD	Inpatient_Room	FI
				ICD	Observation_Room	FI
Biopsy	Entrance	BIOP_LOS = Clock () BIOP=BIOP_GROIN() FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member	1	Biopsy	Regline	FI
Biopsy	Regline		1	Biopsy	Desk	FI
Biopsy	Desk	USE reg FOR N(5,1)	1	Biopsy	Waiting_Room	FI
Biopsy	Waiting_Room	INC Waitroom_count, 1 If Waitroom_count > Waitroom_max then Waitroom_max = Waitroom_count	1	Biopsy	Cath1	FI
				Biopsy	Cath2	FI
				Biopsy	Cath3	FI
				Biopsy	Cath4	FI
				Biopsy	Cath5	FI
				Biopsy	Cath6	FI
Biopsy	Cath1	Macro_cath	1	Biopsy	Cath_Holding	FI

			2	Biopsy	Departure	FI
Biopsy	Cath2	Macro_cath	1	Biopsy	Cath_Holding	FI
			2	Biopsy	Departure	FI
Biopsy	Cath3	Macro_cath	1	Biopsy	Cath_Holding	FI
			2	Biopsy	Departure	FI
Biopsy	Cath4	Macro_cath	1	Biopsy	Cath_Holding	FI
			2	Biopsy	Departure	FI
Biopsy	Cath5	Macro_cath	1	Biopsy	Cath_Holding	FI
			2	Biopsy	Departure	FI
Biopsy	Cath6	Macro_cath	1	Biopsy	Cath_Holding	FI
			2	Biopsy	Departure	FI
Biopsy	Cath_Holding	USE obsnurse FOR N(45, 15)				
			1	Biopsy	Departure	FI
Biopsy	Departure	JOIN FAM_MEM Fam_member log "Biopsy Average LOS", BIOP_LOS FREE ALL				
			1	Biopsy	EXIT	FI
Cardiovers	Entrance	CARD_LOS = Clock ()				
		FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member				
			1	Cardiovers	Regline	FI
Cardiovers	Regline		1	Cardiovers	Desk	FI
Cardiovers	Desk	USE reg FOR N(5,1)				
			1	Cardiovers	Inpatient_Room	FI
				Cardiovers	Observation_Room	FI
Cardiovers	Inpatient_Room	USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5				
			1	Cardiovers	Departure	FI
Cardiovers	Observation_Room	USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30 USE heartnurse FOR 5 WAIT 30				

	USE heartnurse FOR 5			
	WAIT 30			
	USE heartnurse FOR 5			
	WAIT 30			
	USE heartnurse FOR 5			
	WAIT 30	1	Cardiovers Departure	FI
Cardiovers Departure	JOIN FAM_MEM Fam_member			
	log "Cardioversion Average LOS", CARD_LOS			
	FREE ALL	1	Cardiovers EXIT	FI
Right_Heart Entrance	RIGHT_LOS = Clock ()			
	RIGHT=RH_dest_table()			
	FAM_MEM = NO_FAM_MEMBERS()			
	CREATE FAM_MEM AS Fam_member			
		1	Right_Heart Regline	FI
Right_Heart Regline		1	Right_Heart Desk	FI
Right_Heart Desk	USE reg FOR N(5,1)			
		1	Right_Heart Waiting_Room	FI
Right_Heart Waiting_Room	INC Waitroom_count, 1			
	If Waitroom_count > Waitroom_max then			
	Waitroom_max = Waitroom_count			
		1	Right_Heart Inpatient_Room	FI
			Right_Heart Observation_Room	FI
Right_Heart Inpatient_Room	Macro_room	1	Right_Heart Cath1	FI
			Right_Heart Cath2	FI
			Right_Heart Cath3	FI
			Right_Heart Cath4	FI
			Right_Heart Cath5	FI
			Right_Heart Cath6	FI
Right_Heart Cath1	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart Cath2	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart Cath3	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart Cath4	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart Cath5	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart Cath6	Macro_cath	1	Right_Heart Departure	FI
		2	Right_Heart BUMC	FI
Right_Heart BUMC	INC BUMC_count, 1			
	GRAPHIC 2	1	Right_Heart Departure	FI
Right_Heart Departure	JOIN FAM_MEM Fam_member			
	log "Right Heart Average LOS", RIGHT_LOS			
	FREE ALL	1	Right_Heart EXIT	FI
Right_Heart Observation_Room	Macro_room	1	Right_Heart Cath1	FI
			Right_Heart Cath2	FI

Right_Heart Cath3	FI
Right_Heart Cath4	FI
Right_Heart Cath5	FI
Right_Heart Cath6	FI
2 Right_Heart Departure	FI

Transfer_ed Entrance	TRANS_LOS = Clock ()
	TRANS=TRANS_ROUTE()

1	Transfer_ed Inpatient_Room	FI
---	----------------------------	----

Transfer_ed Inpatient_Room

Macro_room	1	Transfer_ed Cath1	FI
		Transfer_ed Cath2	FI
		Transfer_ed Cath3	FI
		Transfer_ed Cath4	FI
		Transfer_ed Cath5	FI
		Transfer_ed Cath6	FI
	2	Transfer_ed EP_1	FI
		Transfer_ed EP_2	FI
		Transfer_ed EP_3	FI
	3	Transfer_ed Departure	FI

Transfer_ed Cath1	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed Cath2	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed Cath3	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed Cath4	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed Cath5	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed Cath6	Macro_cath	1	Transfer_ed Cath_Holding	FI
		2	Transfer_ed Three_East	FI

Transfer_ed EP_1	Macro_ep	1	Transfer_ed Three_East	FI
------------------	----------	---	------------------------	----

Transfer_ed EP_2	Macro_ep	1	Transfer_ed Three_East	FI
------------------	----------	---	------------------------	----

Transfer_ed EP_3	Macro_ep	1	Transfer_ed Three_East	FI
------------------	----------	---	------------------------	----

Transfer_ed Cath_Holding	USE obsnurse FOR 120			
		1	Transfer_ed Inpatient_Room	FI

Transfer_ed Three_East	USE enurse FOR 120			
		1	Transfer_ed Inpatient_Room	FI

Transfer_ed Departure	JOIN FAM_MEM Fam_member			
	log "Transfer Average LOS", TRANS_LOS			
	FREE ALL	1	Transfer_ed EXIT	FI

PM	Entrance	PM_LOS = Clock() PM_ATT=1			
		FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member	1	PM	Regline FI
PM	Regline		1	PM	Desk FI
PM	Desk	USE reg FOR N(5,1)	1	PM	Waiting_Room FI
PM	Waiting_Room	INC Waitroom_count, 1 If Waitroom_count > Waitroom_max then Waitroom_max = Waitroom_count	1	PM	Treatment_Room FI
PM	Treatment_Room	USE pre_tech FOR N(5,1) USE pre_tech FOR N(5,1) USE pre_nurse FOR N(7,1)	1	PM	Inpatient_Room FI
				PM	Observation_Room FI
PM	Inpatient_Room	Macro_room	1	PM	EP_1 FI
				PM	EP_2 FI
				PM	EP_3 FI
			2	PM	Departure FI
PM	Observation_Room	Macro_room	1	PM	EP_1 FI
				PM	EP_2 FI
				PM	EP_3 FI
			2	PM	Departure FI
PM	EP_1	Macro_ep	1	PM	Inpatient_Room FI
				PM	Observation_Room FI
PM	EP_2	Macro_ep	1	PM	Inpatient_Room FI
				PM	Observation_Room FI
PM	EP_3	Macro_ep	1	PM	Inpatient_Room FI
				PM	Observation_Room FI
PM	Departure	JOIN FAM_MEM Fam_member log "PM Average LOS", PM_LOS			
		FREE ALL	1	PM	EXIT FI
Ablation	Entrance	Ab_LOS = Clock() Ab_ATT=1			
		FAM_MEM = NO_FAM_MEMBERS() CREATE FAM_MEM AS Fam_member	1	Ablation	Inpatient_Room FI
Ablation	Inpatient_Room	Macro_room	1	Ablation	EP_1 FI
				Ablation	EP_2 FI
				Ablation	EP_3 FI
			2	Ablation	Departure FI

Ablation	EP_1	Macro_ep	1	Ablation	Three_East	FI
Ablation	EP_2	Macro_ep	1	Ablation	Three_East	FI
Ablation	EP_3	Macro_ep	1	Ablation	Three_East	FI
Ablation	Three_East	USE enurse FOR N(54, 27)	1	Ablation	Inpatient_Room	FI
Ablation	Departure	JOIN FAM_MEM Fam_member				
		log "AB Average LOS", Ab_LOS				
		FREE ALL	1	Ablation	EXIT	FI

 * Arrivals *

Entity	Location	Qty each	First Time	Occurrences	Frequency	Logic
Cath	Entrance	P(22.5,2)	5+N(0,2)	1	0	
EP	Entrance	3	1	1	10	
ICD	Inpatient_Room	1	0	1	0	
Biopsy	Entrance	1		6	15	
Cardiovers	Entrance	1		1	60	
Right_Heart	Entrance	1		4	60	
Transfer_ed	Entrance	2		1		
Ablation	Entrance	1		1		
PM	Entrance	2		1		

 * Attributes *

ID	Type	Classification
FAM_MEM	Integer	Entity
CATH_LOS	Real	Entity
#		
#0 for no, 1 for yes		
PRO_DONE	Integer	Entity
EP_LOS	Real	Entity
RIGHT_LOS	Real	Entity
CARD_LOS	Real	Entity
BIOP_LOS	Real	Entity
ICD_LOS	Real	Entity
TRANS_LOS	Real	Entity
BIOP	Integer	Entity
CATHPT	Integer	Entity
RIGHT	Integer	Entity
TRANS	Integer	Entity
TRANSENT	Integer	Entity
Cath_Dest	Integer	Entity
CATH_3E_STAY	Real	Entity
CATH_OBS_STAY	Real	Entity
EP_ATT	Integer	Entity
CATH_IN_ROOM	Real	Entity
ICD_ATT	Integer	Entity
TRANS_CATH_TEST	Real	Entity
TRANS_EP	Integer	Entity
PM_LOS	Real	Entity
PM_ATT	Integer	Entity
Ab_LOS	Real	Entity

Ab_ATT	Integer	Entity
cath_op_time_temp	Real	Entity
cath_op_time	Real	Entity

```
*****
*                               Variables (global)                               *
*****
```

ID	Type	Initial value	Stats
Waitroom_max	Integer	0	Time Series
Waitroom_count	Integer	0	Time Series
BUMC_count	Integer	0	Time Series

```
*****
*                               Macros                               *
*****
```

ID	Text
Macro_room	<pre> IF PRO_DONE = 0 AND TRANS=2 THEN {USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) ROUTE 1 } IF PRO_DONE=0 AND TRANS=1 THEN {USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) ROUTE 2} If Pro_Done=1 and Trans=1 then {USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) Route 3} If Pro_Done=1 and Trans=2 then { CATH_IN_ROOM=720 IF CLOCK()+CATH_IN_ROOM>1020 THEN CATH_IN_ROOM=1020-CLOCK() WAIT_CATH_IN_ROOM Route 3} IF CATHPT>0 AND PRO_DONE=0 THEN { USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) ROUTE 1 } IF EP_ATT>0 AND PRO_DONE=0 THEN { USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) ROUTE 1 } IF ICD_ATT>0 AND PRO_DONE=0 THEN { USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5) ROUTE 1 } IF Cath_Dest=1 AND PRO_DONE=1 THEN {USE heartnurse FOR 5 WAIT 120 USE heartnurse FOR 5 WAIT 120 USE heartnurse FOR 5 WAIT 120 free heartnurse ROUTE 2 } IF Cath_Dest=2 AND PRO_DONE=1 THEN </pre>

```

{
CATH_IN_ROOM=720
IF CLOCK()+CATH_IN_ROOM>1020 THEN
CATH_IN_ROOM=1020-CLOCK()
WAIT CATH_IN_ROOM
ROUTE 2
}

```

```

IF EP_ATT>0 AND PRO_DONE=1 AND CLOCK()+375<1020 THEN
{
USE heartnurse FOR 5
WAIT 120
USE heartnurse FOR 5
WAIT 120
USE heartnurse FOR 5
WAIT 120
free heartnurse
ROUTE 2
}
IF EP_ATT>0 AND PRO_DONE=1 AND CLOCK()+375>=1020 THEN
{
WAIT 1020-CLOCK()
ROUTE 2
}

```

```

IF ICD_ATT>0 AND PRO_DONE=1 THEN
{
WAIT 1020-CLOCK()
ROUTE 2
}
IF RIGHT>0 AND PRO_DONE=0 THEN
{
USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5)
ROUTE 1
}
IF TRANS>0 AND PRO_DONE=0 THEN
{
USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5)
ROUTE 1
}

```

```

IF PM_ATT>0 AND PRO_DONE=0 THEN
{
USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5)
ROUTE 1
}
IF PM_ATT>0 AND PRO_DONE=1 THEN
{WAIT 1020-CLOCK()
ROUTE 2}

```

```

IF Ab_ATT>0 AND PRO_DONE=0 THEN
{
USE heartnurse FOR N(7.5, 2.5)+N(12, 4)+N(7.5,2.5)
ROUTE 1
}
IF (Ab_ATT>0 AND PRO_DONE=1) THEN
{WAIT 1020-CLOCK()
ROUTE 2}

```

Macro_Cath

```

IF BIOP >0 THEN
{

```

```

USE cathteam FOR 1.82+P5(5.75,119)
PRO_DONE=1
ROUTE BIOP
}

IF RIGHT>0 THEN
{
USE cathteam FOR N(30, 5)

PRO_DONE=1
ROUTE RIGHT
}
IF CATHPT>0 THEN
{

cath_op_time_temp=B(70.2,90,19.2,90)
If ((Clock()+cath_op_time_temp)>1020) then
{
    if Clock(>1020 then
    { cath_op_time=0}
    else
    {cath_op_time=1020-cath_op_time_temp}
}
Else
{cath_op_time=cath_op_time_temp}
USE cathteam FOR cath_op_time
PRO_DONE=1
ROUTE Cath_Dest
}
IF TRANS>0 THEN
{
USE cathteam FOR B(70.2,90,19.2,90)
PRO_DONE=1
ROUTE 1
}
}
IF EP_ATT>0 THEN
{
cath_op_time_temp=EP_LAB_TIME()
If ((cath_op_time_temp+Clock())>1020) then
{
    If Clock(>1020 then
    { cath_op_time=0}
    else
    { cath_op_time=1020-Clock()}
}
Else
{ cath_op_time=cath_op_time_temp}
USE epteam FOR cath_op_time

PRO_DONE=1
ROUTE EP_ATT
}
IF ICD_ATT>0 THEN
{
USE epteam FOR ICD_LAB_TIME()
PRO_DONE=1
ROUTE 1
}
}
IF TRANS>0 THEN
{
USE epteam FOR EP_LAB_TIME()
PRO_DONE=1
ROUTE 1
}
}
IF PM_ATT>0 THEN

```

Macro_ep

```

{
USE epteam FOR PM_LAB_STAY()

PRO_DONE=1

ROUTE 1}

IF Ab_ATT>0 THEN
{
USE epteam FOR N(360,120)

PRO_DONE=1

ROUTE 1}

```

```

*****
*                               Arrival Cycles                               *
*****

```

ID	Qty / %	Cumulative	Time (Hours)	Value
-----	-----	-----	-----	-----
cathcyc	Percent	No		

```

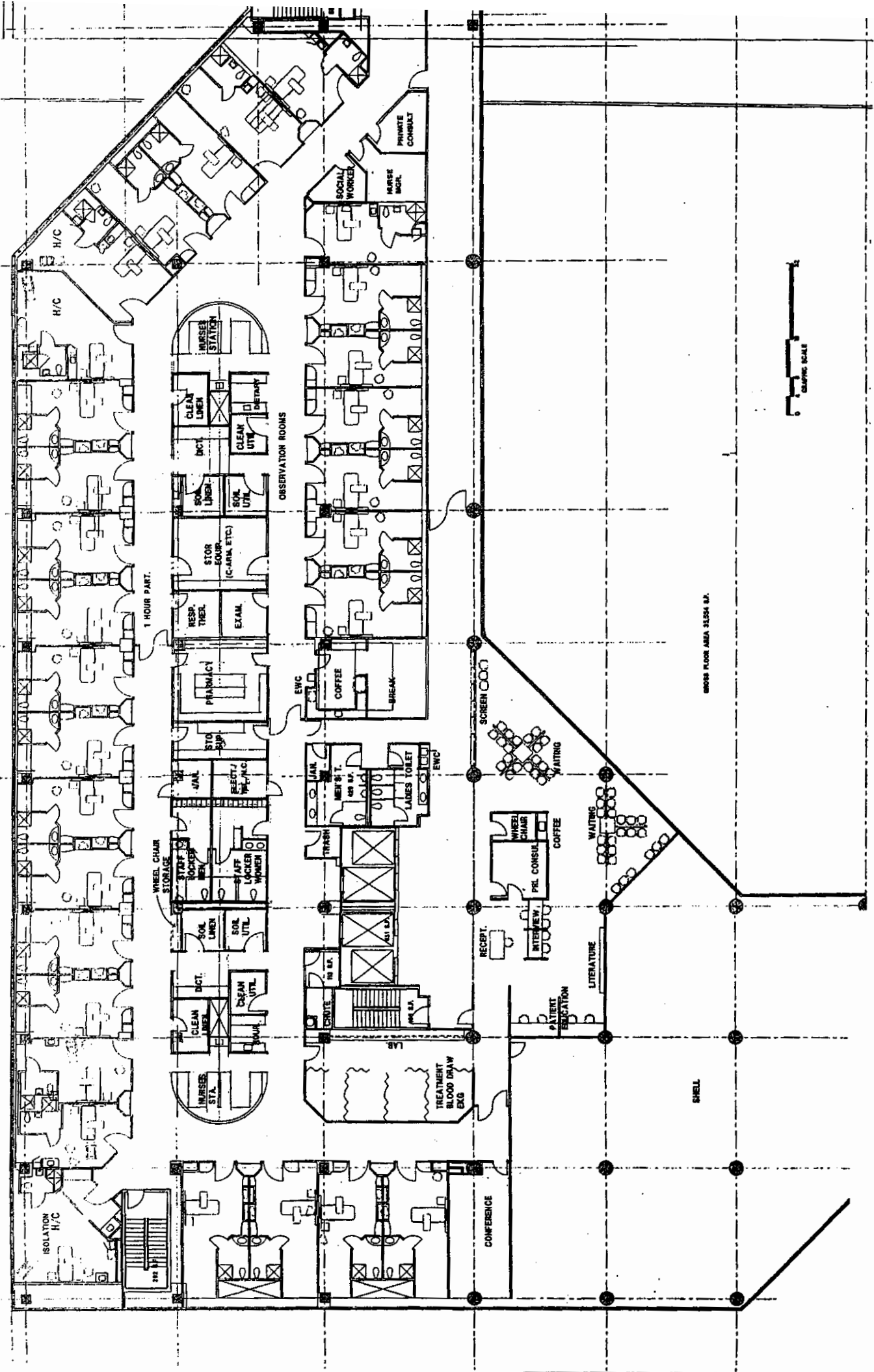
*****
*                               User Distributions                               *
*****

```

ID	Type	Cumulative	Percentage	Value
-----	-----	-----	-----	-----
NO_FAM_MEMBERS	Discrete	No	5.56	0
			36.36	1
			29.29	2
			11.11	3
			11.11	4
			3.03	5
			1.52	6
			1.01	7
			0.51	9
			0.50	12
BIOP_GROIN	Discrete	No	10	1
			90	2
TRANS_ROUTE	Discrete	No	10	1
			90	2
Cath_Dest_table	Discrete	No	14.54	3
			29.34	2
			56.12	1
RH_dest_table	Discrete	No	40	2
			60	1
CATH_OBS_TABLE	Continuous	No	0	30
			8.7	33
			12.5	36
			12.5	39
			35	42
			31.3	45
EP_ROUTE_TABLE	Discrete	No	50	1
			50	2
EP_LAB_TIME	Continuous	No	0	45
			15.9	82.2
			26.5	118.8
			27.3	156
			10.7	193.2
			7.55	229.8
			4.37	267

			3.81	304.2
			1.48	340.8
			.776	378
			.494	415.2
			.28	451.8
			.35	489
			.14	526.2
			.21	562.8
			.14	600
ICD_LAB_TIME	Continuous	No	0	90
			26.4	111.6
			22.03	132.6
			20.1	154.2
			5.03	175.8
			12.6	197.4
			8.18	218.4
			5.66	240
PM_LAB_STAY	Continuous	No	0	90
			25.3	106.8
			30.6	123.6
			14.04	139.8
			13.2	156.6
			4.449	173.4
			5.62	190.2
			2.25	206.4
			2.57	223.2
			1.971	240

Heart Hospital Floorplan



Time Line Used

ID	Task Name	Duration	Mar 1, '98			Mar 8, '98			Mar 15, '98			Mar 22, '98		
			T	W	T	F	S	S	M	T	W	T	F	S
1	Project Overview	1d												
2	Determine Scope	1d												
3	Flow Chart Process	5d												
4	Software Orientation	1d												
5														
6	Collect Arrival Data	5d												
7	Family Member Data	5d												
8	Time to Register Data	1d												
9	Clothes Change Data	1d												
10	Place IV Time	1d												
11	Lab and EKG Times	1d												
12	Admitting Database Time	1d												
13	Nurse Assessment, Consent,	1d												
14	Procedure Times	1d												
15	Disposition Data	1d												
16	3E Recovery Time	2d												
17	HHOBS Recovery Process	2d												
18														
19	Modeling Layout	1d												
20	Locations	1d												
21	Path Network	1d												
22	Resources	1d												

Project: HeartPlan MPP
Date: Thu 3/26/98

Task
Progress
Milestone



Summary
Rolled Up Task
Rolled Up Milestone

Rolled Up Progress



ID	Task Name	Duration	Mar 1, '98					Mar 8, '98					Mar 15, '98					Mar 22, '98				
			T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F		
23	Entities	1d																				
24	Skeleton Logic	2d																				
25	Detailed Logic	3d																				
26	Insert Distributions	1d																				
27	Debug	2d																				
28	Validate	1d																				
29	Scenarios	1d																				
30																						
31	Final Presentation	5d																				

Project: HeartPlan.MPP

Date: Thu 3/26/98

Task

Progress









Milestone

Summary

Rolled Up Task

Rolled Up Milestone

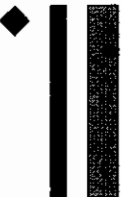
Rolled Up Progress

Mar 29, '98							Apr 5, '98							Apr 12, '98							Apr 19, '98							Apr 26, '98						
S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	M	T	W	T	F	
							 							  							 													

Project: HeartPlan.MPP	Task	Summary	Rolled Up Progress
Date: Thu 3/26/98	Progress	Rolled Up Task	
	Milestone	Rolled Up Milestone	

Project: HeartPlan MPP
Date: Thu 3/26/98

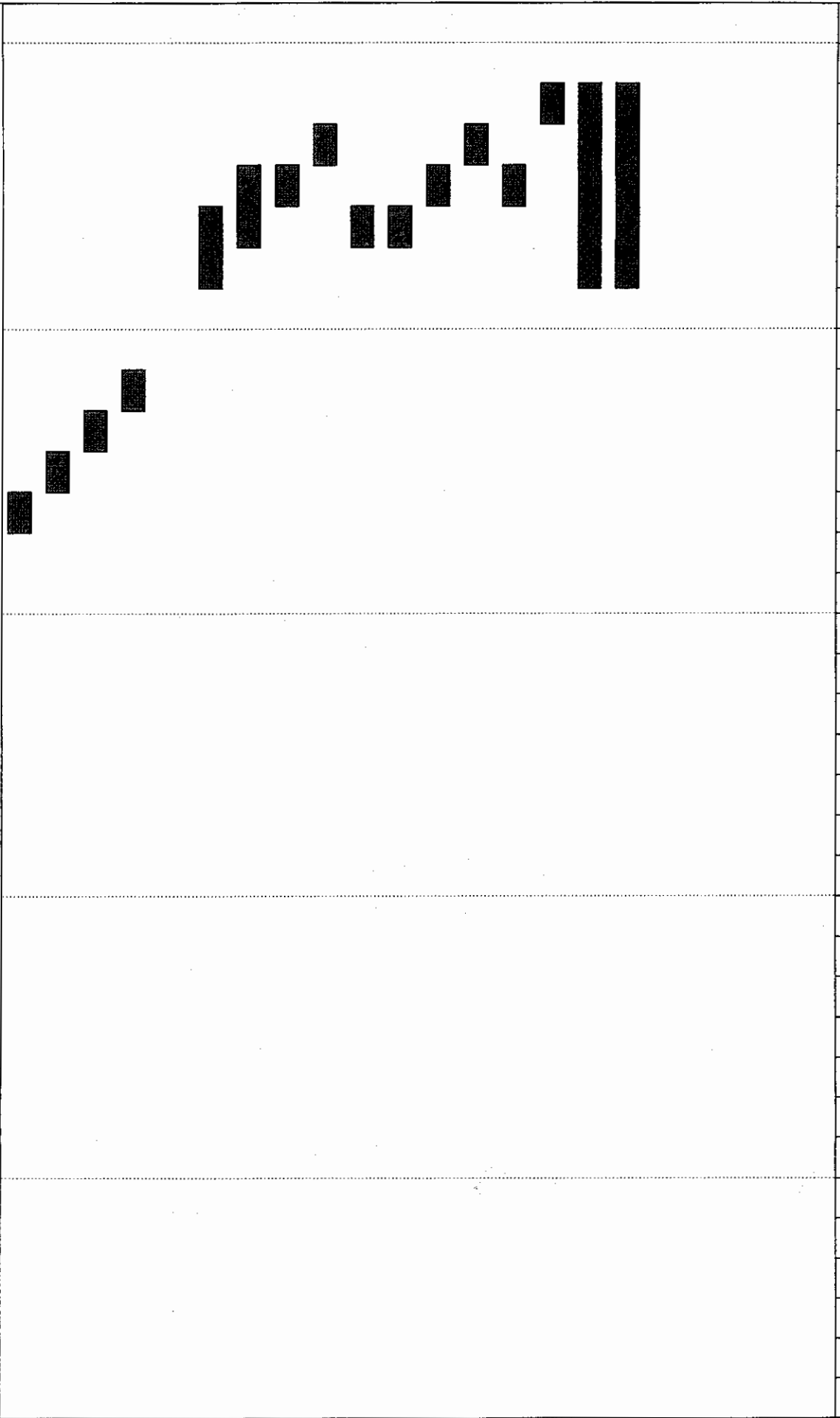
Task
Progress
Milestone



Summary
Rolled Up Task
Rolled Up Milestone

Rolled Up Progress

Mar 29, '98							Apr 5, '98							Apr 12, '98							Apr 19, '98							Apr 26, '98						
S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F



Project: HeartPlan.MPP Date: Thu 3/26/98	Task Progress Milestone	Summary Rolled Up Task Rolled Up Milestone	Rolled Up Progress
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Patient Flow Charts

C:\ATEMP\HH.AF3

Monday, March 30, 1998

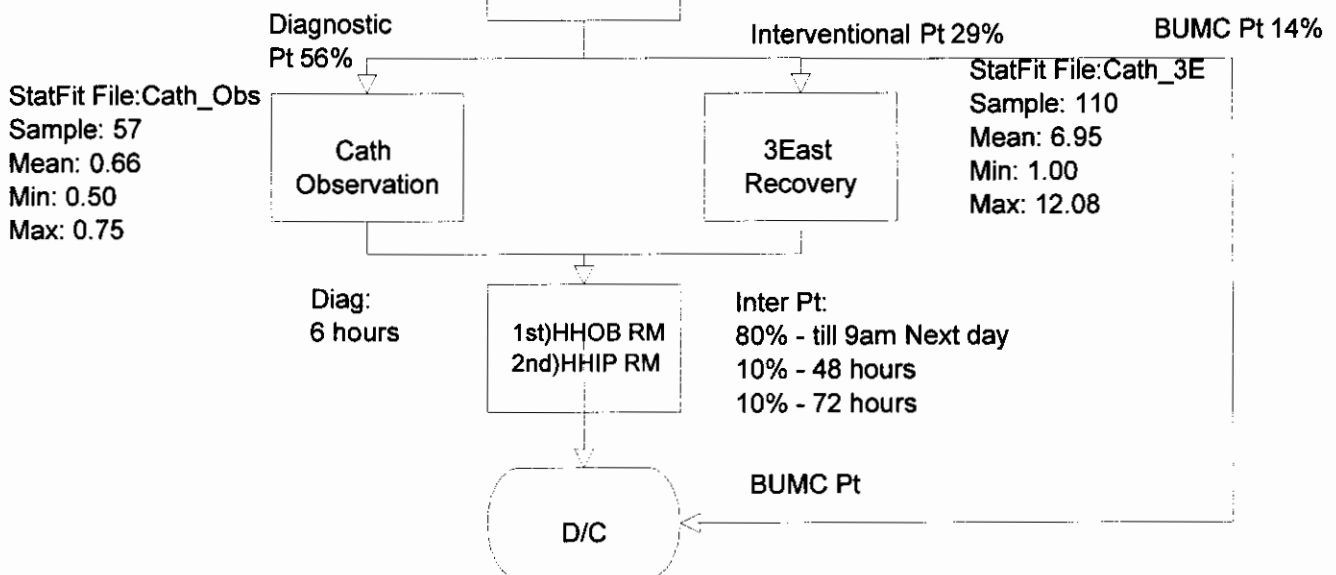
9:20 AM

Elective Cath Patient

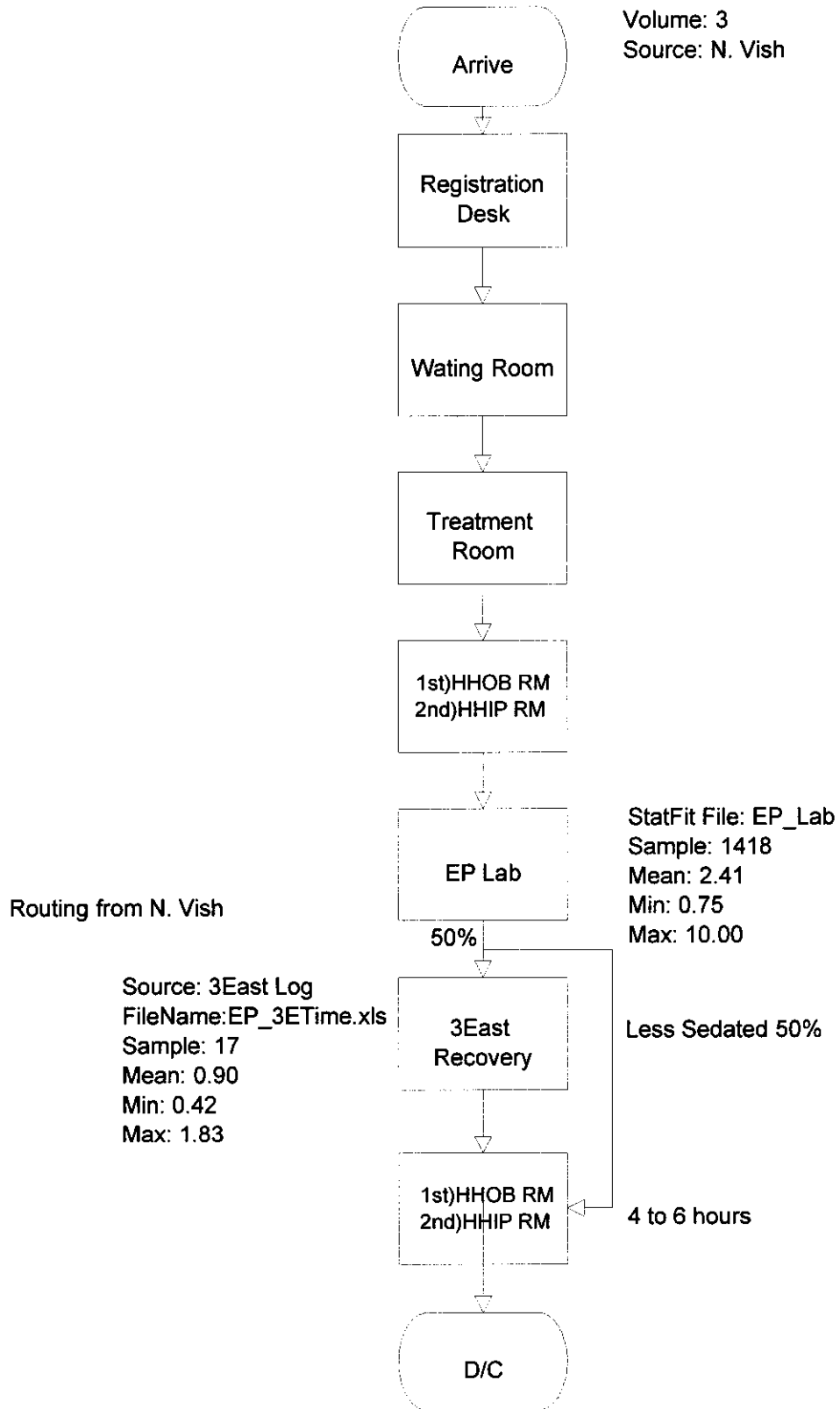
Statfit File: Cath_Vol
Sample: 52 Tuesdays
Mean: 22.5
Min: 10
Max: 35

Routing from Cath Lab
based on data from Apollo
5103 Observations

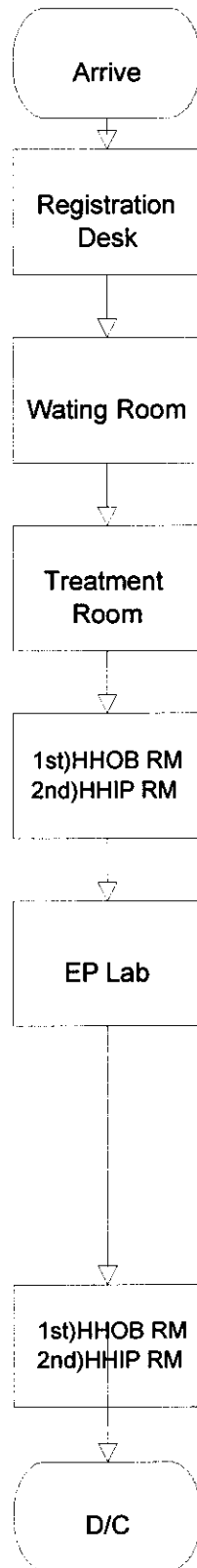
StatFit File: Cath_Lab
Sample: 3996
Mean: 0.83
Min: 0.32
Max: 1.50



EP Patient



PM Patient



Volume: 2
Source: N. Vish

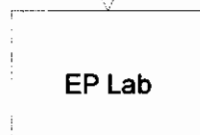
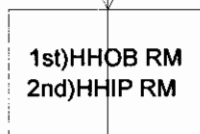
StatFit File: PM_Lab
Sample: 356
Mean: 2.17
Min: 1.40
Max: 400

till 11am Next Day

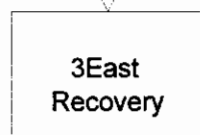
ICD Patient



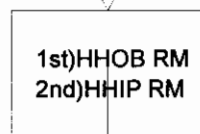
Volume: 1
Source: N. Vish



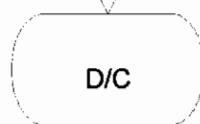
StatFit File:ICD_Lab
Sample: 159
Mean: 2.42
Min: 1.50
Max: 4.00



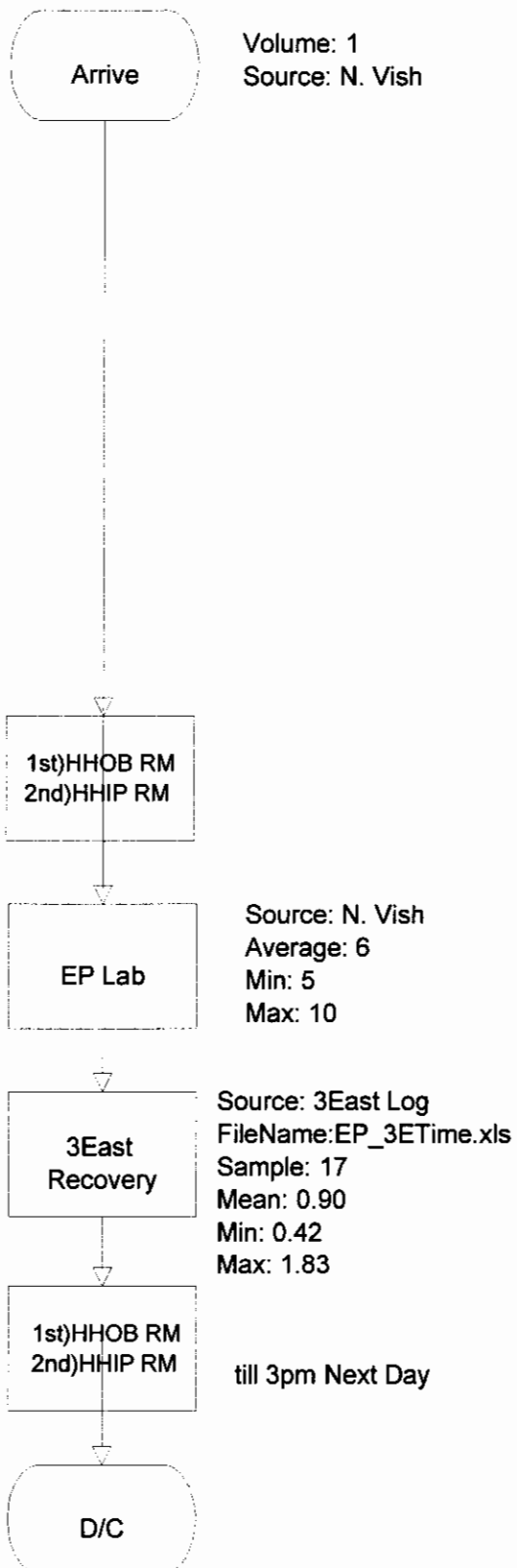
Source: 3East Log
FileName:EP_3ETime.xls
Sample: 17
Mean: 0.90
Min: 0.42
Max: 1.83



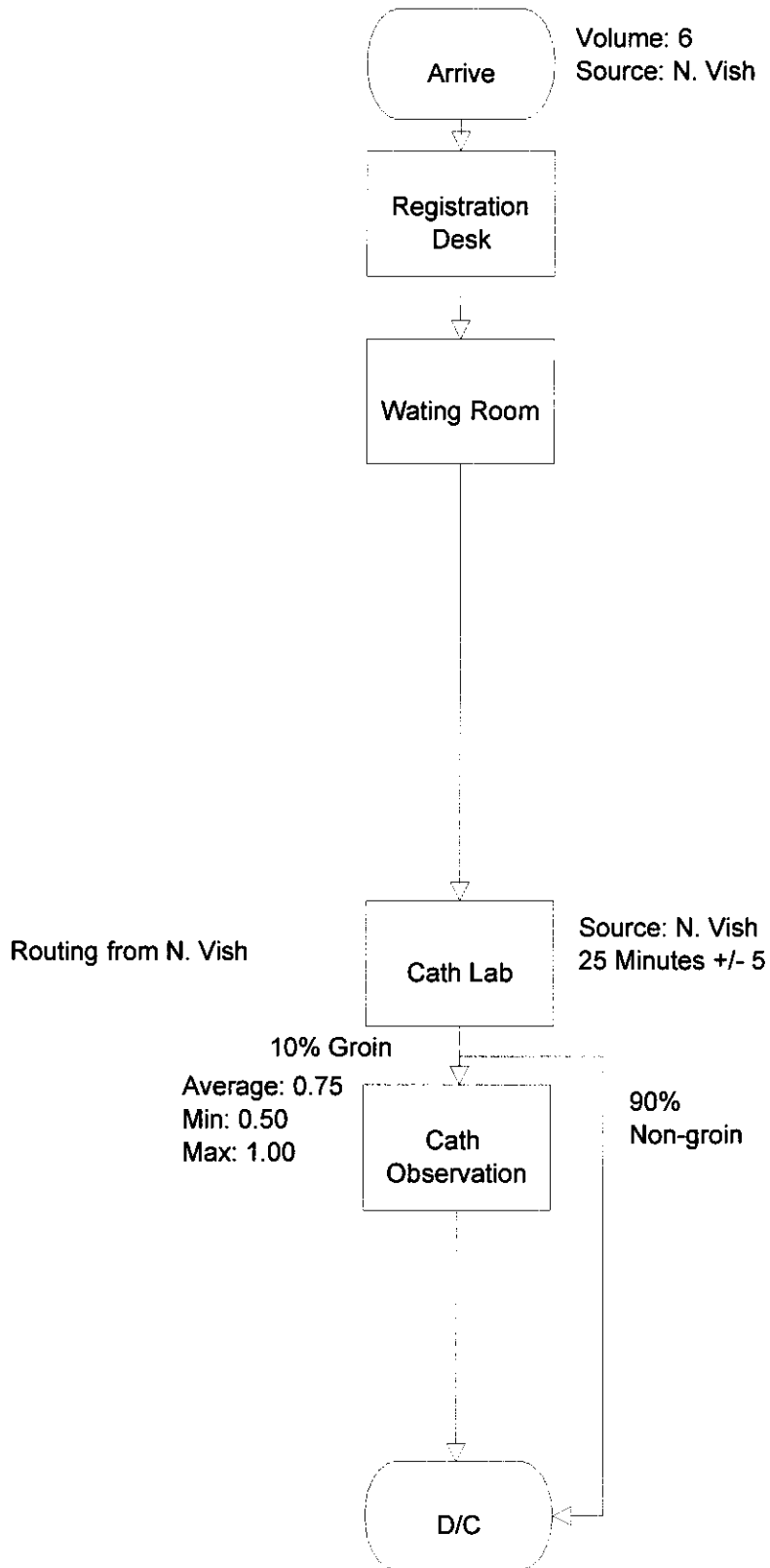
till 3pm Next Day



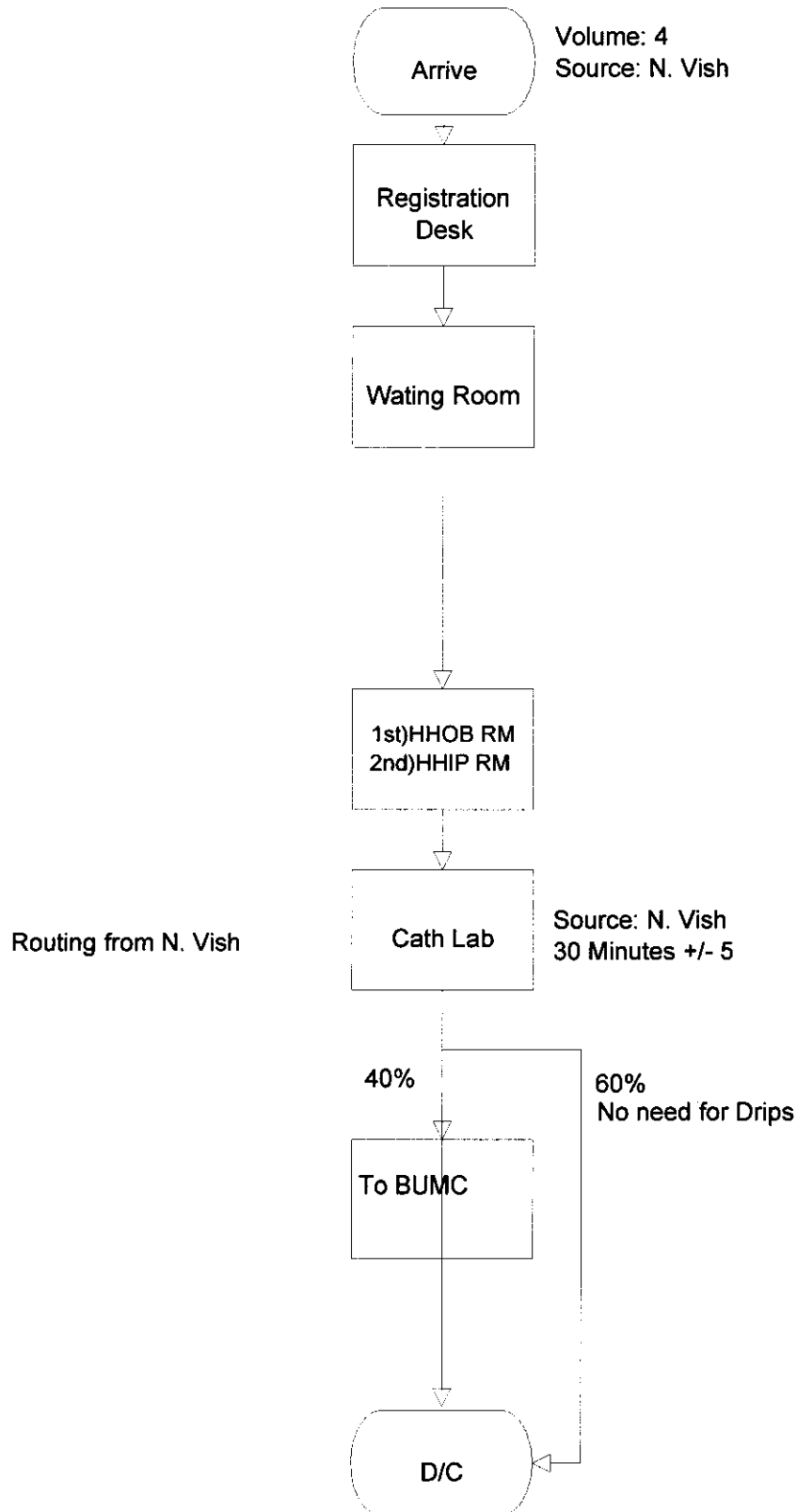
Ablation Patient



Biopsy Patient



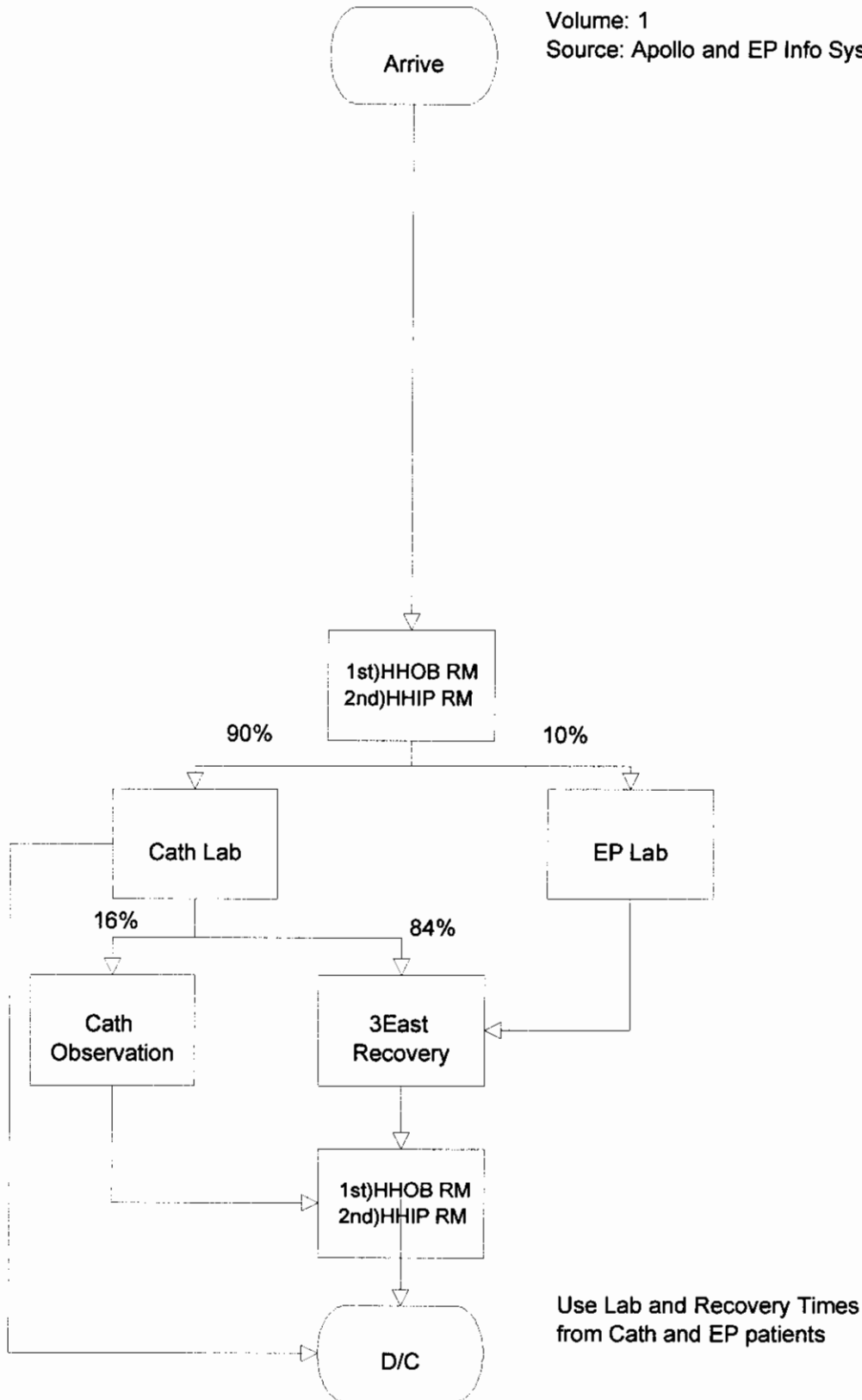
Right Heart



Transfer/ED Pt

Volume: 1

Source: Apollo and EP Info System



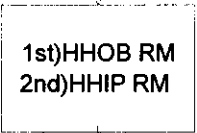
Use Lab and Recovery Times
from Cath and EP patients

Cardioversion

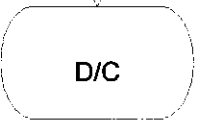
Cardioversion



Volume: 1
Source: N.Vish



4 hours



PM Patient

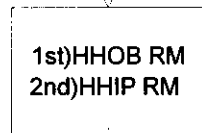
INPATIENTS



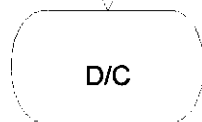
Volume: Use 15 for now

Source: N.Vish

Represents Medically Managed Patients currently placed on Telemetry Units.



4 hours



Examples of Data Analyzed

Pacemaker

Year	1997												1998												FY 97	FY 98	FY 97	%
Pacemaker	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	Mean	Mean	Mean	Change											
Inpatient																												
Pacer Evaluation, Clinic	47	35	25	40	38	37	43	47					312	39.0	36.2	36.2	8%											
Pacer Evaluation, Telephone	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	0	#DIV/0!											
Pacemaker Reprogramming	40	28	39	45	41	41	36	47					317	39.6	46.8	46.8	-15%											
PP/Electrode Implant (Lab)	33	26	30	27	28	35	32	38					249	31.1	0	0	#DIV/0!											
PP/Electrode Implant (OR)	2	0	2	2	2	2	1	0	1				10	1.3	0	0	#DIV/0!											
Pacemaker Revision	1	3	6	4	3	1	3	1					22	2.8	3.8	3.8	-28%											
(Cath Lab Ea Addl 30 min (PP)	61	45	43	66	62	64	71	60					472	59.0	68	68	-13%											
Cath Lab addl/30 min (ICD)	19	30	36	52	41	19	51	55					303	37.9	0	0	#DIV/0!											
Threshold Analysis	41	35	36	39	39	36	39	46					311	38.9	0	0	#DIV/0!											
Pacemaker Generator	34	27	30	28	29	36	33	39					256	32.0	32.2	32.2	-1%											
Pacemaker Electrode	63	46	55	50	56	57	58	69					454	56.8	59.3	59.3	-4%											
EP Study, Tachycardia	43	44	58	59	38	43	53	48					386	48.3	40.6	40.6	19%											
ICD Implant (Lab)	8	18	17	17	12	8	17	11					108	13.5	0	0	#DIV/0!											
ICD Implant (OR)	2	1	3	1	1	0	0	1					9	1.1	0	0	#DIV/0!											
ICD Revision (Lab)	4	0	1	3	2	4	3	4					21	2.6	0	0	#DIV/0!											
ICD Revision (OR)	0	0	1	0	0	0	0	0					1	0.1	0	0	#DIV/0!											
ICD Generator	14	19	22	21	15	12	19	16					138	17.3	0	0	#DIV/0!											
ICD Electrodes	13	26	25	24	17	13	22	21					161	20.1	0	0	#DIV/0!											
ICD Evaluation	4	3	7	8	9	7	12	8					58	7.3	0	0	#DIV/0!											
ICD Reprogrammings	6	20	29	26	22	17	18	20					158	19.8	0	0	#DIV/0!											
Lead Extractions (OR)	3	2	1	4	4	2	2	4					22	2.8	0	0	#DIV/0!											
EP Study, Drug Follow-up	28	44	51	48	41	29	45	36					322	40.3	31.2	31.2	29%											
Total	466	452	517	584	500	462	557	572					4090	511.3	398.8	398.8	28%											
# In Patients Procedures	83	143	323										549	183.0														
Outpatient																												
Pacer Evaluation, Clinic	32	21	26	27	24	26	25	15					198	24.5	37.2	37.2	-34%											
Pacer Evaluation, Tele	95	88	82	82	73	78	78	62					638	79.8	98.8	98.8	-19%											
Pacemaker - Reprogramming	4	2	0	3	2	3	6	3					23	2.9	4	4	-28%											
Pacemaker Revision	7	2	5	3	2	1	6	5					31	3.9	4.8	4.8	-19%											
Cath Lab Ea Addl 30 min (PP)	0	1	0	0	1	0	0	1					3	0.4	1.9	1.9	-80%											
Pacemaker Generator	7	2	5	3	2	1	6	4					30	3.8	3.8	3.8	-1%											
Pacemaker Electrode	0	0	0	0	0	0	0	0					0	0.0	0.4	0.4	-100%											
Threshold Analysis	5	5	4	1	3	5	3						26	3.7	0	0	#DIV/0!											
ICD Evaluation	1	3	1	0	0	0	0	1					6	0.8	0	0	#DIV/0!											
ICD Reprogramming	0	1	0	0	0	1	0	0					2	0.3	0	0	#DIV/0!											
ICD Revision	0	6	0	0	0	0	0	0					6	0.8	0	0	#DIV/0!											
Cath Lab addl 30 min (ICD)	0	6	0	0	0	0	0	0					6	0.8	0	0	#DIV/0!											
ICD Generator	0	2	0	0	0	0	0	0					2	0.3	0	0	#DIV/0!											
ICD Electrode	0	6	0	0	0	0	0	0					6	0.8	0	0	#DIV/0!											
Transtelephonic ECG	0	0	0	4	1	0	1	0					6	0.8	3.4	3.4	-78%											
Total	151	140	124	126	108	113	127	94					981	122.6	156.3	156.3	-22%											
Total	617	592	641	690	606	676	684	666					6071	633.9	555.1	555.1	14%											
#Outpatient Procedures	7	119											126	63.0														

	Year						FY 97 %									
Invasive	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	Mean	% Change	
Inpatient																
Cath - side	16	20	41	32	21	23	27	32					212	27	20	33%
Cath - 2 sides	79	50	49	74	58	56	59	68					491	61	63	-3%
Comary Angiogram	350	330	349	366	314	328	364	395					2797	350	313	12%
Temporary Pacemaker Insert	2	2	2	2	3	6	1	2					20	3	2	25%
PTCA (Only)	41	44	53	31	34	43	34	39					319	40	0	#DIV/0!
PTCA w/Stent	106	92	88	122	120	84	116	121					849	106		
DCA	9	6	5	8	4	9	9	3					53	7	0	#DIV/0!
Heart Biopsy w/Fluoro	44	42	49	56	52	58	64	61					426	53	32	66%
PTA	8	6	9	8	14	5	9	9					68	9	4	113%
Valvuloplasty					1	0	1	0					2	1	0	#DIV/0!
Intra-Aortic Balloon							12	8					20	10		#DIV/0!
PTMR							6	5					11	6		#DIV/0!
Renal Angiogram							10	6					16	8		#DIV/0!
Total Procedures	655	592	645	699	619	613	712	749					5284	661	576	15%
Total Number of Patients Seen					400	443	472	525								
PTCAs (Total)	156	142	146	161	158	136	159	163					1221	153	142	7%

DATE 2/19/98 DAY: MONDAY 3 EAST RECORD PAGE 1 TOTAL ADMITS
 CHARGE 7A-3P/3P-7P T. McVey CHARGE 3P-7P/7P-11P CCA 3P-11P S. Malin CHARGE 7P-11P/11P-7A CCA 11P-7A

BED #	TIME ADM./DISC.	TRANS. FROM/TO	TOT. HRS CHARGED	WRITE INTERVENTIONALIST IF DIFF. THAN ADMITTING DR.	USE PATIENT LABEL	URS/PROC. PTCA, ROTO STENT, ETC	PULSED BY? CLAMP TIME ON / OFF	7A-3P/3P-7P RN: 3P-7P/ 7P-11P RN: 7P-11P/ 11P-7A RN:	AUDIT RESULTS (ANY PROBLEMS-BLEEDS OR COMPLICATIONS?)
13	900	Cath lab	2 hrs	253412-003 I/A 58 FU	PETREA, ROBBIE DEANNA DR. STOLER, ROBERT C. 15701725 05/31/39	PTCA STENT PROL. RCA		C. Wimmer	
2	1025	Cath lab	12-10 hrs	113879-009 O/Q 57 MW	SIGN, ROBERT PAUL DR. DEMALIO, SAMUEL J. MD 15694482 01/07/41	PTCA STENT X3 VG CIRC.		C. Solanice	
3	1030	Cath lab	6-12 hrs	538265-001 I/A 48 MUJ	LOUDERMILK, JOHN MD DR. DONSKY, MICHAEL S 15697436 06/04/49	PTCA STENT MID RCA		C. Wimmer	
3	1030	Cath lab	6-12 hrs	212245-003 O/Q 64 MB	BROWN, CHARLES DR. JOHNSTON, STEPHEN B 15695067 05/19/33	PTCA Diagonal PT/STENT LAD		C. Solanice	
5	1230	Cath lab	10 hrs	534078-002 O/Q 54 FU	SUTTON, ANN B DR. STOLER, ROBERT C. 15705171 02/14/44	PTCA LAD		C. Solanice	
6	1300	Cath lab	5 hrs	538412-001 I/A 49 MUJ	ROBERTS, RICHARD DR. WALLABHAN, RAJVI 15701634 03/19/48	PTCA STENT		R. Jenkins	

BED #	TIME FRAME	DR. HEARTS / DEATHS / EMERGENCY RETURNS TO CATH LAB	PT. NAME	DR. HEART/DEATH/REOCC. TO LAB & BACK	DISPOSITION

DATE 3-13-98 DAY: Wednesday 3 EAST RECORD PAGE 1 TOTAL ADMITS
 CHARGE 7A-3P/3P-7P CCA 7A-3P CHARGE 3P-7P/7P-11P CCA 3P-11P CHARGE 7P-11P/11P-7A CCA 11P-7A

BED #	TIME ADM./DISC.	TRANS. FROM/TO	TOT. HRS CHARGED	USE PATIENT LABEL WRITE INTERVENTIONALIST, I.E. DIFF. THAN ADMITTING DR.	YES/PROG. PTCA, ROTO STENT, ETC	PULLED BY CLAMP TIME ON / OFF	7A-3P/3P-7P RN: 3P-7P/ 7P-11P RN: 7P-11P/ 11P-7A RN:	AUDIT RESULTS: (ANY PROBLEMS-BLEEDS OR COMPLICATIONS?)
1	10:35 1830	Cath lab 425	8.9 hrs 8.0 hrs	538569-001 O/Q 63 FW WHITE, NORMA JEAN DR DONSKY, MICHAEL S 15707326 12/15/34	PTCA		CLAUDIA Wimmer	
2	11:10 11:50	Cath lab 425	9.0 hrs 8.0 hrs	537952-001 I/A 70 MW JOHNSON, TURNER DR COFFEEN, PAUL R 15683444 08/31/27	ICD		CLAUDIA Wimmer	
3	11:20 11:50	Cath lab 425	5.6 hrs 5.0 hrs	319601-004 O/B 55 MW SPURGER, JIMMY HAROLD DR SHARP, JAMES S 15697485 03/04/42	PTCA STENT		YVONNE Wimmer	
4	12:20 1:15	Cath lab 425	9.8 hrs 8.0 hrs	522931-002 I/A 51 MW CLEMMONS, HERSHEL DR ROSENTHAL, ROBERT L 15708381 01/07/47	PTCA OFOM		CLAUDIA Wimmer	
5	13:05 13:50	Cath lab 425	0.5 hr 0.5 hr	533915-001 I/A 34 FH GONZALEZ, GUADALUPE DR WELLS, PETER J. MD 15506850 05/03/63	EP		CLAUDIA Wimmer	
6	14:15 2:00	Cath lab 425	1.0 hr 0.5 hr	534078-002 I/A 54 FU SUTTON, ANN B DR STOLER, ROBERT C. 15705171 02/14/44	PTCA		YVONNE Wimmer	

DR. HEARTS / DEATHS / EMERGENCY RETURNS TO CATH LAB				DR. HEART/DEATH/REOCC. TO LAB & BACK		DISPOSITION	
BED	TIME FRAME	PT. NAME					

Page 1 of 2

3 EAST RECORD

DATE: 3/3/98 DAY: TUESDAY

TOTAL ADMITS

CHARGE 7A-3P/3P-7P CCA 7A-3P CCA 3P-11P/7P-11P CHARGE 7P-11P/11P-7A CCA 11P-7A

CCA 7A-3P CCA 3P-11P/7P-11P CCA 11P-7A

BED #	TIME ADM./DISC.	TRANS. FROM/TO	TOT. HRS. CHARGED	USE PATIENT LABEL WRITE INTERVENTIONALIST IF DIFF. THAN ADMITTING DR.	VES/PROC. PTCA, ROTO STENT, ETC	PULLED BY CLAMP TIME ON / OFF	7A-3P/3P-7P RN: 3P-7P/ 7P-11P RN: 7P-11P/ 11P-7A RN:	AUDIT RESULTS (ANY PROBLEMS-BLEEDS OR COMPLICATIONS?)
1	11:30 14:30 21:30	YOUNG 350 500	6-9 6-9 6-9	534903-003 I/A 38 FB THOMPSON, JANICE DR. GORDIN, JEROLD M 15713944 09/11/59	PTCA STENT		YOUNG CUL	
2	11:30 23:00	YOUNG 350 500	6-9 6-9 6-9	538598-001 I/A 71 MIJ LOFLAND, JOE C DR. SHARP, JAMES S. 15708662 10/03/26	PTCA STENT		YOUNG CUL	
3								
4								
5								
6								
DR. HEARTS / DEATHS / EMERGENCY RETURNS TO CATH LAB								
BED	TIME FRAME	PT. NAME	DR. HEART/DEATH/REOCCL TO LAB & BACK	DISPOSITION				

Misc. 3E Pts'; i.e.: TRANSFERS, CATHS, EPS, PTA'S, TEE'S, etc

Month of March

#	DATE	PLACE PT LABEL	TIME IN / OUT	FROM / TO	REASON FOR ADMIT	ON 3E BCON Y / N
1	3/6/98	434041-012 O/B 49 FW HOLBERG, BECKY EUGENIA DR BEVERIDGE, THOMAS 15674286 05/21/48	16:45 17:45	EP LAB 5422	Recovered 0-59 gm	NO
2	3/5/98	300008-012 I/A 77 FW SEBASTIAN, MABEL JOYCE DR BROWN, SUSAN S., MD 15731508 09/04/20	18:25 18:55	Cath Lab 90308 0-59 mm	Recovered 0-59 gm	NO
3	3/9/98	429014-002 O/Q 65 MW HEREFORD, FRANK LESTER DR BEVERIDGE, THOMAS 15742067 01/03/33	13:45	EP R1632	IED	NO
4	3/9/98	539818-001 O/Q 16 FW WEST, LYDIA R DR SHINBANE, JEROLD S 15761893 10/02/81	16:12 16:50	EP R1022	Rec-	NO
5	3/11	065142-060 O/B 73 FW BRUTON, DOROTHY DR CARRY, MELISSA, MD 15758790 03/06/25	19:25 20:10	EP ?	SDW 0-59 mm	NO
6	3/11	539855-001 O/Q 68 FW LANGFORD, VINA J DR DEMAIO, SAMUEL J, MD 15763774 12/26/29	17:25 18:05	EP 1242	0-59 mm	NO
	3/16/98	539942-001 O/Q 19 MW THOMAS, TY DR SHINBANE, JEROLD S 15768070 01/23/79	15:30 16:30	EP 1526	Recovered 0-59 mm	NO

Misc. 3E Pts':; i.e.: TRANSFERS, CATHS, EPS, PTA'S, TEE'S, etc Month of MARCH

#	DATE	PLACE PT LABEL	TIME IN / OUT	FROM / TO	REASON FOR ADMIT	ON 3E BCON Y / N
1	3/10/98	539818-001 O/Q 16 FW WEST, LYDIA R DR SHINBANE, JEROLD S 15761893 10/02/81	16:10 1700	EP STUDY TEEE R1002	Recovery 059 study	NO
2	3/11/98	539967-001 I/A 28 MU FERRELL, JOHN DR WELLS, PETER J. MD 15763342 04/15/69	1100 1145	EP STUDY	Recovery	NO
3	3/11	539855-001 O/Q 68 FW LANGFORD, VINA J DR DEMAIO, SAMUEL J. MD 15763774 12/26/29	1705 1805	cath lab	normal anagio	N
4	3/11	065142-060 O/B 73 FW BRUTON, DOROTHY DR CARRY, MELISSA, MD 15758790 03/06/25	1915 2010	R1032	EP Rec. 0-59 min	N
5	3/12	537853-001 O/3 31 MU KIRK, STEVE LOYD DR SHINBANE, JEROLD S 157678774 04/07/82	1245 1330	EP 35	EP Rec.	N
6		539907-001 I/A 75 MU CAUDLE, J D DR ESCOBAR, JUAN M. 15765878 07/23/22	1100 1530	EP R1006	EP Rec	N
7		424149-010 O/Q 49 FU TRAPP, LIA R DR VALLABHAN, RAUJ 15778764 09/24/49	1610	De Cath only		

Misc. 3E Pts'; i.e.: TRANSFERS, CATHS, EPS, TEE'S, et Month of

#	DATE	PLACE PT LABEL	TIME IN / OUT	FROM / TO	REASON FOR ADMIT	ON 3E BCON Y / N
1	3/13	223337-006 I/A 69 MB MCLENDON, SAM DR SHELTON, JAMES H 15767239 01/31/29	16:24 / 1800	(cath lab only) 5529	Rec. gny	NO
2	3/13	539404-001 I/A 30 FU AREVALO, LISA DR FRANKLIN, JAY O 15746829 03/03/68	17:14 / 1900	EP 21016	Rec. gny	NO
3	3/13	540345-002 I/A 48 MW CELSUR, SCOTT M DR SHARP, JAMES S 15798481 09/17/49	1850	cath only	Rec. gny chord 05-99	NO
4	3/16	539942-001 O/O 19 MW THOMAS, TY DR SHINBANE, JEROLD S 15768070 01/23/79	15:40 / 1605	EP study 5526	Rec. gny chord 05-99	NO
5	3/16	335968-006 I/A 52 MW WOOD, WILLIAM KELLY DR ROMERO, CALIXTO A 15799737 08/30/45	1705 / 18:30	5308 cath only	Rec. 1-2 hrs chord 05-99	NO
6	3/17	355066-006 I/A 47 MW MILLER, FREDERICK C DR WINTER, DAVID F 15782485 05/11/50	1500 / 1535	cath lab	Recovery	N
7	3/17	164458-011 O/O 59 FB CAMPERS, GLORIA JEAN DR COFFEEN, PAUL R 15785082 06/14/38	11:15 / 1200	EP	Recovery	N

CATH LAB HOLDING RECOVERY RECORD

DATE: 2 14 198 DAY: WED

TOTAL # AM ADMITS: 4

TOTAL # AM ADMITS + RECOVERY PTS. 12

AUDITS RETURNED: 12

COMPLICATIONS: 0

TOTAL # 3S RECOVERY PTS. 9

REC. #	3S ADM Y OR N	IF 3S AM PT-NO PTCA2 NORMAL, RX MED, CABG, ...?	USE PATIENT LABEL	TIME HERE IN / OUT	CLAMP TIME ON / OFF	TO ROOM # - WRITE NEEDS IF AN ADMIT - ADMIT TELE/ NON-TELE, 2HOB/NO 2HOB, ETC	AUDIT RESULTS: ANY PROBLEMS-BLEEDS OR COMPLICATIONS?
1	N	noob	030649-023 O/E 60 MUJ MCKEE, KENNETH MITCHELL DR CAPEHART, JOHN E 04/11/37 14580633	0415 0458	0415 0458	HOME	
2	N		418790-003 O/Q 72 MW GOSS, HARRY VAUGHN DR WELLS, PETER J. MD 15715121 01/25/26	0945 1120	0946 1040	R1008	
3	N	noob	004704-024 O/E 55 MUJ MCABEE, THOMAS EDWARD DR RING, WILLIAM S. 10/12/41 12434841	1000 1030	1005 1015	HOME press R again since	
4	N		538884-001 I/A 64 MUJ MESSER, ROBERT DR GROUTIN, JERROLD M 10/19/33 15722820	1005 1045	1010 1040	J310	
5	N		537444-001 O/Q 52 MUJ STEELMAN, JAMES HAROLD DR HALL, SHELLEY A. 01/09/46 15661648	1020 1106	1025 1045	ex HX T239 pre-transplant	
6	N	normal	538580-003 O/B 41 MW CARTER, JAMES H DR ROSENTHAL, ROBERT L 15722986 06/12/56	1038 1120	1040 1105	R1019	
7	N		538777-001 I/A 61 MU CHAPMAN, BOBBY A DR FRANKLIN, JAY O. 15717887	1050 1125	1050 1125	conting for EP to 3E	

TOTAL # AM ADMITS: 4

AM ADMITS CANCELLED / RETURNED: 1 Left too long to

TOTAL # 3S RECOVERY PTS. 9

CATH LAB HOLDING RECOVERY RECORD

DATE: 3/5/98 DAY: Thursday

TOTAL # AM ADMITS + RECOVERY PTS. 98
TOTAL # AM ADMITS: 9+1 AHT
AM ADMITS CANCELLED / RETURNED: 6+1 PHT
TOTAL # 3S RECOVERY PTS. 16

AUDITS RETURNED:

COMPLICATIONS:

REC. #	3S ADM Y OR N	IF 3S AM PT-NO PTCAI NORMAL, RX MED, CABG, ...?	USE PATIENT LABEL	TIME HERE IN / OUT	CLAMP TIME ON / OFF	TO ROOM # - WRITE NEEDS IF AM ADMIT - ADMIT TELE/ NON-TELE, 2HOB/NO 2HOB, ETC	AUDIT RESULTS: ANY PROBLEMS-BLEEDS OR COMPLICATIONS?
1	1	Hand	538794-001 O/Q 53 MW BROWN, O. C. JR. DR STEPHENSON, SCOTT K 15718570 03/19/44	0840 0935	0845	H2B5	
2	1		411761-023 I/A 79 MJW PETERSEN, KENNETH LAWRENCE DR LUE, JOHN F. 15703077 12/28/18	0912 0920	0919	J323	
3	1		538803-001 O/Q 73 MW MARTIN, CLIFFORD GEORGE DR SILLS, MICHAEL MD. 15718935 10/25/24	0855 0935	0901	T244	
4	1	Hand	480731-006 O/Q 50 MW HARRIS, JAMES C DR VALLABHAN, RAVI 15730567 07/19/47	0908 0945	0912	T248	
5	1	Hand	429209-004 O/Q 68 FW LOCKE, PRANSY LYNETTE DR FINJER, RZRM MD 15712474 10/11/29	0920 1015	0945	J322	25min man first failed backstar
6	1	Hand	538278-001 O/Q 55 MW FRANKS, DAVID R DR STEPHENSON, SCOTT K 15697873 02/24/43	0935 1050	0940	R1334	
7	1		539053-001 O/Q 65 MB ANDREWS, RYLIE DR SILLS, MICHAEL MD. 15730666 02/20/33	0940 1040	0950	T252	

CATH LAB HOLDING RECOVERY RECORD									
DATE 3/5/92				DAY Thurs			PAGE 1		
REC #	MAR PT 38 ADM.	IF WAS 38 PT. - NO PTCA, WHY? (NORMAL, RX, MED, CABG, ?)	USE PT. LABEL	TIME HERE	CLAMP TIME	SENT TO ROOM: IF 38 AM PT. DOC. NEED- ADMIT TELE, NON-TELE, 2HOB OR NO 2HOB AVAIL.	KNOWN PROBE #/OR AUDIT RESULTS (VASOSEALS, ANY PROBLEMS: BLEEDS, ELEVATED B/P, OR COMPLICATIONS?)		
8	N		520007-002 I/A 69 FW CARRAWAY, MARGARET DR ROSENTHAL, ROBERT L 12/21/28 15728306	0935 1030	0946 1025	J 320			
9	N		539072-001 I/A 34 MW WILSON, RONNIE W DR GROUT, JERROLD M 10/10/63 15731458	1046 1130	1045 1125	J 403			
10	N		507624-005 O/Q 63 FW THOMAS, BETTY IRENE DR JOHNSTON, STEPHEN B 05/26/34 15718760	1042 1137	1050 1120	T 241			
11	N	EX HT	503001-005 O/Q 59 FW MARTIN, LAVERNE DR ESCOBAR, JUAN M. 10/26/38 15730112	1055 1220	1105 1130	HOME			
12	N	EX HT	143440-004 O/Q 71 MO ZAFIR, SYED AQAR DR ANWAR, AZAM, MD 01/23/27 15726553	1115 1230	1125 1220	R 1025			
13	N	EX HT	538872-001 O/Q 84 MW MUMFORD, THEODORE H DR JOHNSTON, STEPHEN B 12/24/13 15722259	1205 1255	1240 1250	J 416			
14	N	EX HT	538624-001 O/Q 49 FW BANKS, PAT DR ANWAR, AZAM, MD 10/15/48 15710403	1250 1315	1252	to 3E			

Analysis of Data

DATA SHEET

Registration Times	2RSU Study	55	Empirical Table	5min - 49%, 4min - 16%, 6min-16%
IV	Delphi		Normal(7, 1)	Might want to investigate further
Lab	Nancy		Normal(5, 1)	Might want to investigate further
EKG	Delphi		Normal(5, 1)	Might want to investigate further
DataBase	Nancy		Normal(7.5, 2.5)	Might want to investigate further
RN Assessment and Consents	Nancy		80%: Normal(10, 2): 20% Normal(20, 4)	Might want to investigate further
Patient Education	Direct Observation		Normal(10, 5)	Might want to investigate further
Family Members	2RSU Study	198	Empirical Table	0-6%, 1-36%, 2-29%, 3-11%
Cath Volume	Apollo	52 Tues.	Log-Logistic(-243,101,266)	Mean: 22.5 Max: 35 Min: 10
EP Volume	Nancy Vish			3
PaceMaker Volume	Nancy Vish			2
ICD Volume	Nancy Vish			1
Ablation Volume	Nancy Vish			1
Biopsy Volume	Nancy Vish			6
Right Heart Volume	Nancy Vish			4
Transfer/ED Volume	Nancy Vish			1
Cardioversion Volume	Nancy Vish			1
InPatients Volume	Nancy Vish			15
Cath Routing	Apollo	5103	Diagnostic Only: 56%	
EP Routing	Nancy Vish		Less Sedated: 50% More	
Biopsy Routing	Nancy Vish		Non-groin: 90% Groin: 10%	
Right Heart Routing	Nancy Vish		Drips: 60% No Drips: 40%	
Transfer/ED Routing	Nancy Vish		90%: Cath Lab 10%: EP Lab	Once tagged follows flow of that patient
Cath & PTCA Procedure	Apollo	3996	Empirical Table	Mean: .83 Max: 1.50 Min: .32
EP Procedure	Apollo	1418	Empirical Table	Mean: 2.41 Max: 10 Min: .75

DATA SHEET

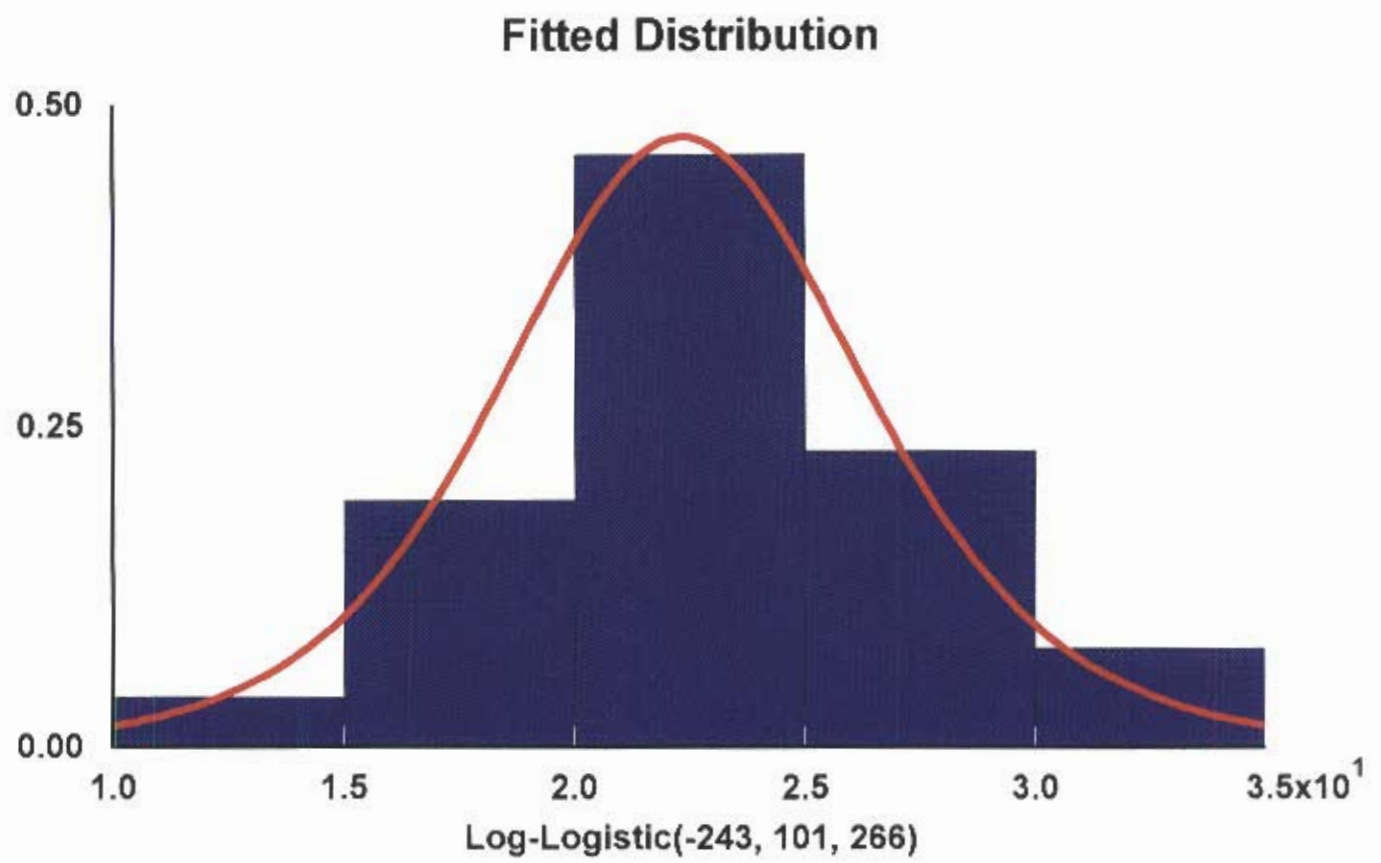
PaceMaker Procedure	PM/EP Info System	356	Empirical Table	Mean 2.17 Max: 4 Min: 1.5
ICD Procedure	PM/EP Info System	159	Empirical Table	Mean: 2.42 Max: 4 Min: 1.5
Ablation Procedure	Nancy Vish			Mean: 6 Max: 10 Min: 5
Biopsy Procedure	Apollo	149	Normal(25, 5) <per Data Contact>	Mean: 25 Max: 30 Min: 20
Right Heart Procedure	Nancy Vish		Normal(30, 5)	
Diagnostic: Cath Observation	Logs	57	Logistic(.67,.0433)	Mean: .6642 Max: .75 Min: .5
Interventional-3 East Recovery	Logs	110	Weibull (-12.8, 9.24, 20.9)	Mean: 6.9495 Max: 12.08 Min: 1
Diagnostic Stage 2 Recovery	Nancy Vish		360 minutes	Occurs in HHOB/HHIB Room
Interventional Stage 2 Recovery	Nancy Vish		80%: 9am next day 10%: 48 hours 10%: 72 hours	Occurs in HHOB/HHIB Room
EP Recovery: Less Sedate	Nancy		Normal(5, 1)	Occurs in HHOB/HHIB Room
EP Recovery: More Sedate	Logs	17	Empirical Table	Mean: .9 Std Dev: .40
PaceMaker Recovery	Nancy		11 am next day	Occurs in HHOB/HHIB Room
ICD-3 East Recovery	Logs	17	Empirical Table	Mean: .9 Std Dev: .40
Ablation-3 East Recovery	Logs	17	Empirical Table	Mean: .9 Std Dev: .40
Biopsy(Groin)-Cath obs.	Nancy Vish		Normal(45, 15)	
Cardioversion Procedure	Nancy Vish		240 minutes	Occurs in HHOB/HHIB Room
Inpatients Procedure	Nancy Vish		240 minutes	Patients taking up HHOB/HHIB Rooms

descriptive statistics

data points	52
minimum	10
maximum	35
mean	22.5
median	22
mode	22
standard deviation	4.77945
variance	22.8431
coefficient of variation	21.242
skewness	0.0993441
kurtosis	0.162197

Auto::Fit Distributions

distribution	rank	acceptance
Log-Logistic(-243, 101, 266)	100	accept
Erlang(-62.3, 321, 0.264)	93.5	accept
Lognormal(-142, 5.1, 0.0288)	92.3	accept
Logistic(22.4, 2.64)	92.1	accept
Pearson 5(-29.1, 115, 5.9e+03)	86.9	accept
Inverse Gaussian(-144, 2.06e+05, 167)	86	accept
Pearson 6(10, 41.4, 9.71, 32.5)	85.1	accept
Gamma(-66.4, 327, 0.272)	82.4	accept
Beta(10, 35, 4.11, 4.09)	81.5	accept
Normal(22.5, 4.73)	81.1	accept
Weibull(6.34, 3.71, 17.9)	72.8	accept
Extreme Value(20.1, 4.7)	16.4	accept
Triangular(9.28, 35.9, 22)	12.5	accept
Uniform(10, 35)	0.0115	reject
Exponential(10, 12.5)	0	reject
Pareto(10, 1.27)	0	reject

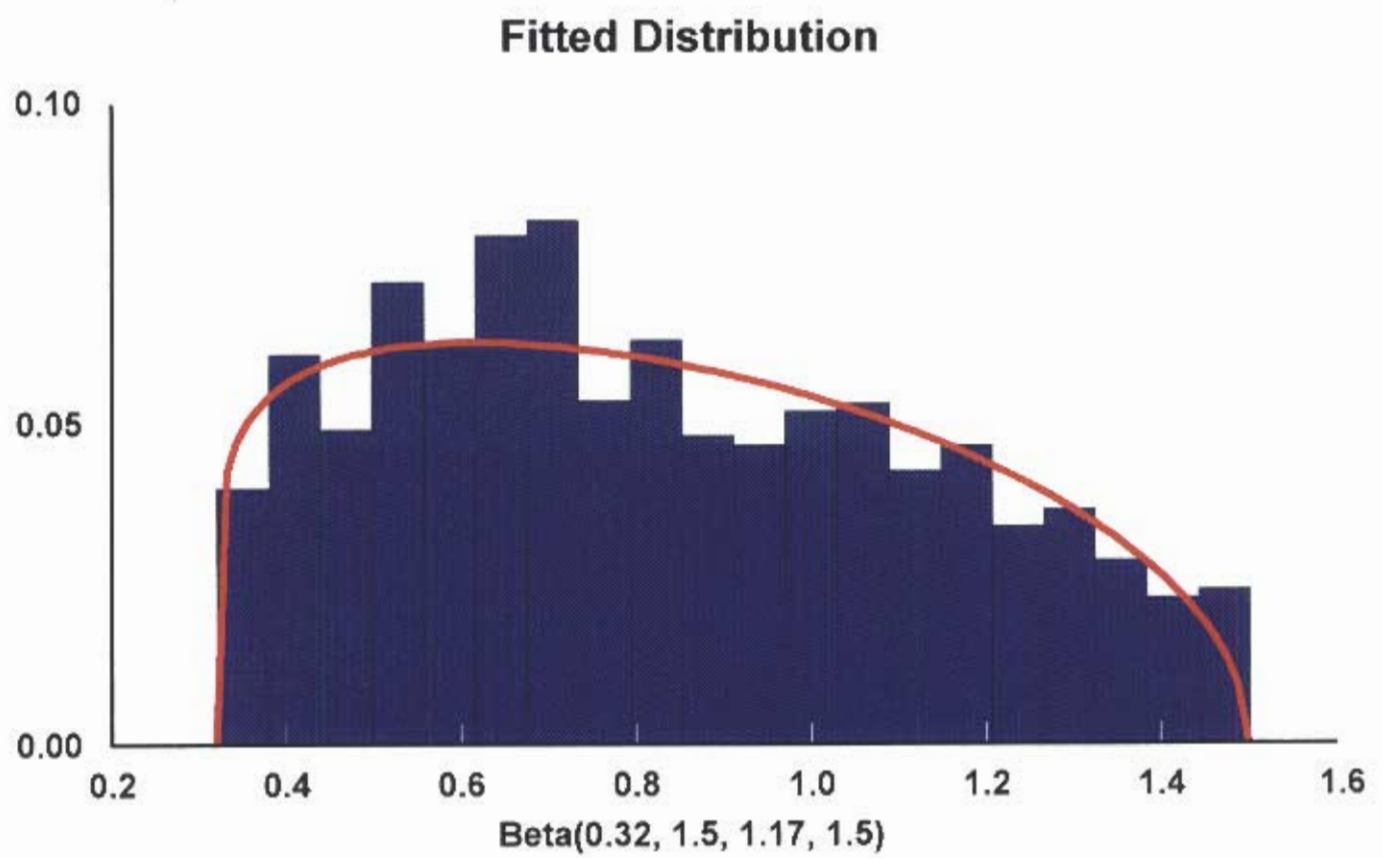


descriptive statistics

data points	3996
minimum	0.32
maximum	1.5
mean	0.832222
median	0.78
mode	0.565
standard deviation	0.307365
variance	0.0944733
coefficient of variation	36.9331
skewness	0.32018
kurtosis	-0.912234

Auto::Fit Distributions

distribution	rank	acceptance
Beta(0.32, 1.5, 1.17, 1.5)	100	reject
Erlang(0.184, 4, 0.162)	0	reject
Exponential(0.32, 0.512)	0	reject
Extreme Value(0.684, 0.26)	0	reject
Gamma(-0.874, 31.6, 0.0541)	0	reject
Inverse Gaussian(-0.213, 11.1, 1.05)	0	reject
Logistic(0.818, 0.184)	0	reject
Log-Logistic(-4.89, 31.4, 5.7)	0	reject
Lognormal(-0.283, 0.0708, 0.28)	0	reject
Normal(0.832, 0.307)	0	reject
Pareto(0.32, 1.13)	0	reject
Pearson 5(-0.799, 28.6, 45.1)	0	reject
Pearson 6(0.32, 1.06e+06, 1.95, 4.04e+06)	0	reject
Triangular(0.285, 1.63, 0.5)	0	reject
Uniform(0.32, 1.5)	0	reject
Weibull(0.293, 1.78, 0.605)	0	reject



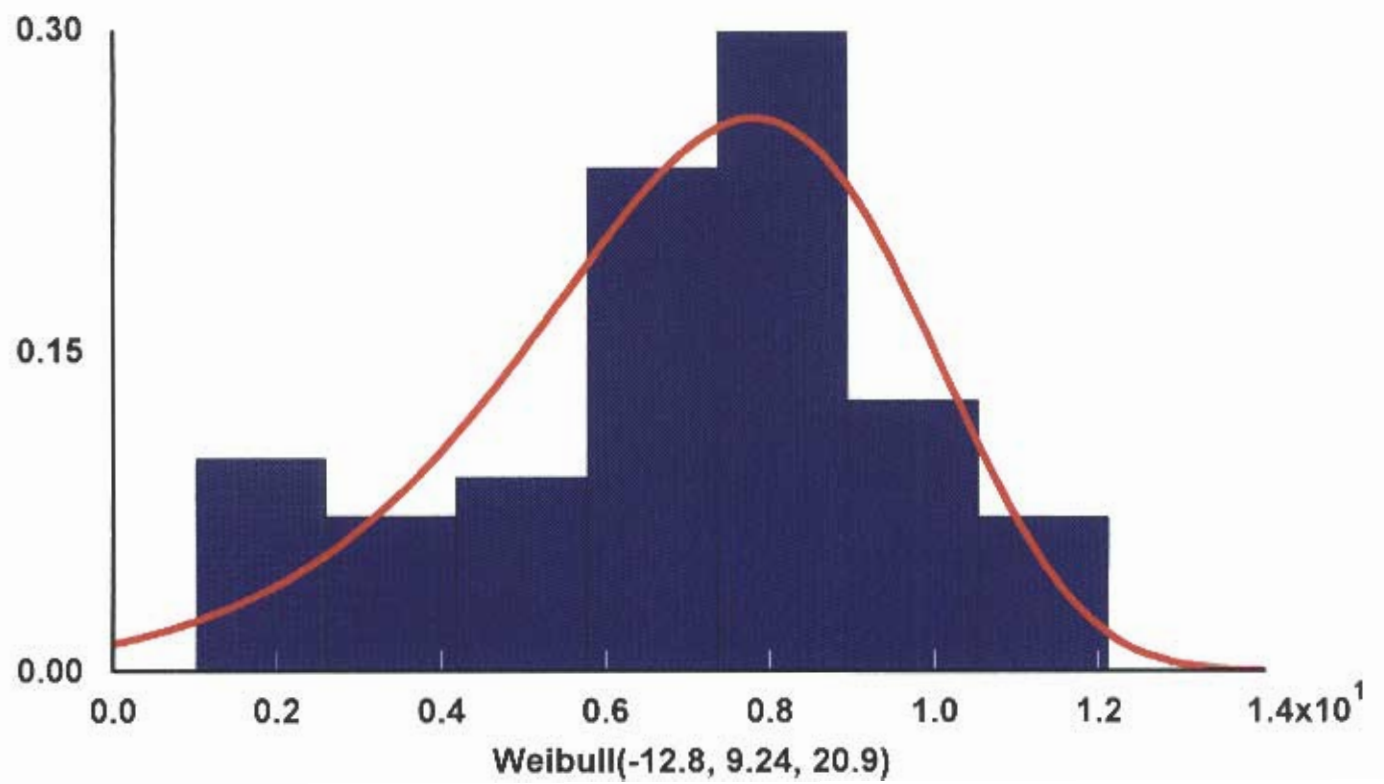
descriptive statistics

data points	110
minimum	1
maximum	12.08
mean	6.94955
median	7.31
mode	7.96
standard deviation	2.62844
variance	6.90868
coefficient of variation	37.8217
skewness	-0.570711
kurtosis	-0.320724

Auto::Fit Distributions

distribution	rank	acceptance
Weibull(-12.8, 9.24, 20.9)	100	accept
Beta(-4.15, 12.1, 5.28, 2.48)	25.5	accept
Triangular(-0.0297, 12.4, 8.25)	21.1	accept
Logistic(7.16, 1.47)	12.7	reject
Lognormal(-1.92e+03, 7.56, 0.00136)	4.82	accept
Normal(6.95, 2.62)	1.51	accept
Pearson 5(-41.3, 322, 1.55e+04)	1.21	reject
Extreme Value(5.57, 2.79)	0.00382	reject
Uniform(1, 12.1)	0.000394	reject

Fitted Distribution

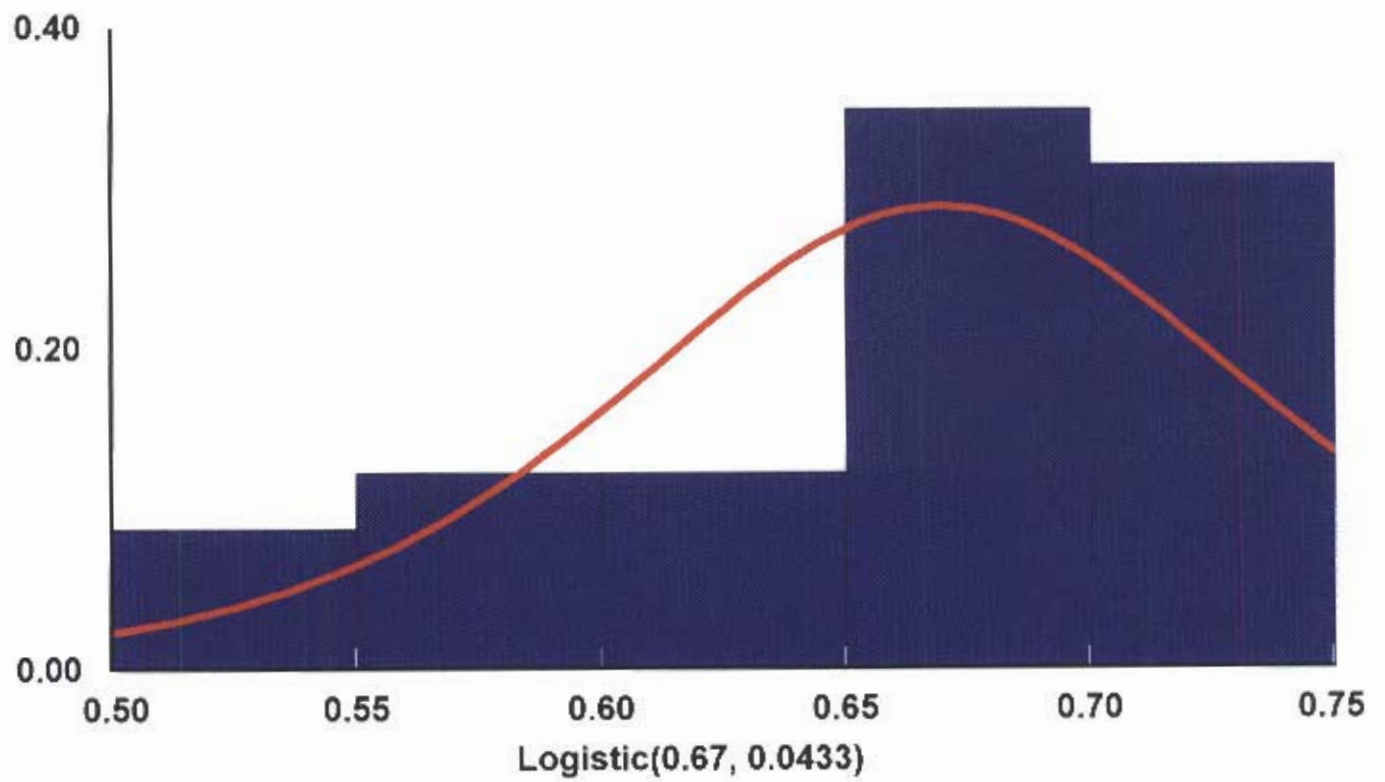


descriptive statistics

data points	57
minimum	0.5
maximum	0.75
mean	0.664211
median	0.67
mode	0.67
standard deviation	0.0757333
variance	0.00573553
coefficient of variation	11.402
skewness	-0.608963
kurtosis	-0.538689

Auto::Fit Distributions

distribution	rank	acceptance
Logistic(0.67, 0.0433)	58.1	accept
Weibull(-0.0629, 12.3, 0.759)	52.4	reject
Lognormal(-467, 6.15, 0.000161)	29.3	reject
Pearson 5(-1.1, 523, 919)	16.8	reject
Normal(0.664, 0.0751)	13.9	reject
Extreme Value(0.625, 0.0803)	0.827	reject
Triangular(0.459, 0.75, 0.75)	0	reject
Uniform(0.5, 0.75)	0	reject
Beta(0.446, 0.75, 2.02, 0.963)	0	reject

Fitted Distribution

descriptive statistics

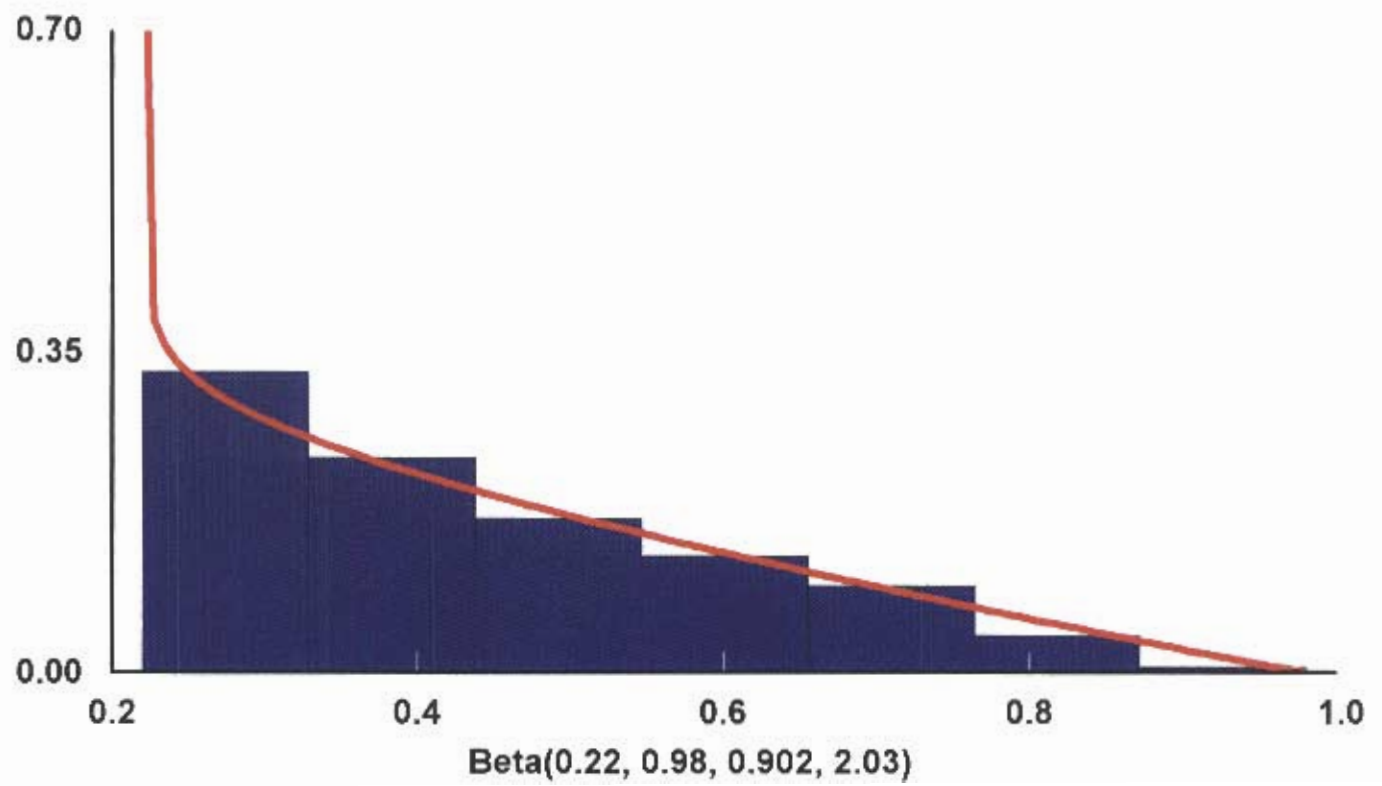
data points	149
minimum	0.22
maximum	0.98
mean	0.444362
median	0.42
mode	0.275
standard deviation	0.178524
variance	0.0318707
coefficient of variation	40.1752
skewness	0.669983
kurtosis	-0.452082

data contact suggests : min 20 min
max 30 min
normal distribution
 25 ± 5 min

Auto:Fit Distributions

distribution	rank	acceptance
Beta(0.22, 0.98, 0.902, 2.03)	69.4	accept
Pearson 5(0.0295, 5.78, 2)	52.8	accept
Lognormal(0.147, -1.41, 0.655)	44	accept
Inverse Gaussian(0.134, 0.7, 0.31)	39.1	reject
Log-Logistic(0.179, 2.13, 0.212)	38.1	accept
Erlang(0.22, 1, 0.224)	19.6	accept
Gamma(0.22, 1, 0.224)	19.6	accept
Exponential(0.22, 0.224)	19.6	accept
Extreme Value(0.362, 0.137)	12.1	reject
Pearson 6(0.22, 2.01e+03, 1.55, 1.29e+04)	10.8	accept
Weibull(0.22, 0.927, 0.219)	5.05	accept
Logistic(0.428, 0.104)	0.452	reject
Normal(0.444, 0.178)	0.227	reject
Triangular(0.22, 0.995, 0.22)	0.184	reject
Pareto(0.22, 1.6)	0.00165	reject
Uniform(0.22, 0.98)	0	reject

Fitted Distribution



descriptive statistics

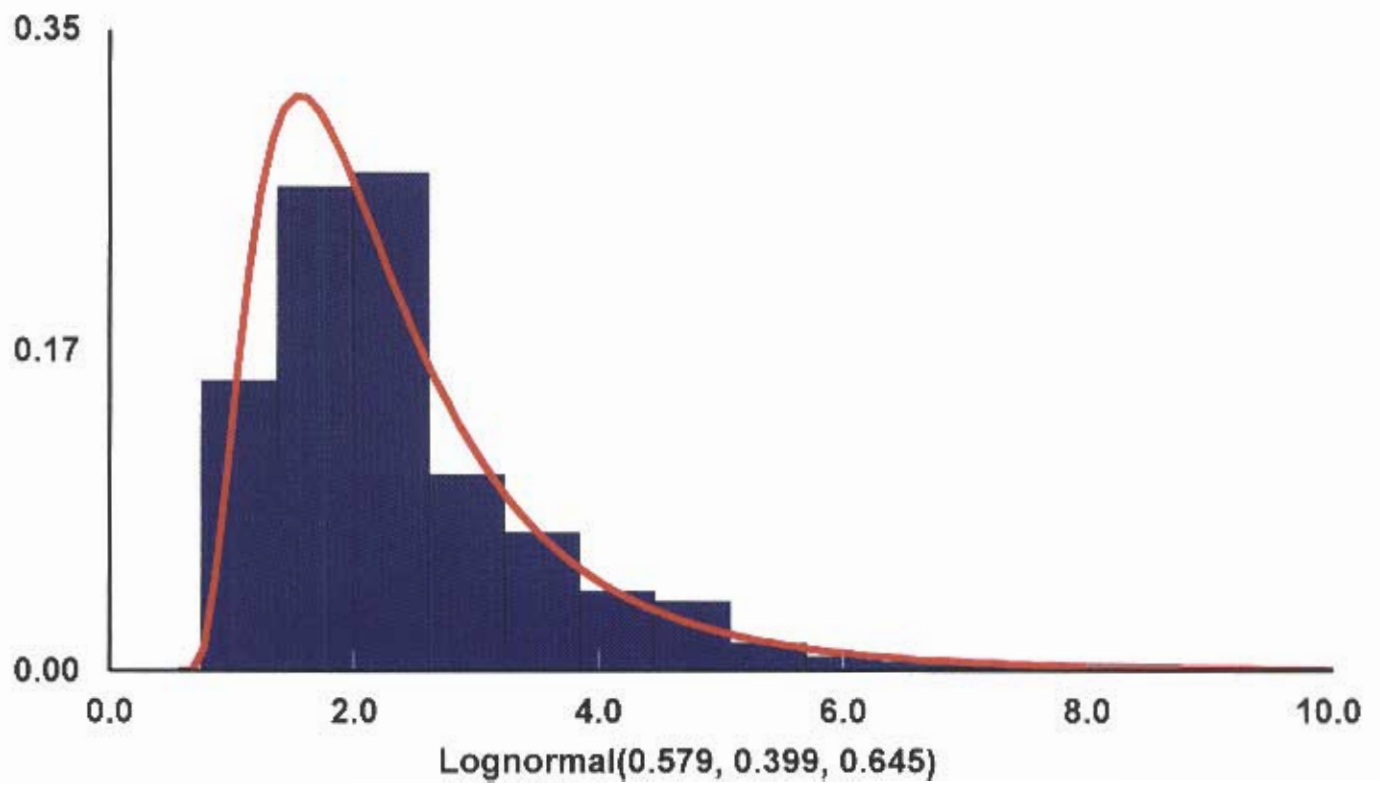
data points	1418
minimum	0.75
maximum	10
mean	2.41053
median	2
mode	1.5
standard deviation	1.26497
variance	1.60015
coefficient of variation	52.4769
skewness	1.86485
kurtosis	5.0168

Auto::Fit Distributions

distribution	rank	acceptance
Lognormal(0.579, 0.399, 0.645)	98.1	reject
Inverse Gaussian(0.495, 4.37, 1.92)	65.5	reject
Pearson 5(0.186, 4.38, 7.6)	28	reject
Pearson 6(0.75, 6.52, 2.56, 11.1)	3.24	reject
Log-Logistic(0.75, 2.34, 1.3)	1.2	reject
Erlang(0.733, 2, 0.839)	0.034	reject
Gamma(0.736, 2.05, 0.818)	0.00715	reject
Beta(0.75, 9.7e+05, 2.06, 1.2e+06)	0.000169	reject
Weibull(0.746, 1.43, 1.84)	1.04e-05	reject
Exponential(0.75, 1.66)	0	reject
Logistic(2.23, 0.634)	0	reject
Normal(2.41, 1.26)	0	reject
Pareto(0.75, 0.947)	0	reject
Triangular(0.728, 10, 1)	0	reject
Uniform(0.75, 10)	0	reject
Extreme Value(1.89, 0.818)	0	reject

30

Fitted Distribution



EP LAB Recovery Times

0.42

0.50

0.63

0.67

0.75

0.75

0.75

0.75

0.75

0.80

0.87

1.00

1.00

1.42

1.73

1.83

17.00 Count

0.90 Average

0.40 Standard Deviation

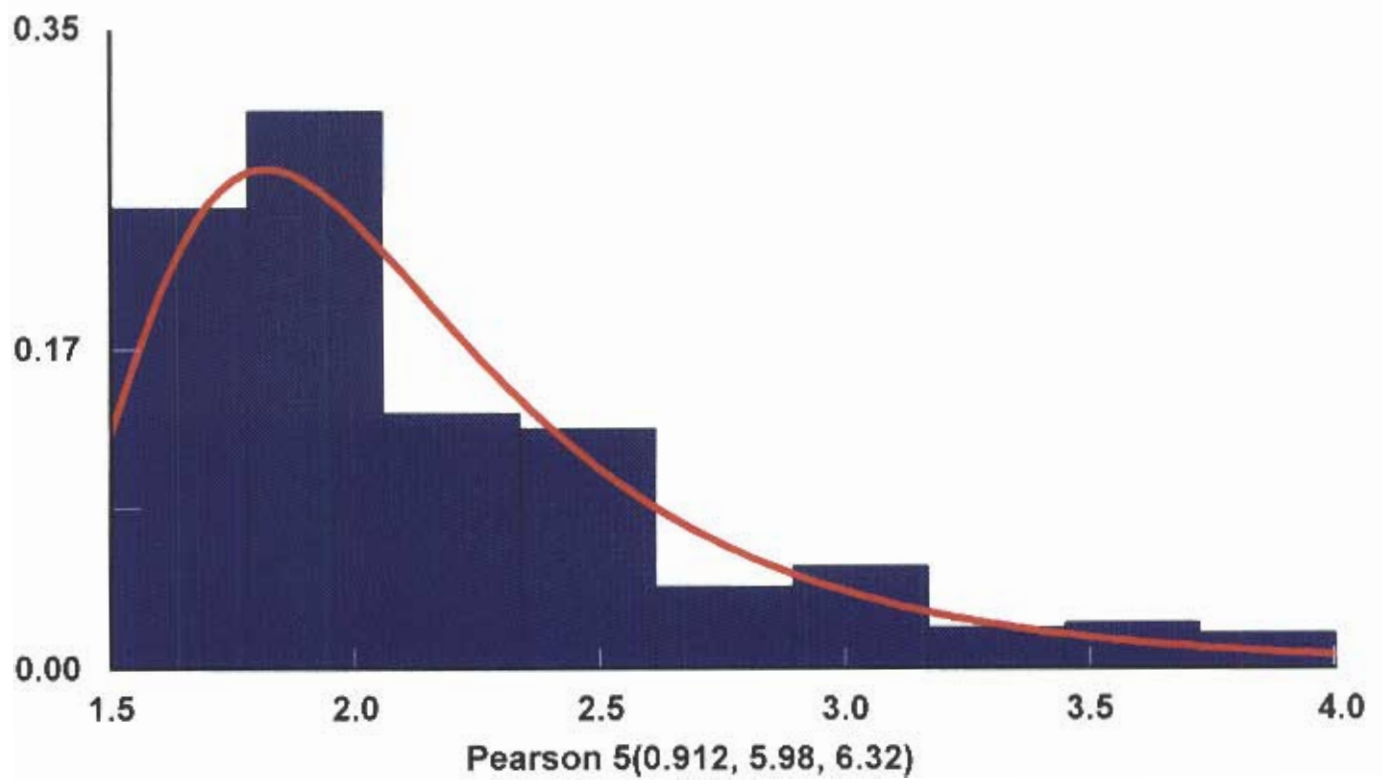
descriptive statistics

data points	356
minimum	1.5
maximum	4
mean	2.17303
median	2
mode	1.5
standard deviation	0.559379
variance	0.312905
coefficient of variation	25.7418
skewness	1.08258
kurtosis	0.912888

Auto::Fit Distributions

distribution	rank	acceptance
Pearson 5(0.912, 5.98, 6.32)	100	reject
Lognormal(1.23, -0.237, 0.608)	25.6	reject
Inverse Gaussian(1.2, 2.52, 0.976)	15.3	reject
Extreme Value(1.92, 0.409)	0.144	reject
Gamma(1.5, 1, 0.673)	0.00112	reject
Erlang(1.5, 1, 0.673)	0.00112	reject
Exponential(1.5, 0.673)	0.00112	reject
Weibull(1.5, 0.963, 0.664)	7.74e-05	reject
Log-Logistic(1.5, 2.29, 0.608)	6.54e-08	reject
Pearson 6(1.5, 7.74, 2.28, 24.1)	2.78e-08	reject
Logistic(2.11, 0.308)	0	reject
Normal(2.17, 0.559)	0	reject
Pareto(1.5, 2.93)	0	reject
Beta(1.5, 5.15e+03, 2.09, 1.41e+04)	0	reject
Triangular(1.5, 4.07, 1.5)	0	reject
Uniform(1.5, 4)	0	reject

Fitted Distribution



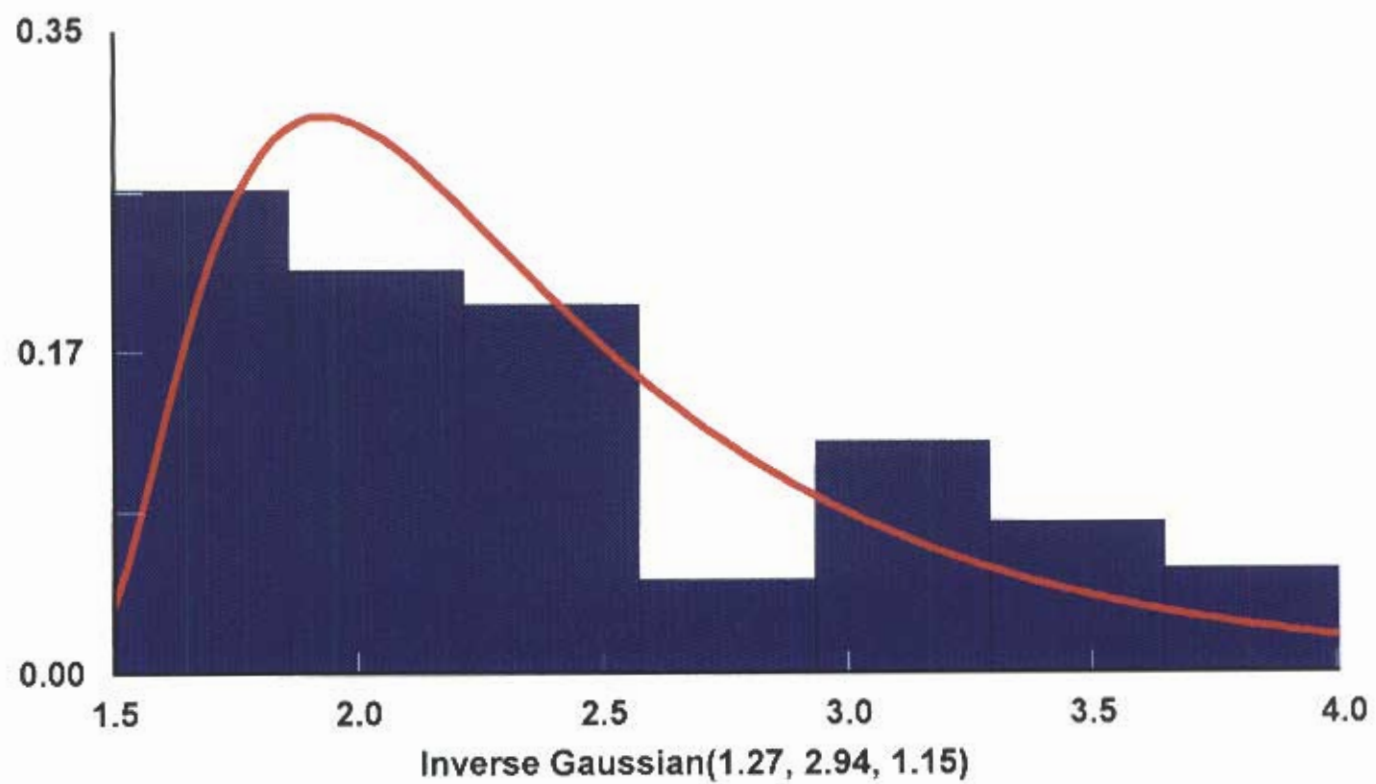
descriptive statistics

data points	159
minimum	1.5
maximum	4
mean	2.42075
median	2.3
mode	1.8
standard deviation	0.652558
variance	0.425832
coefficient of variation	26.9568
skewness	0.79158
kurtosis	-0.324608

Auto::Fit Distributions

distribution	rank	acceptance
Inverse Gaussian(1.27, 2.94, 1.15)	71	reject
Gamma(1.47, 1.97, 0.482)	68.2	reject
Lognormal(1.32, -0.0877, 0.619)	53.6	reject
Erlang(1.47, 2, 0.475)	51.8	reject
Weibull(1.49, 1.45, 1.03)	49.4	reject
Pearson 5(1.04, 5.01, 5.62)	32.1	reject
Pearson 6(1.5, 43, 2.05, 95.5)	11	reject
Log-Logistic(1.5, 2.16, 0.73)	7.1	reject
Beta(1.5, 4, 1.32, 2.37)	0.963	reject
Extreme Value(2.12, 0.486)	0.22	reject
Logistic(2.35, 0.372)	0.0815	reject
Triangular(1.45, 4.24, 1.8)	0.0403	reject
Exponential(1.5, 0.921)	0.0135	reject
Normal(2.42, 0.651)	0.0052	reject
Pareto(1.5, 2.25)	9.56e-08	reject
Uniform(1.5, 4)	0	reject

Fitted Distribution



Results of Simulation

General Report
Output from U:\P\Hh4.mod [Heart]
Date: Apr/30/1998 Time: 11:38:48 AM

Scenario : Normal Run
Replication : 1 of 1
Simulation Time : 20.05243333 hr

LOCATIONS

Location Name	Scheduled Hours	Capacity	Total Entries	Average Minutes Per Entry	Average Contents	Maximum Contents	Current Contents
Entrance	20.05243333	999999	44	0.000000	0	1	
Desk	20.05243333	2	41	5.243049	0.178669	2	
Waiting Room	20.05243333	999999	123	474.143171	48.4726	98	
Treatment Room	20.05243333	2	30	18.628467	0.464494	2	
Inpatient Room	20.05243333	23	68	254.674794	14.3938	23	
Observation Room	20.05243333	7	4	360.295000	1.19784	4	
Three East	20.05243333	9	11	366.633727	3.35202	7	
EP 1	20.05243333	1	1	617.173000	0.512966	1	
EP 2	20.05243333	1	4	146.437250	0.486848	1	
EP 3	20.05243333	1	2	228.184500	0.379313	1	
Cath1	20.05243333	1	6	98.467833	0.491052	1	
Cath2	20.05243333	1	7	68.223857	0.396932	1	
Cath3	20.05243333	1	6	76.378500	0.380894	1	
Cath4	20.05243333	1	6	82.218167	0.410016	1	
Cath5	20.05243333	1	9	52.248444	0.390839	1	
Cath6	20.05243333	1	5	107.187400	0.445446	1	
Cath Holding	20.05243333	6	19	76.135211	1.20232	5	
Regline	20.05243333	999999	41	33.360683	1.13684	28	
Departure	20.05243333	999999	49	1.839898	0.0749327	9	
Staff room	20.05243333	999999	0	0.000000	0	0	
desk workers	20.05243333	2	0	0.000000	0	0	
BUMC	20.05243333	999999	4	0.000000	0	1	

LOCATION STATES BY PERCENTAGE (Multiple Capacity)

Location Name	Scheduled Hours	% Empty	% Partially Occupied	% Full	% Down
Entrance	20.05243333	100.00	0.00	0.00	0.00
Desk	20.05243333	90.30	1.53	8.17	0.00
Waiting Room	20.05243333	7.04	92.96	0.00	0.00
Treatment Room	20.05243333	75.76	2.03	22.21	0.00
Inpatient Room	20.05243333	15.22	70.24	14.54	0.00
Observation Room	20.05243333	68.58	31.42	0.00	0.00
Three East	20.05243333	12.73	87.27	0.00	0.00
Cath Holding	20.05243333	53.38	46.62	0.00	0.00
Regline	20.05243333	92.04	7.96	0.00	0.00
Departure	20.05243333	92.63	7.37	0.00	0.00
Staff room	20.05243333	100.00	0.00	0.00	0.00
desk workers	20.05243333	100.00	0.00	0.00	0.00
BUMC	20.05243333	100.00	0.00	0.00	0.00

LOCATION STATES BY PERCENTAGE (Single Capacity)

Location Name	Scheduled Hours	% Operation	% Setup	% Idle	% Waiting	% Blocked	% Down
EP 1	20.05243333	45.48	0.00	48.70	2.29	3.53	0.00

EP 2	20.05243333	38.40	0.00	51.32	10.28	0.00	0.00
EP 3	20.05243333	31.36	0.00	62.07	6.58	0.00	0.00
Cath1	20.05243333	16.88	0.00	50.89	32.23	0.00	0.00
Cath2	20.05243333	26.59	0.00	60.31	13.11	0.00	0.00
Cath3	20.05243333	24.78	0.00	61.91	13.31	0.00	0.00
Cath4	20.05243333	25.44	0.00	59.00	15.57	0.00	0.00
Cath5	20.05243333	29.32	0.00	60.92	9.76	0.00	0.00
Cath6	20.05243333	19.21	0.00	55.46	25.34	0.00	0.00

RESOURCES

Resource Name	Units	Scheduled Hours	Number Of Times Used	Average Minutes Per Usage	Average Minutes Travel To Use	Average Minutes Travel To Park	% Blocked In Travel
pre nurse.1	1	20.05243333	29	3.859655	0.576138	0.602000	0.00
pre nurse.2	1	20.05243333	18	5.700889	0.561444	0.588941	0.00
pre nurse.3	1	20.05243333	14	0.364000	0.584000	0.626000	0.00
pre nurse	3	60.1573	61	3.600689	0.573607	0.603932	0.00
pre tech.1	1	20.05243333	52	2.872596	0.344846	0.584000	0.00
pre tech.2	1	20.05243333	35	4.699686	0.275714	0.584000	0.00
pre tech	2	40.10486667	87	3.607632	0.317034	0.584000	0.00
reg.1	1	20.05243333	22	5.250136	0.000000	0.000000	0.00
reg.2	1	20.05243333	19	5.215737	0.000000	0.000000	0.00
reg	2	40.10486667	41	5.234195	0.000000	0.000000	0.00
heartnurse.1	1	20.05243333	55	7.294982	0.905982	0.698091	0.00
heartnurse.2	1	20.05243333	41	7.811341	0.834317	0.754024	0.00
heartnurse.3	1	20.05243333	31	6.887710	0.675419	0.911645	0.00
heartnurse.4	1	20.05243333	22	7.226318	0.704909	0.940682	0.00
heartnurse.5	1	20.05243333	13	10.397000	0.654154	0.973769	0.00
heartnurse.6	1	20.05243333	11	12.092364	0.638364	0.878636	0.00
heartnurse.7	1	20.05243333	7	14.981714	0.626000	0.836571	0.00
heartnurse.8	1	20.05243333	3	12.622333	0.626000	0.871667	0.00
heartnurse.9	1	20.05243333	1	22.294000	0.626000	0.626000	0.00
heartnurse.10	1	20.05243333	0	0.000000	0.000000	0.000000	0.00
heartnurse	10	200.5243333	184	8.299984	0.776598	0.813516	0.00
enurse.1	1	20.05243333	8	117.643125	0.493000	0.491000	0.00
enurse.2	1	20.05243333	6	160.251000	0.384667	0.000000	0.00
enurse.3	1	20.05243333	3	179.178667	0.000000	1.906000	0.00
enurse.4	1	20.05243333	8	90.955125	0.245500	0.000000	0.00
enurse.5	1	20.05243333	1	559.532000	0.000000	0.000000	0.00
enurse	5	100.2621667	26	143.360000	0.316000	1.198500	0.00
obsnurse.1	1	20.05243333	19	27.285211	0.247263	0.000000	0.00
obsnurse.2	1	20.05243333	20	27.720850	0.254300	0.000000	0.00
obsnurse	2	40.10486667	39	27.508615	0.250872	0.000000	0.00
cathteam.1	1	20.05243333	9	45.436778	0.499222	0.499222	0.00
cathteam.2	1	20.05243333	9	42.290333	0.445222	0.445222	0.00
cathteam.3	1	20.05243333	8	39.447375	0.609875	0.609875	0.00
cathteam.4	1	20.05243333	6	51.630500	0.604833	0.604833	0.00
cathteam.5	1	20.05243333	4	36.087000	0.323250	0.323250	0.00
cathteam.6	1	20.05243333	3	50.560333	0.660000	0.660000	0.00
cathteam	6	120.3146	39	43.870128	0.520026	0.520026	0.00
epteam.1	1	20.05243333	1	547.168000	0.356000	0.356000	0.00
epteam.2	1	20.05243333	4	115.511750	0.459000	0.459000	0.00
epteam.3	1	20.05243333	2	188.629000	0.564000	0.564000	0.00
epteam	3	60.1573	7	198.067571	0.474286	0.474286	0.00

RESOURCE STATES BY PERCENTAGE

Resource Name	Scheduled Hours	% In Use	% Travel To Use	% Travel To Park	% Idle	% Down
pre nurse.1	20.05243333	9.30	1.39	1.40	87.91	0.00
pre nurse.2	20.05243333	8.53	0.84	0.83	89.80	0.00

pre nurse.3	20.05243333	0.42	0.68	0.73	98.17	0.00
pre nurse	60.1573	6.09	0.97	0.99	91.96	0.00
pre tech.1	20.05243333	12.42	1.49	1.16	84.93	0.00
pre tech.2	20.05243333	13.67	0.80	0.73	84.80	0.00
pre tech	40.10486667	13.04	1.15	0.95	84.86	0.00
reg.1	20.05243333	9.60	0.00	0.00	90.40	0.00
reg.2	20.05243333	8.24	0.00	0.00	91.76	0.00
reg	40.10486667	8.92	0.00	0.00	91.08	0.00
heartnurse.1	20.05243333	33.35	4.14	3.19	59.32	0.00
heartnurse.2	20.05243333	26.62	2.84	2.57	67.97	0.00
heartnurse.3	20.05243333	17.75	1.74	2.35	78.16	0.00
heartnurse.4	20.05243333	13.21	1.29	1.72	83.78	0.00
heartnurse.5	20.05243333	11.23	0.71	1.05	87.01	0.00
heartnurse.6	20.05243333	11.06	0.58	0.80	87.56	0.00
heartnurse.7	20.05243333	8.72	0.36	0.49	90.43	0.00
heartnurse.8	20.05243333	3.15	0.16	0.22	96.48	0.00
heartnurse.9	20.05243333	1.85	0.05	0.05	98.04	0.00
heartnurse.10	20.05243333	0.00	0.00	0.00	100.00	0.00
heartnurse	200.5243333	12.69	1.19	1.24	84.87	0.00
enurse.1	20.05243333	78.22	0.33	0.04	21.41	0.00
enurse.2	20.05243333	79.92	0.19	0.00	19.89	0.00
enurse.3	20.05243333	44.68	0.00	0.16	55.16	0.00
enurse.4	20.05243333	60.48	0.16	0.00	39.36	0.00
enurse.5	20.05243333	46.51	0.00	0.00	53.49	0.00
enurse	100.2621667	61.96	0.14	0.04	37.86	0.00
obsnurse.1	20.05243333	43.09	0.39	0.00	56.52	0.00
obsnurse.2	20.05243333	46.08	0.42	0.00	53.50	0.00
obsnurse	40.10486667	44.58	0.41	0.00	55.01	0.00
cathteam.1	20.05243333	33.99	0.37	0.37	65.26	0.00
cathteam.2	20.05243333	31.63	0.33	0.33	67.70	0.00
cathteam.3	20.05243333	26.23	0.41	0.41	72.96	0.00
cathteam.4	20.05243333	25.75	0.30	0.30	73.65	0.00
cathteam.5	20.05243333	12.00	0.11	0.11	87.79	0.00
cathteam.6	20.05243333	12.61	0.16	0.16	87.06	0.00
cathteam	120.3146	23.70	0.28	0.28	75.74	0.00
epteam.1	20.05243333	45.48	0.03	0.03	54.46	0.00
epteam.2	20.05243333	38.40	0.15	0.15	61.29	0.00
epteam.3	20.05243333	31.36	0.09	0.09	68.46	0.00
epteam	60.1573	38.41	0.09	0.09	61.40	0.00

FAILED ARRIVALS

Entity Name	Location Name	Total Failed
Cath	Entrance	0
EP	Entrance	0
ICD	Inpatient Room	0
Biopsy	Entrance	0
Cardiovers	Entrance	0
Right Heart	Entrance	0
Transfer ed	Entrance	0
PM	Entrance	0
Ablation	Entrance	0

ENTITY ACTIVITY

Entity Name	Total Exits	Current Quantity In System	Average Minutes In System	Average Minutes In Move Logic	Average Minutes Wait For Res, etc.	Average Minutes In Operation	Average Minutes Blocked
Cath	23	2	863.187261	41.942435	16.929478	541.237870	263.07747
Fam member	83	0	665.399759	0.288000	0.000000	0.000000	665.11175
EP	5	0	481.773800	21.003200	22.900400	353.690200	84.18000
ICD	1	0	1021.369000	124.473000	4.107000	661.482000	231.30700

Biopsy	6	0	98.741167	18.445500	1.238000	37.101333	41.9563
Cardiovers	1	0	287.385000	2.193000	5.152000	254.750000	25.2900
Right Heart	4	0	197.458000	29.317500	1.363000	59.601000	107.1765
Transfer ed	4	0	942.494250	49.073000	13.379500	879.742500	0.2992
PM	2	0	1021.034000	8.270500	1.865500	1010.898000	0.0000
Ablation	1	0	1021.034000	33.611000	47.943000	880.875000	58.6050

ENTITY STATES BY PERCENTAGE

Entity Name	% In Move Logic	% Wait For Res, etc.	% In Operation	% Blocked
Cath	4.86	1.96	62.70	30.48
Fam member	0.04	0.00	0.00	99.96
EP	4.36	4.75	73.41	17.47
ICD	12.19	0.40	64.76	22.65
Biopsy	18.68	1.25	37.57	42.49
Cardiovers	0.76	1.79	88.64	8.80
Right Heart	14.85	0.69	30.18	54.28
Transfer ed	5.21	1.42	93.34	0.03
PM	0.81	0.18	99.01	0.00
Ablation	3.29	4.70	86.27	5.74

VARIABLES

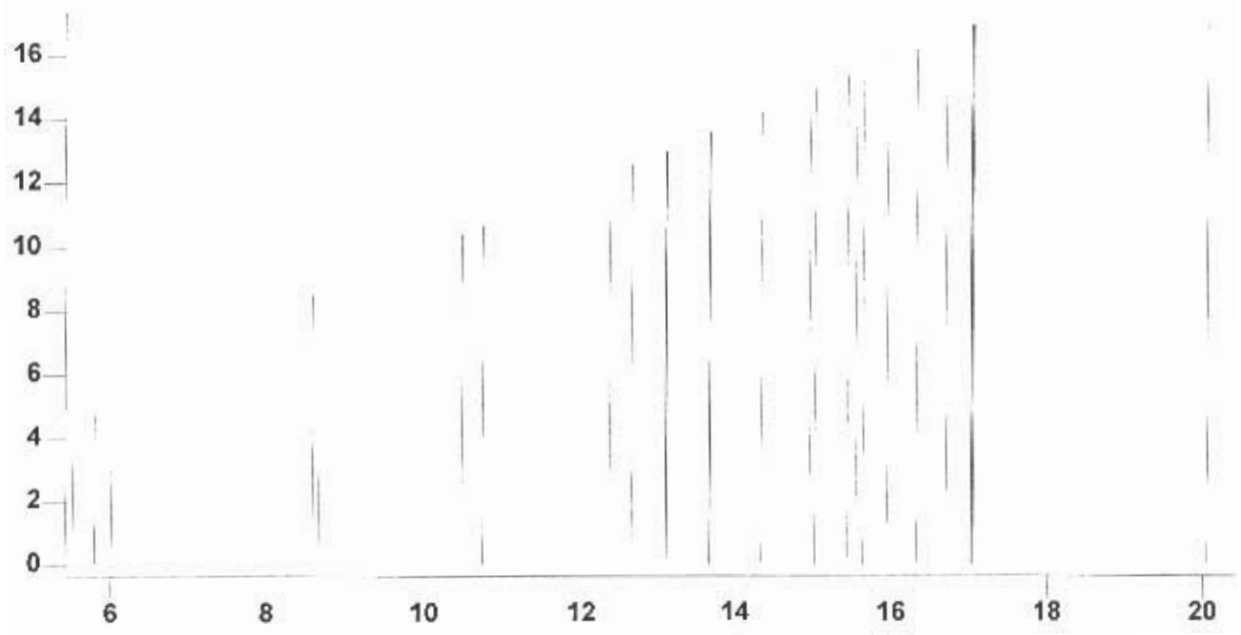
Variable Name	Total Changes	Average Minutes Per Change	Minimum Value	Maximum Value	Current Value	Average Value
Waitroom max	98	1.041918	0	98	98	96.1348
Waitroom count	246	4.547183	0	98	0	48.4471
BUMC count	4	160.502750	0	4	4	2.56678

LOGS

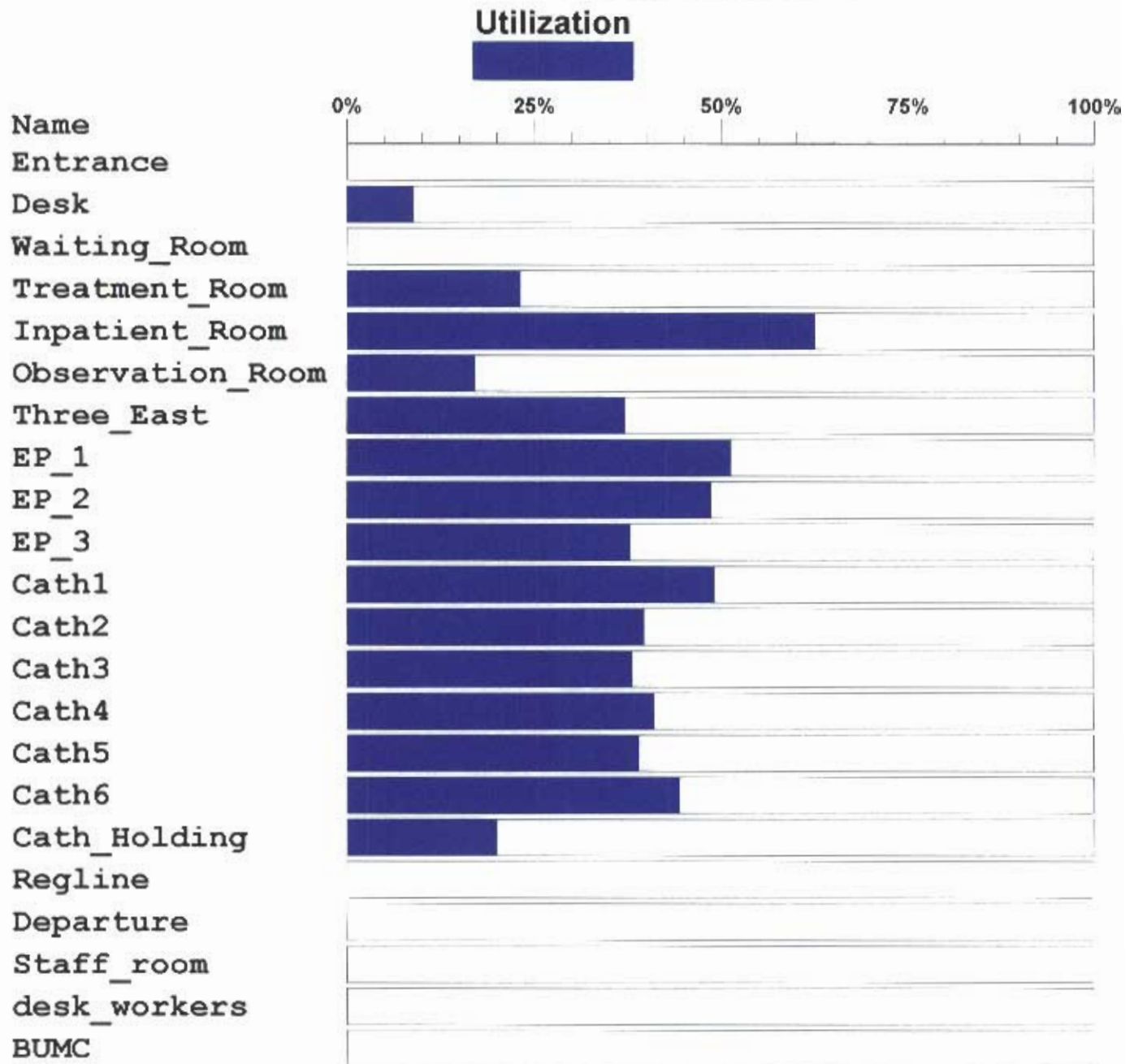
Log Name	Number Of Observations	Minimum Value	Maximum Value	Average Value
Cath Average LOS	23	243.107000	1020.549000	863.187261
EP Average LOS	5	627.900000	1020.541000	889.379400
ICD Average LOS	1	1021.369000	1021.369000	1021.369000
Biopsy Average LOS	6	60.977000	196.525000	98.741167
Cardioversion Average LOS	1	287.385000	287.385000	287.385000
Right Heart Average LOS	4	118.879000	279.914000	197.458000
Transfer Average LOS	4	926.537000	1020.890000	975.277500
PM Average LOS	2	1021.034000	1021.034000	1021.034000
AB Average LOS	1	1021.034000	1021.034000	1021.034000

AB Average LOS
Cardioversion Average LOS
EP Average LOS
PM Average LOS
Transfer Average LOS

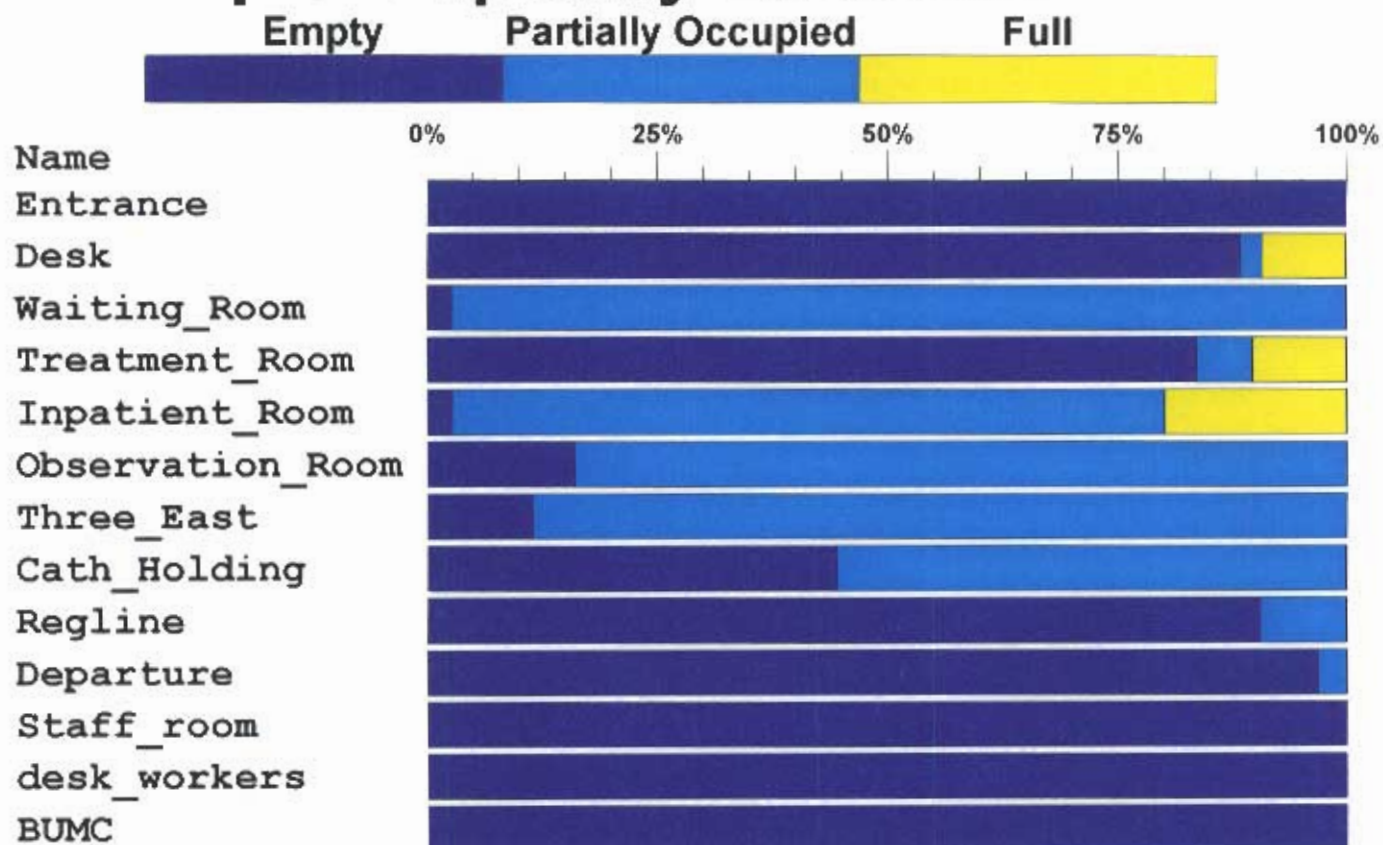
Biopsy Average LOS
Cath Average LOS
ICD Average LOS
Right Heart Average LOS



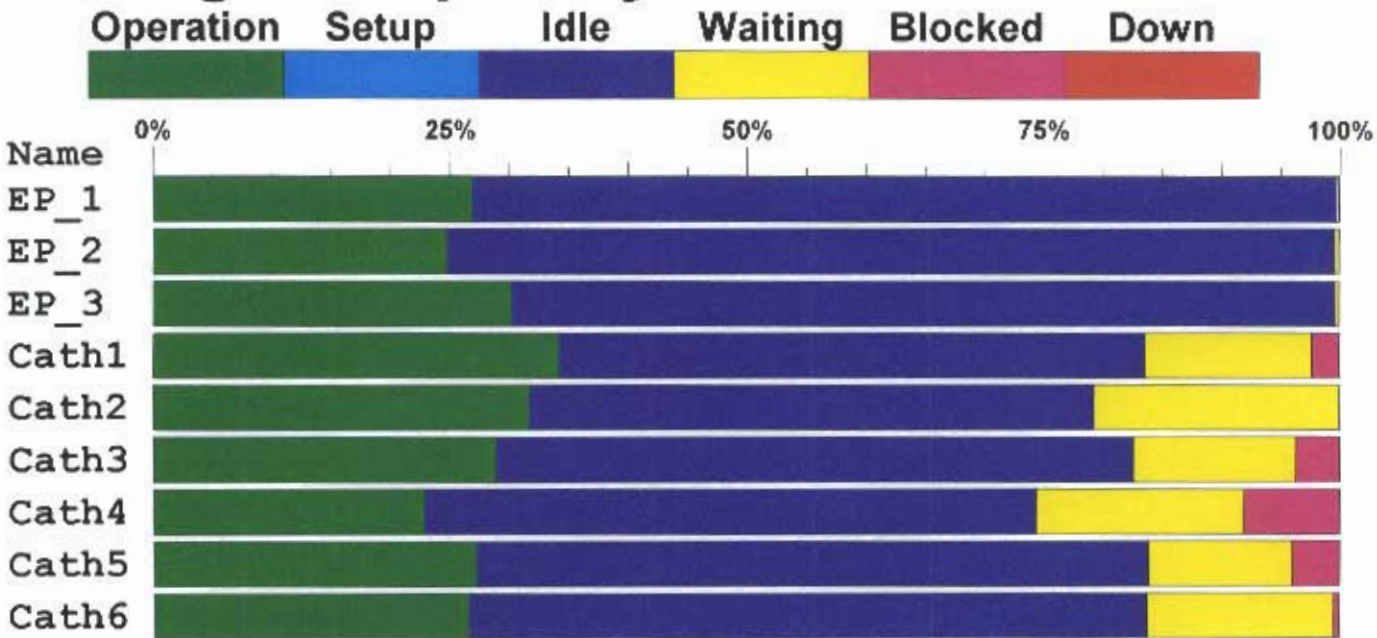
Location Utilization



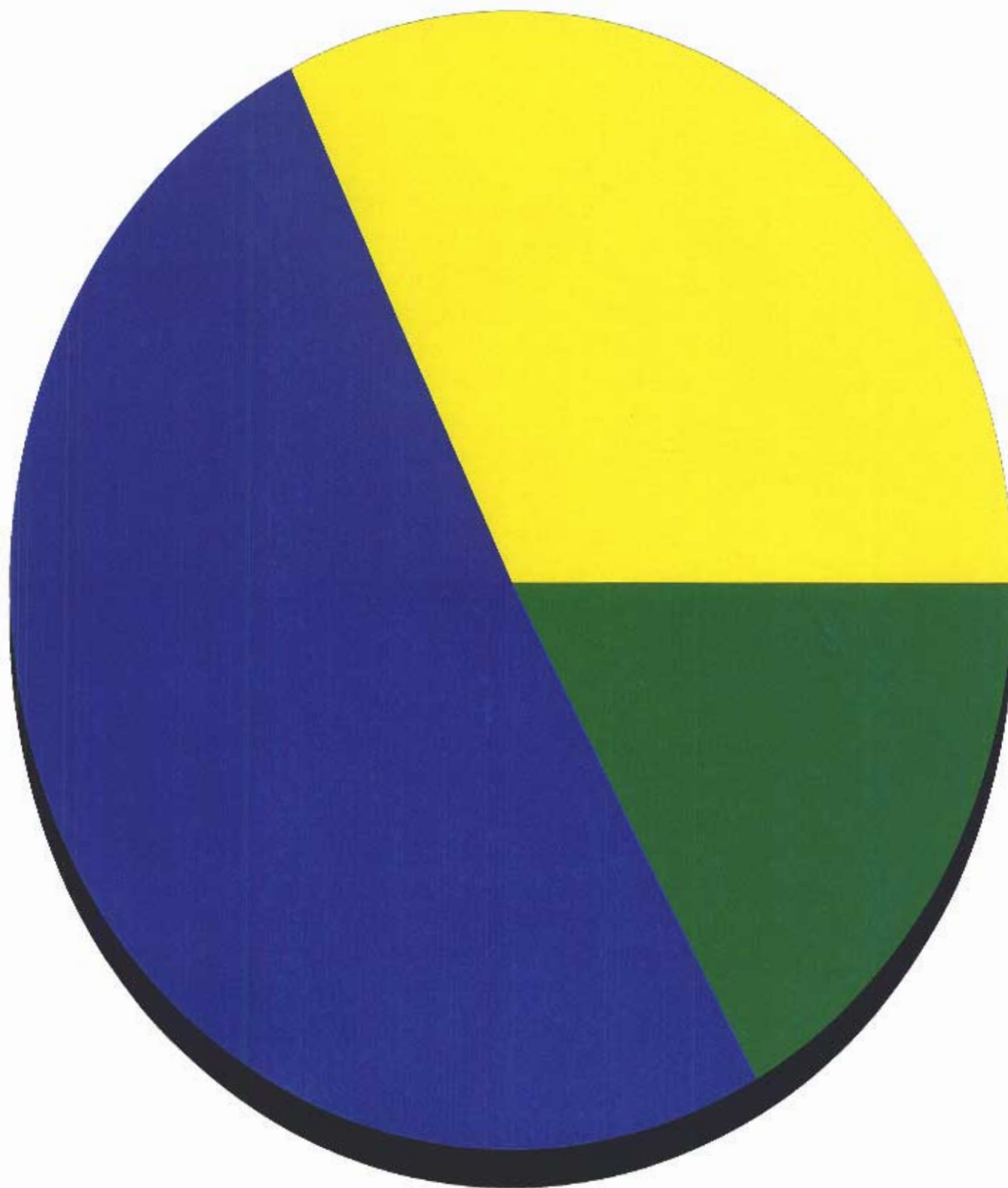
Multiple Capacity Location States



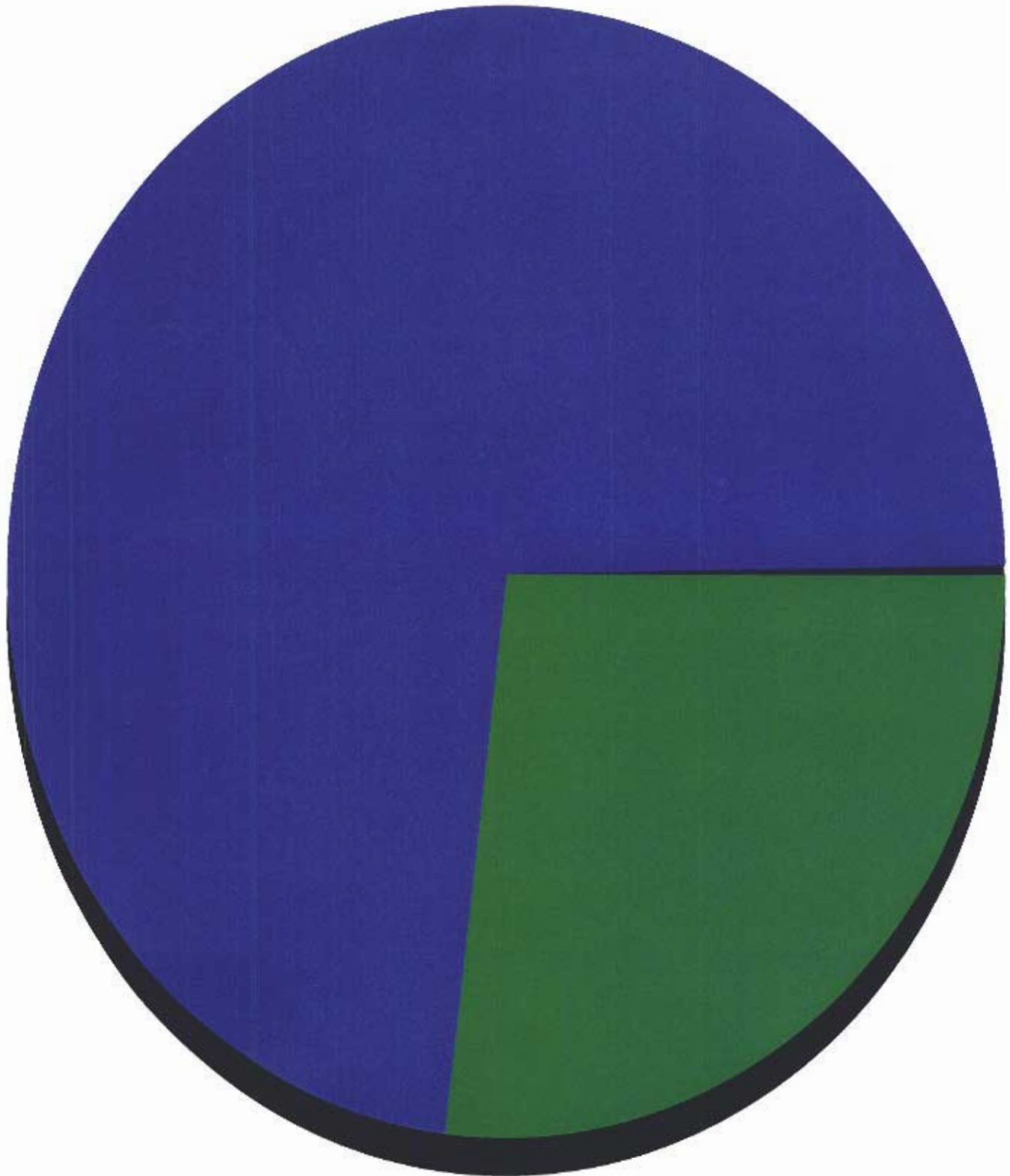
Single Capacity Location States



Cath1



EP_1

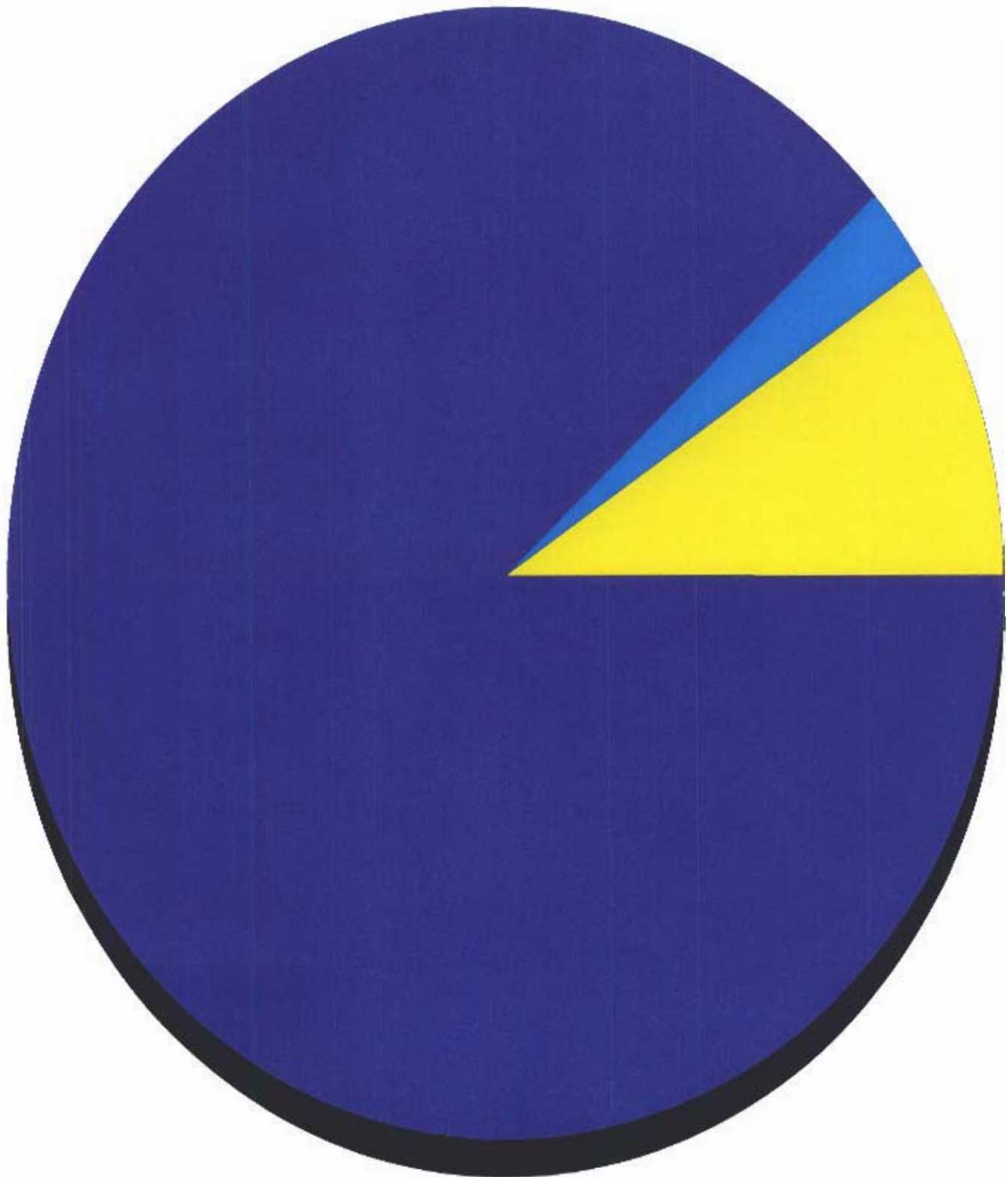


Desk

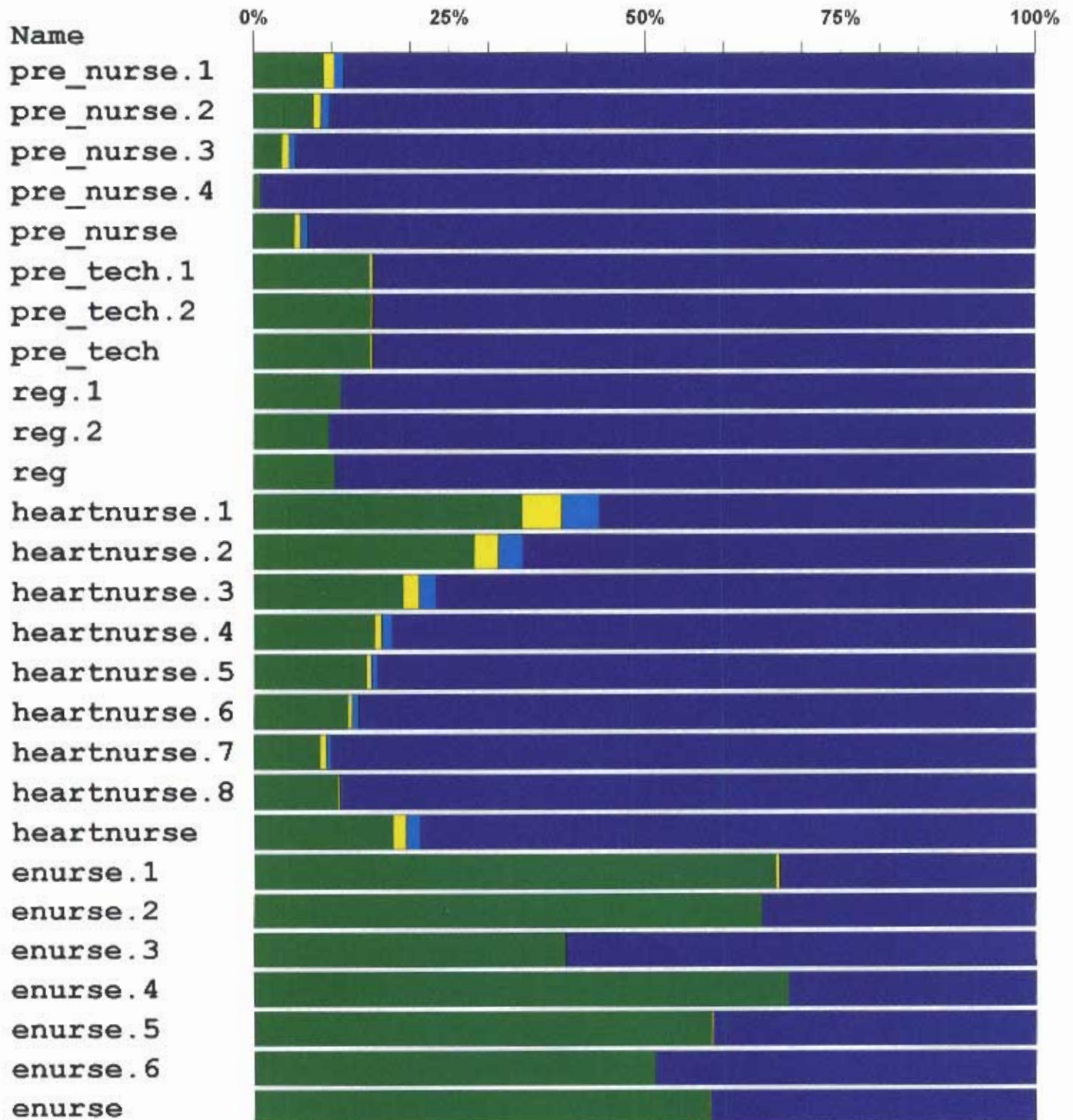
Empty

Partially Occupied

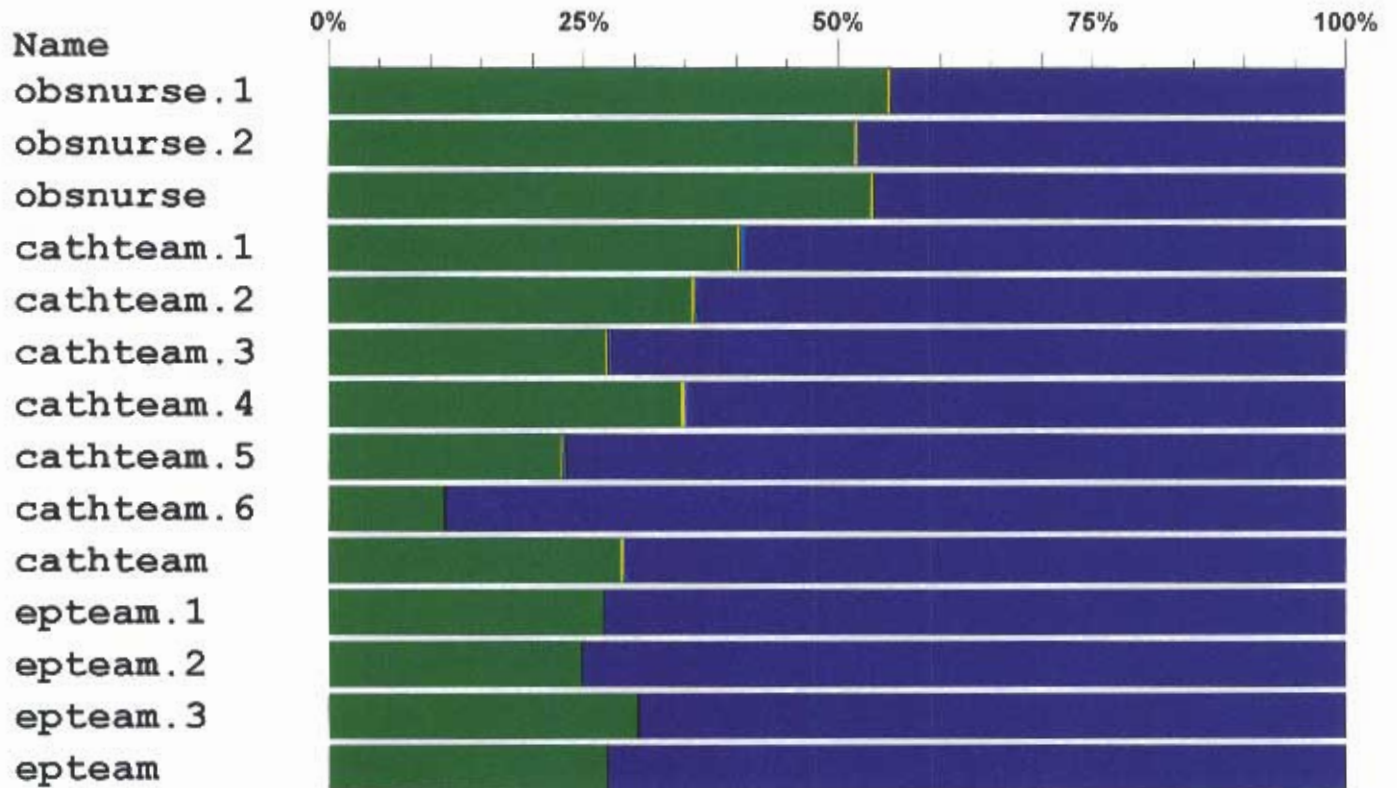
Full



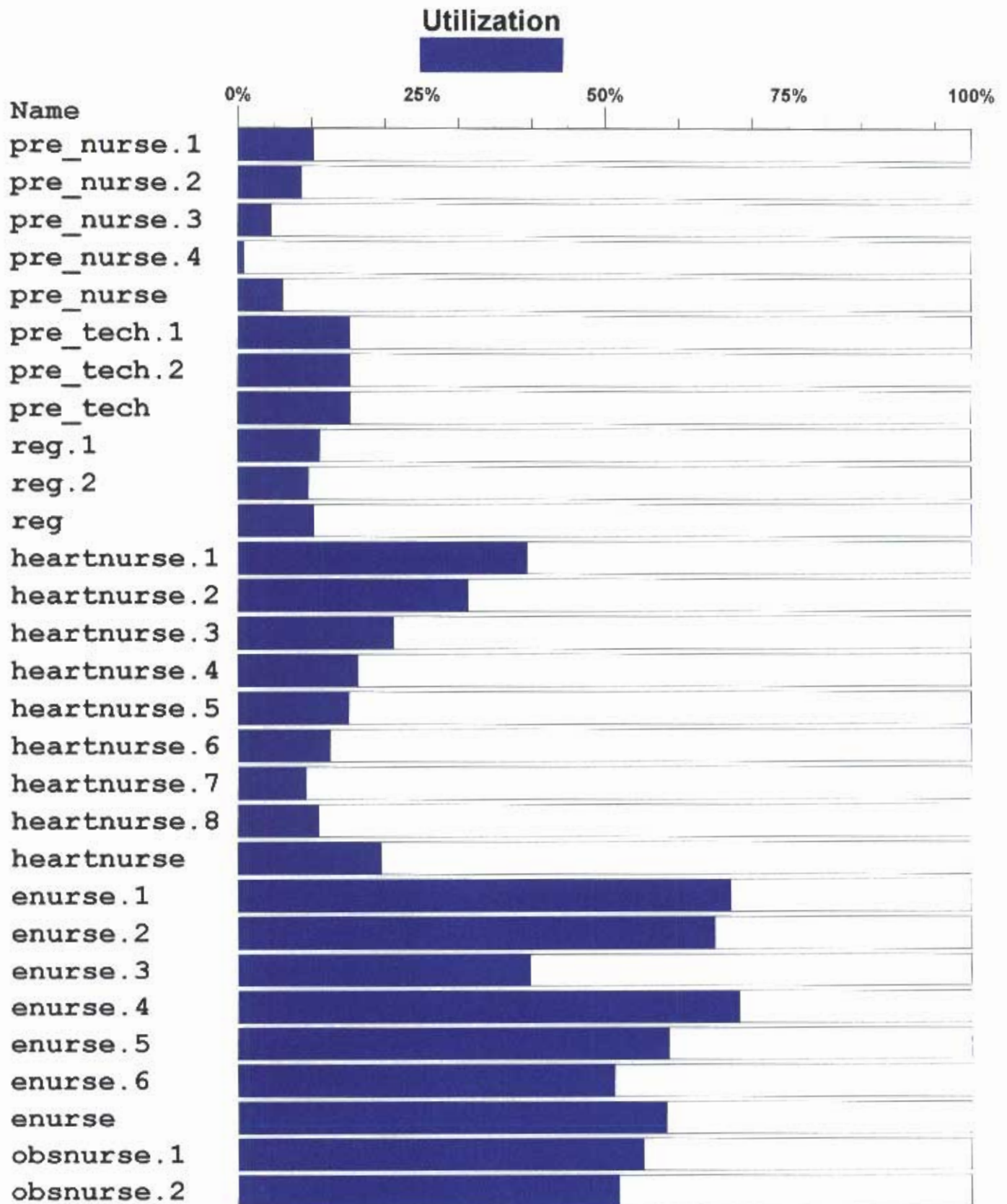
Resource States



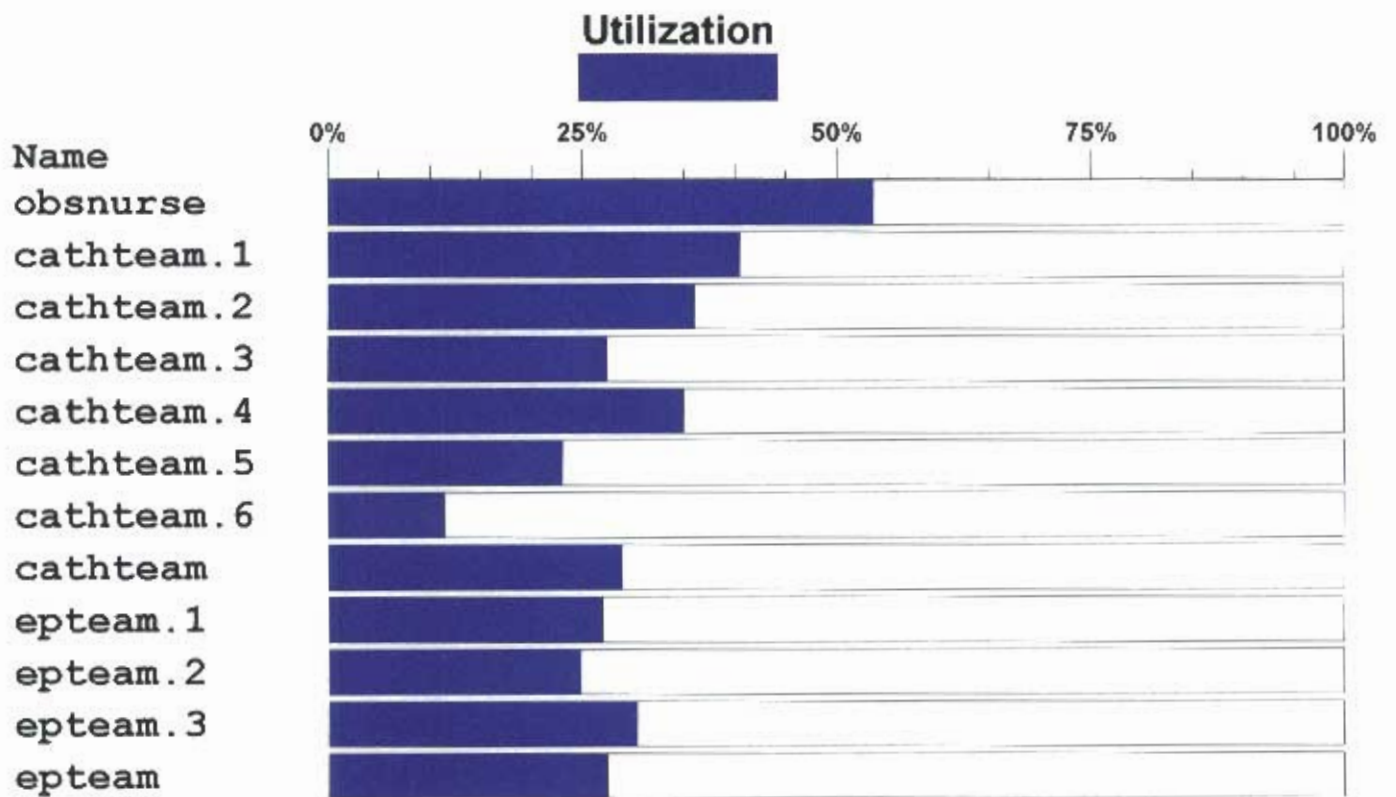
Resource States



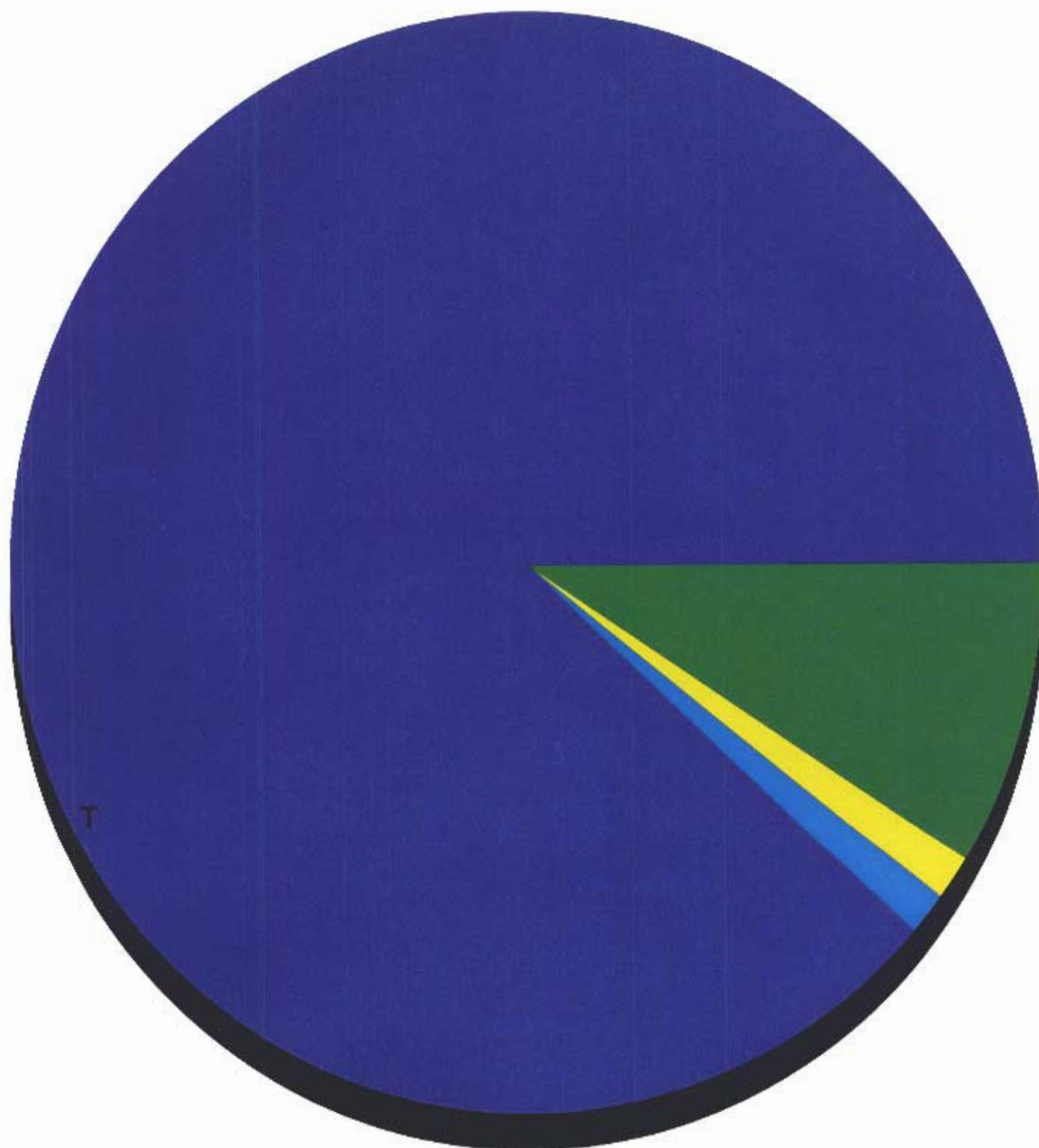
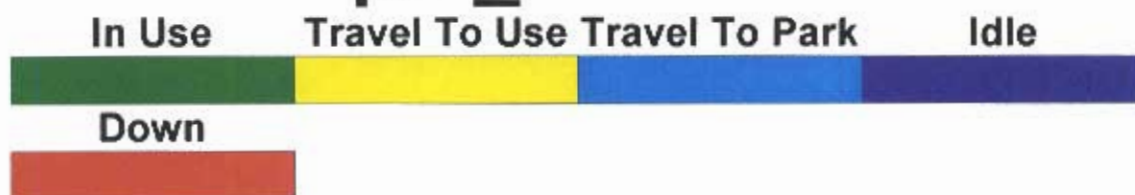
Resource Utilization



Resource Utilization



pre_nurse.1



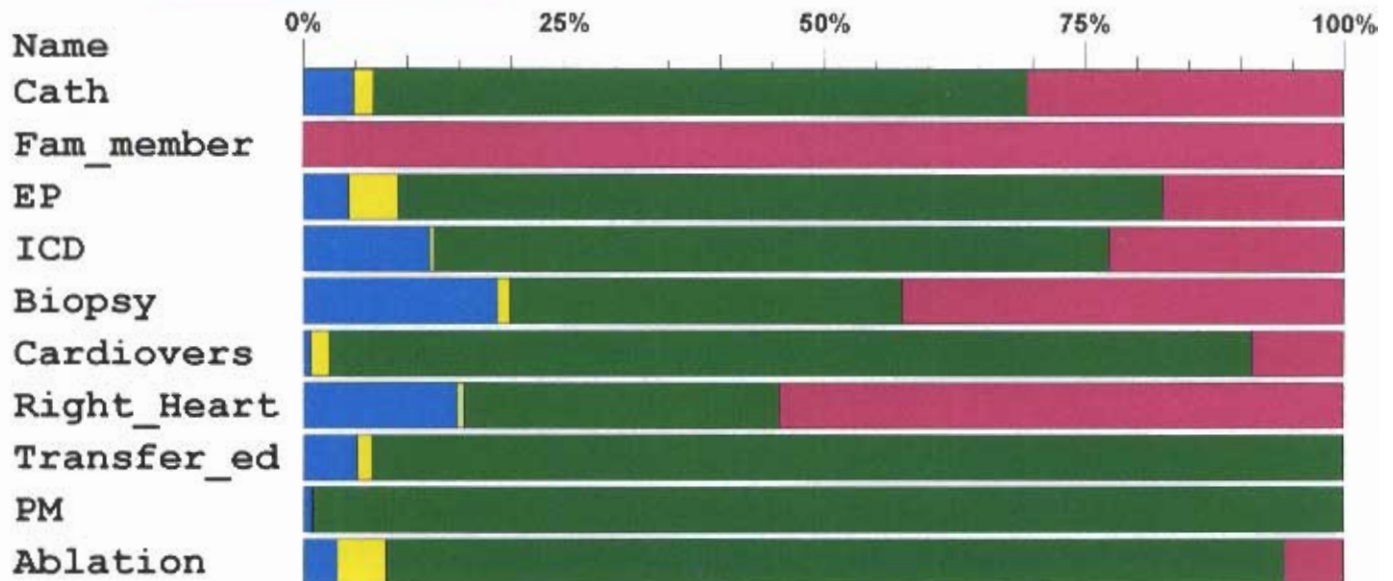
Entity States

In Move Logic

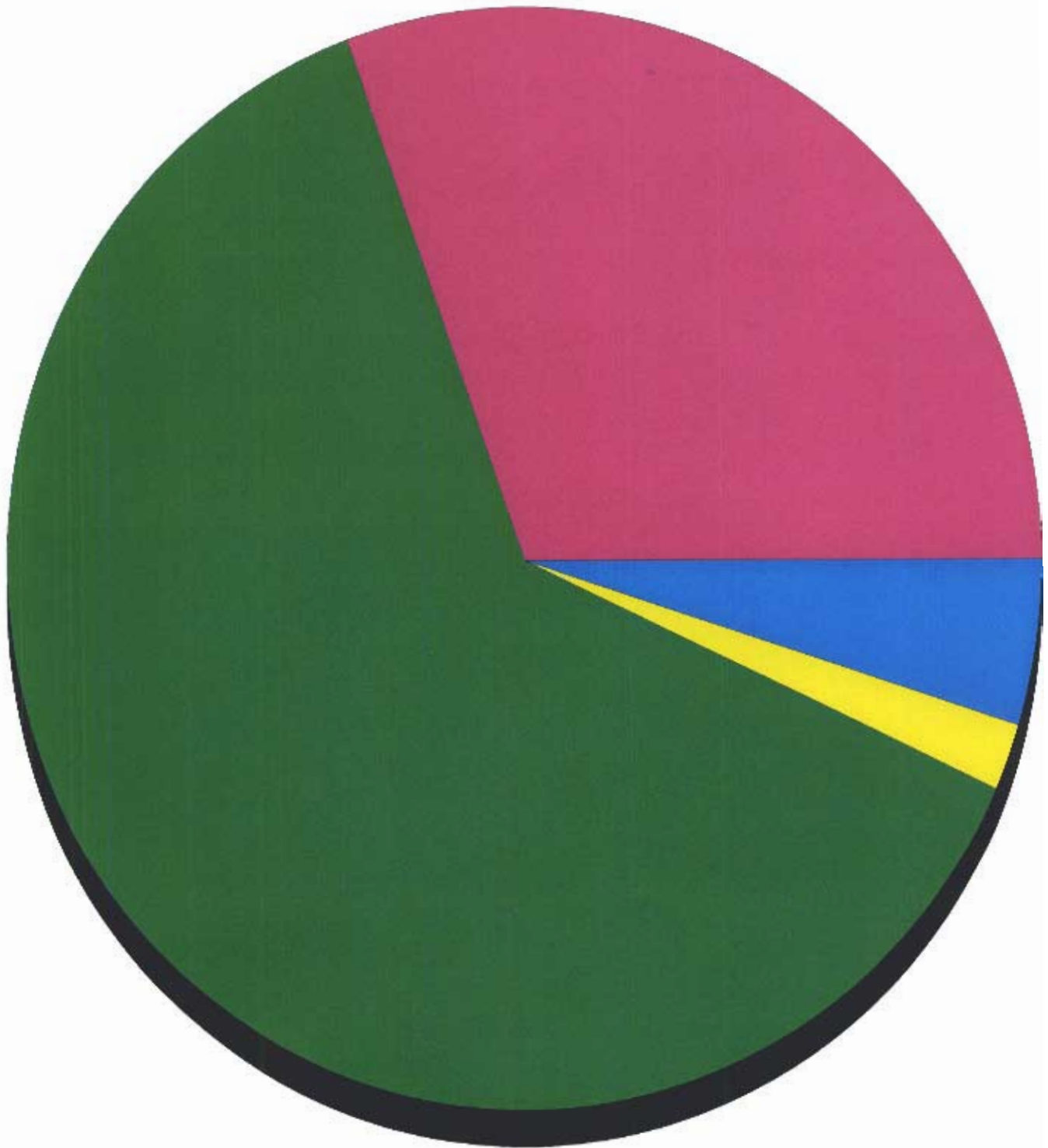
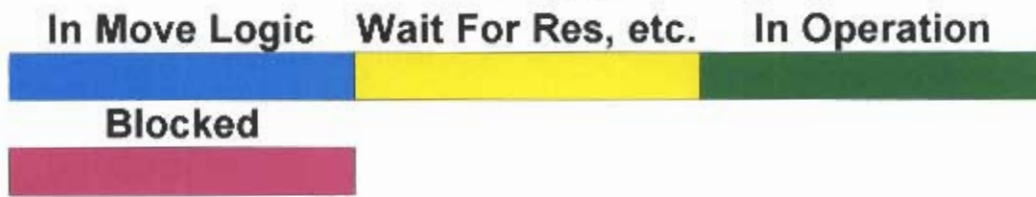
Wait For Res, etc.

In Operation

Blocked



Cath



Presentations

Baylor Specialty Hospital

Team Members:

Kelly Anne Nelson
Steven Chapman
Josh Urquhart
Ashley Bookwith

Problem:

- Determine if proposed plans for new cardiac addition to Baylor will support the current and projected patient demands
- Determine if current EP and CATH labs are sufficient for projected patient growth

Kelly = discuss project
and floor plan

How will this benefit the client:

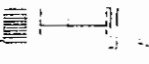
- Provide Baylor with a simulation model to determine the capacity of the addition, taking into account various rates of growth which the hospital expects to incur

Projected Plan of Action

- Collect data concerning patient flows and patterns in and out of cardiac labs
- Create simulation model based on proposed floor plan for new hospital
- Run simulation based on current data
- Determine current bottlenecks and provide solutions

JOSH: explain the program
we are using

- Run model based on various rates of projected growth
- Identify bottlenecks and create solutions
(This step will focus on when the new proposed EP and CATH labs will be needed)
- Report findings and suggestions to client throughout project during weekly meetings



Heart Hospital
Simulation Project

OVERVIEW

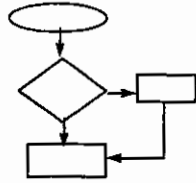
- Time Line
- Patient Flows
- Data
- Simulation

Time Line

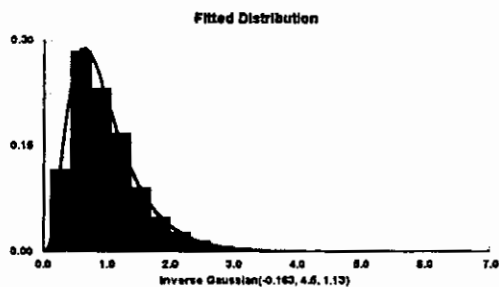
ID	Task Name	March					April	
		3/1	3/8	3/15	3/22	3/29	4/5	4/12
1	Time to Register Data							
2	Cashier Change Data							
3	Place N Time							
11	Lab and EKG Times							
12	Admitting Database Time							
13	Nurse Assessment, Consent, Patient Education Time							
14	Procedure Times							
15	Disposition Data							
16	3d Recovery Time							
17	ICU/CCU Recovery Process							
18	Modeling Layout							
19	Locations							

Patient Flows

- Elective Cath
- PM/EP
- Biopsy
- Right Heart
- Cardioversion
- Transesophageal
- Transfer Patient



Data Analysis



Simulation

- Final Layout
- Assumptions
- Time Frame
- Volume Scenarios

Questions



Heart Hospital Simulation Project Time Line

ID	Task Name	Duration	Start	Finish
1	Project Overview	1d	Tue 3/3/98	Tue 3/3/98
2	Determine Scope	1d	Tue 3/17/98	Tue 3/17/98
3	Flow Chart Process	10d	Mon 3/23/98	Fri 4/3/98
4	Software Orientation	1d	Thu 3/19/98	Thu 3/19/98
5	Tour Facility	1d	Mon 3/30/98	Mon 3/30/98
6	Collect Arrival Data	10d	Mon 3/30/98	Fri 4/10/98
7	Family Member Data	5d	Mon 3/30/98	Fri 4/3/98
8	Time to Register Data	2d	Tue 4/7/98	Wed 4/8/98
9	Clothes Change Data	2d	Tue 4/7/98	Wed 4/8/98
10	Place IV Time	2d	Tue 4/7/98	Wed 4/8/98
11	Lab and EKG Times	2d	Tue 4/7/98	Wed 4/8/98
12	Admitting Database Time	2d	Tue 4/7/98	Wed 4/8/98
13	Nurse Assessment, Consent, Patient Education Time	2d	Tue 4/7/98	Wed 4/8/98
14	Procedure Times	1d	Wed 4/1/98	Wed 4/1/98
15	Disposition Data	1d	Wed 4/1/98	Wed 4/1/98
16	3E Recovery Time	2d	Wed 4/1/98	Thu 4/2/98
17	HHOBS Recovery Process	2d	Thu 4/2/98	Fri 4/3/98
18	Modeling Layout	1d	Mon 4/13/98	Mon 4/13/98
19	Locations	1d	Tue 4/14/98	Tue 4/14/98
20	Path Network	1d	Wed 4/15/98	Wed 4/15/98
21	Resources	1d	Thu 4/16/98	Thu 4/16/98
22	Entities	1d	Wed 4/15/98	Wed 4/15/98
23	Skeleton Logic	2d	Thu 4/16/98	Fri 4/17/98
24	Detailed Logic	4d	Mon 4/20/98	Thu 4/23/98
25	Insert Distributions	1d	Fri 4/24/98	Fri 4/24/98
26	Debug	2d	Mon 4/27/98	Tue 4/28/98
27	SMU Presentation	1d	Fri 5/1/98	Fri 5/1/98
28	Validate	5d	Wed 4/29/98	Tue 5/5/98
29	Scenarios	5d	Wed 5/6/98	Tue 5/12/98

Mtg w/ doctor:
4-6-98

March 30, 1998

CARDIOVASCULAR PROGRAM

<u>FLOOR</u>	<u>OPTION 1</u>	<u>OPTION 2</u>
Ground	Valet, Lobby, Reception, Patient Registration, First Aid (ED), Food Court, Retail, Four (4) Service Dock Doors, and Building Support.	(Same as Option 1)
1st	MRI, CT, Hyperbolic ^{air} Oxygen Chamber, Lab (All out-patient)	(Same as Option 1)
2nd	OR's, ICU, Recovery, Sterilization	30 Bed Nursing Unit (30 Licensed)
3rd	30 Bed Nursing Unit (23 Licensed)	OR's, ICU, Recovery Sterilization
4th	30 Bed Nursing Unit (30 Licensed)	(Same as Option 1)
5th	MOB, Employee Access Corridor	(Same as Option 1)
6th	MOB	(Same as Option 1)
7th	MOB	(Same as Option 1)

With Vascular O.R. Program, recommended three (3) stretcher/service elevators plus three (3) passenger elevators (2 passenger elevators to be programmed as express elevators to 5th, 6th and 7th floors).

Baylor Heart Hospital

Baylor Team:

Kelly Anne Frazier
Adrian Beckwith
Steven Chapman
Josh Orphan

Overview

- Problem
- Plan of Action
- Patient Flows
- Data
- Simulation
- Conclusions
- Further Applications

Plan of Action

- Project Overview from Baylor
- Obtain patient flows
- Collect statistical data
- Create Skeleton model
- Verify statistical data
- Complete detailed model
- Run different scenarios to obtain data for conclusions

Sample Time Line

ID	Task Name	March					April	
		3/1	3/8	3/15	3/22	3/29	4/5	4/12
8	Time to Register Data							
9	Clashes Change Data							
10	Phase IV Time							
11	Lab and EKG Times							
12	Admitting Database Time							
13	Nurse Assessment, Consent, Patient Education, etc.							
14	Procedure Times							
15	Disposition Data							
16	SE Recovery Time							
17	HECIS Recovery Process							
18	Modeling Layout							
19	Locations							

Data

Statistical Data Needed for each patient type

- Volume
- Length of Procedure
- Length of Recovery Time
- Routing to various Recovery Areas
- Routing

Data

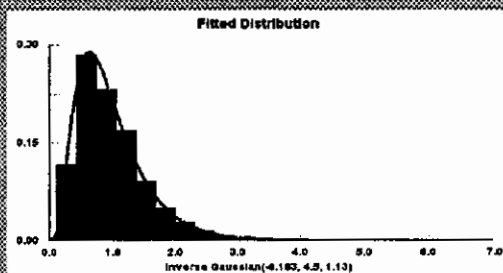
Statistical Data Sources:

- Apollo Database
- Nurse's Logs
- Nancy Vlah
- Student Observation
- Dr. Ed Bond
- Data from previous 2 Roberts South Project

Data

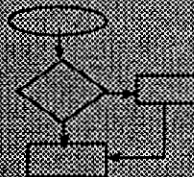
- Data Entered into StatFit program
- If valid distribution was returned then it was used
- If data was insufficient or no accurate distribution was returned then:
 - constant number was used for limited patient types
 - Empirical tables used for larger patient types

Data



Patient Types

- Elective Cath
- Pacemaker
- Biopsy
- Right Heart
- Cardioversion
- ICD
- Transfer Patient
- Ablation
- Electrophysiology



Simulation

- Model Components
 - Entities
 - Resources
 - Locations
 - Paths

Simulation

Sample Programming in MedModel
for the macro_room procedure

Simulation

- Run Simulation
- Different Scenarios
 - Change in treatment nurse quantity
 - Change in number of cath labs

Conclusions

- Treatment Nurses
- 3-Event Nurses
- Cath Labs

Further Applications

- Feasibility of specialized labs
- Effect of changes in staffing
- Determining effects of patient growth
- Worst Case scenarios
