

A decorative element consisting of seven horizontal blue lines of varying lengths, stacked vertically on the left side of the slide.

Simulation of Medical transports

Studying the impacts of utilizing different transportation means to transfer emergency cases in long distances



Agenda

1. Abstract
2. Problem Statement
3. Current State vs. Future State
4. Medical Transport Simulation
5. Simulation Model & Framework
6. Simulation Variables, Indicators, Map and Dashboard
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Abstract

01

In 2020, there were 609 patients has been transferred from a rural city to hospitals located in different cities.



**609
Patient**



Problem Statement

02

Emergency coverage is comprehensive. However, small cities lack some of health resources that are necessary for public health.

Patients, who live in small cities, need to be transferred using ambulances to larger cities.

As a result, the following issues will be raised:



Land transportation using ambulances requires medical staff to serve patients, which results in:

- Exhaustion of medical resources.
- Shortage of medical staff in hospitals when needed.



Some of the cases can not handle the time taken to be transferred using ambulances due to their serious health condition.



High average of transport duration.



Current State vs. Future State

03

○ Current Situation

- ✓ Patients are transferred from one city to another using ambulances.

○ Proposed Solution

- ✓ Patients transfer from one city to another using aircrafts;
 - From sending airport to receiving airport.
- ✓ Patients transfer from one city to another using aircrafts;
 - From sending hospital to receiving airport.
- ✓ Patients transfer from one city to another using aircrafts;
 - From sending hospital to receiving hospital.

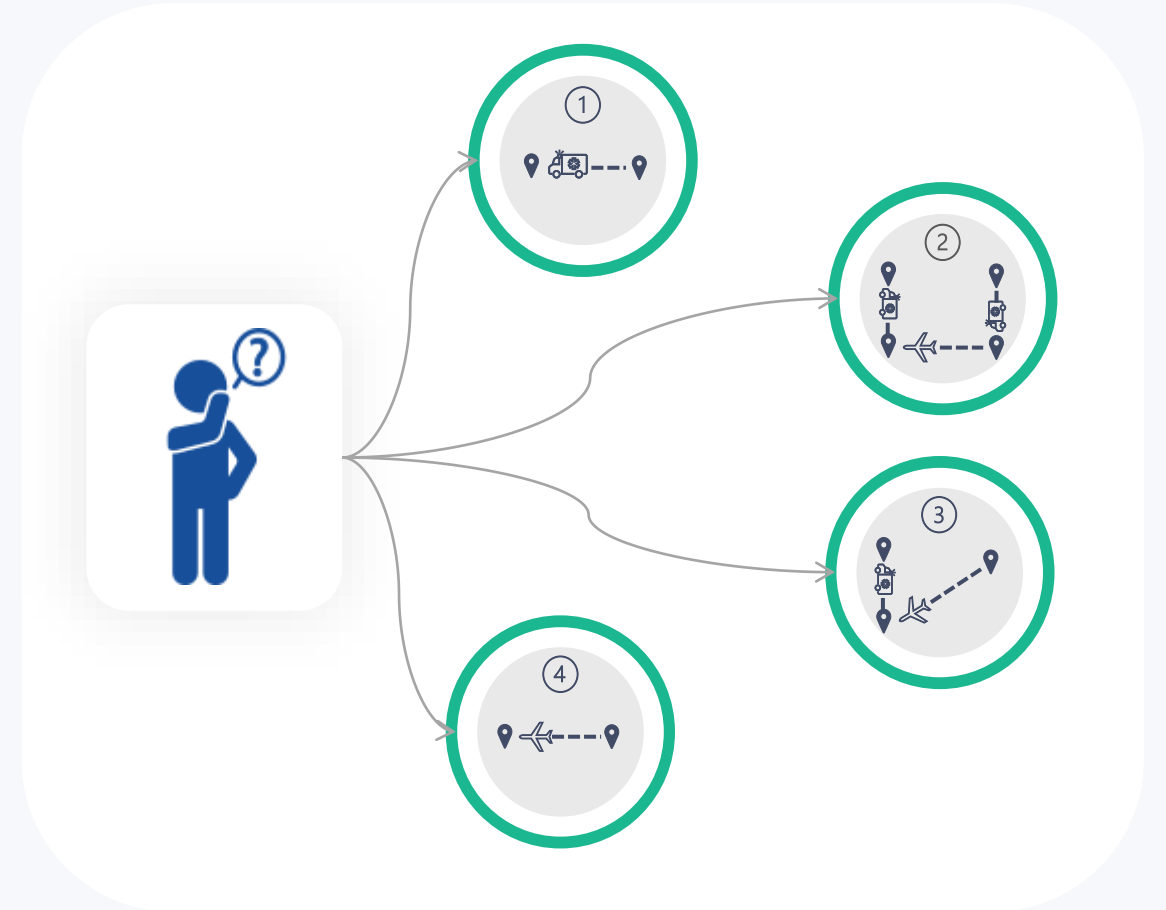




Medical Transports Simulation

04

Simulation of Medical transports aims to help decision makers improve transferring patients by providing a set of different scenarios that defines the impact of utilizing aircrafts and ambulances in transferring patients, as well as providing them with a list of KPIs that helps in taking the right decisions regarding patient transportation.

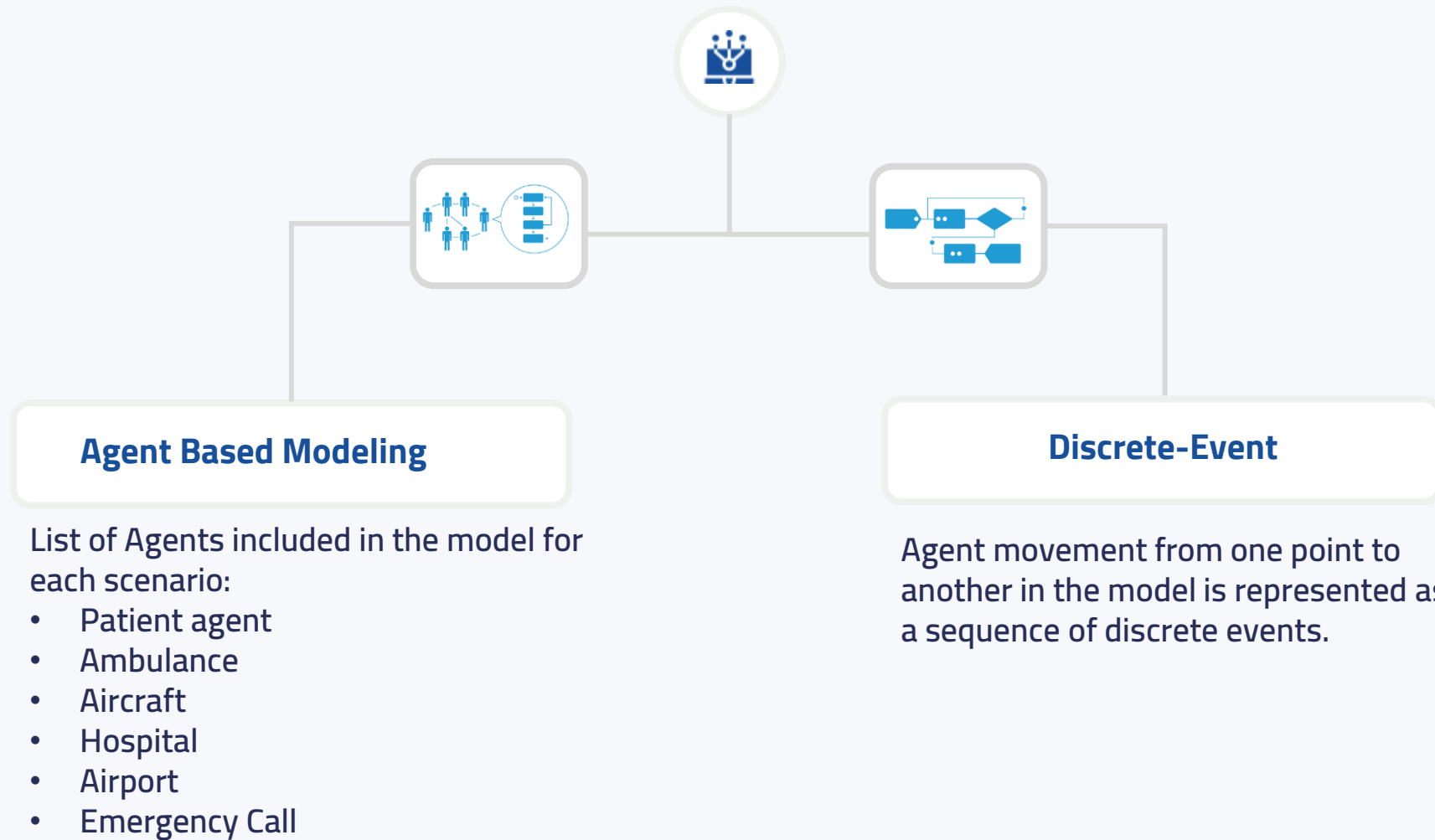




Simulation Model

05

Simulation of Medical transports is built using two simulation paradigms (Hybrid model):





Simulation Model

06

Each emergency call is represented as an agent in the model, this agent has some characteristics that are taken from a database containing information about the emergency case, such as patient transport date, sending hospitals, receiving hospitals, hospitals locations, etc.

As the model provides the ability to interpret four different scenarios, there are multi-agents specified for each scenario, to illustrate this with one of the scenarios, the first scenario is transferring patients from sending hospital to the receiving hospital using ambulances according to the emergency call received. For this scenario, patient and ambulance agents are created; patient agent will have a state chart that assigns available ambulances for transferring patients and when assigned, the ambulance will enter the process flow that indicates patient movement from one point to another using ambulance agent in a timely manner.

For that matter, a hybrid simulation model has been developed using Agent-based and discrete event modeling paradigms.



Simulation Framework

07

Emergency Calls Received in 2020

وقت تلقي المكالمة	استقبال المكالمة	المنطقة المستهدفة	وقت تاريخ الإرسال
01-01-2020 09:15:15	مكة المكرمة	مستشفى الأمير سلطان	01-01-2020 09:15:15
03-01-2020 20:14:54	مكة المكرمة	مستشفى الأمير سلطان	03-01-2020 20:14:54
03-01-2020 21:43:17	جدة	مستشفى الملك فهد	03-01-2020 21:43:17
04-01-2020 08:32:36	مكة المكرمة	مستشفى الأمير سلطان	04-01-2020 08:32:36
04-01-2020 08:21:09	الرياض	مستشفى الملك فهد	04-01-2020 08:21:09
04-01-2020 15:35:40	الرياض	مستشفى الأمير سلطان	04-01-2020 15:35:40
04-01-2020 19:33:09	الرياض	مستشفى الملك فهد	04-01-2020 19:33:09
04-01-2020 23:09:04	مكة المكرمة	مستشفى الأمير سلطان	04-01-2020 23:09:04
05-01-2020 02:25:14	جدة	مستشفى الملك فهد	05-01-2020 02:25:14
05-01-2020 05:33:08	جدة	مستشفى الملك فهد	05-01-2020 05:33:08
05-01-2020 16:41:57	الرياض	مستشفى الملك فهد	05-01-2020 16:41:57
05-01-2020 20:33:45	جدة	مستشفى الملك فهد	05-01-2020 20:33:45
06-01-2020 02:48:19	الرياض	مستشفى الملك فهد	06-01-2020 02:48:19
07-01-2020 10:01:24	مكة المكرمة	مستشفى الأمير سلطان	07-01-2020 10:01:24
07-01-2020 16:02:21	الرياض	مستشفى الملك فهد	07-01-2020 16:02:21
07-01-2020 16:41:48	جدة	مستشفى الملك فهد	07-01-2020 16:41:48
07-01-2020 22:41:15	جدة	مستشفى الملك فهد	07-01-2020 22:41:15
08-01-2020 00:29:19	جدة	مستشفى شريفة	08-01-2020 00:29:19
08-01-2020 12:40:05	مكة المكرمة	مستشفى الولادة وأطفال	08-01-2020 12:40:05
09-01-2020 01:27:56	الرياض	مستشفى الملك فهد	09-01-2020 01:27:56
09-01-2020 18:22:28	الرياض	مستشفى الملك فهد	09-01-2020 18:22:28
09-01-2020 23:55:17	جدة	مستشفى الملك فهد	09-01-2020 23:55:17
10-01-2020 02:16:46	الرياض	مستشفى الملك فهد	10-01-2020 02:16:46
10-01-2020 18:18:00	الرياض	مستشفى الملك فهد	10-01-2020 18:18:00
11-01-2020 01:11:56	مكة المكرمة	مستشفى الولادة وأطفال	11-01-2020 01:11:56

When model time matches patient emergency call time

6.00 min 01/01/2020 20:06



An agent representing patient is created with its exact information including:



Location

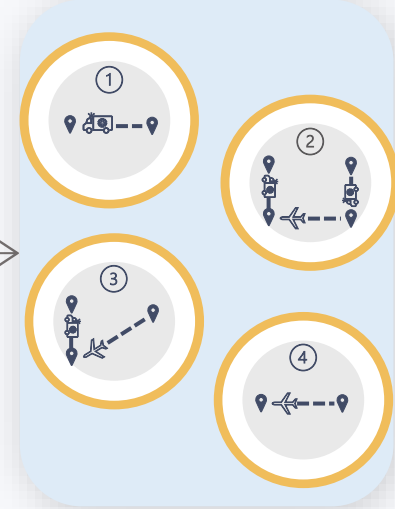


Date



Time

Each scenario interacts with the created agent



Insights & KPIs

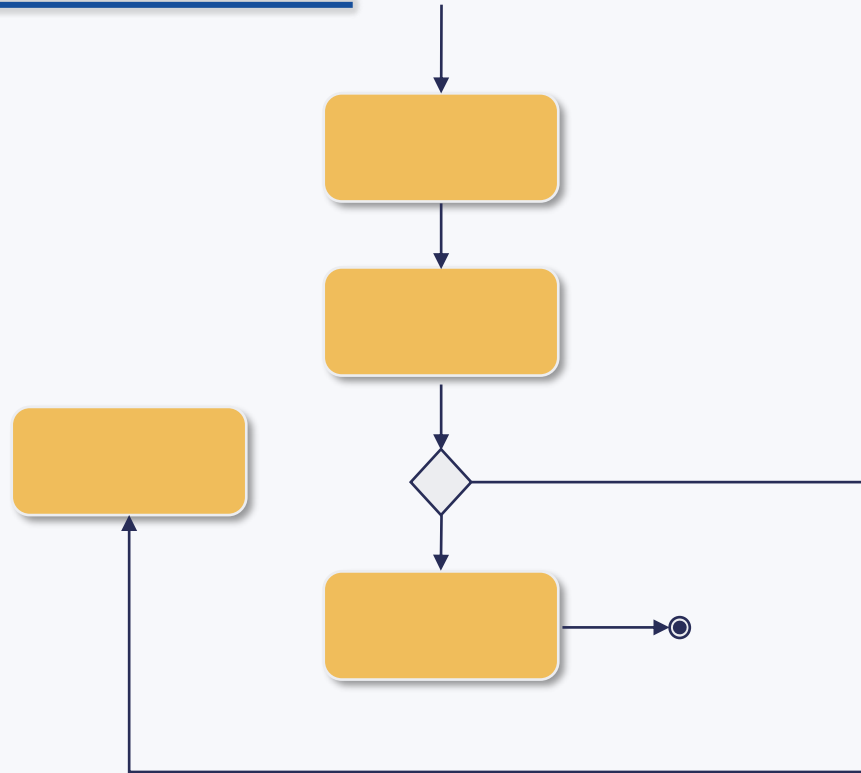
The model contains all information about the different scenarios and transportation types such as speed and limitation of each vehicle.



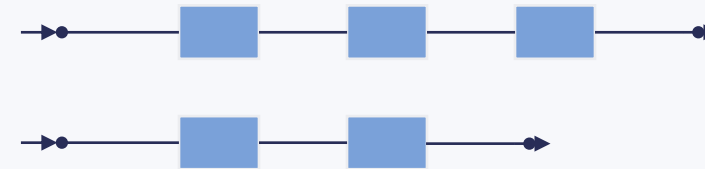
Simulation Framework

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State chart:



Process flow:



The model contains number of processes in the DES paradigm and number of resources in the ABS paradigms **for each agent**. Each resource may have different groups of predefined activities that would be executed based on a specific process request.



Simulation Variables

09

Simulation adjustable variables →



Number of doctors



Number of nurses



Number of ambulance drivers



Number of other health workers



Cost of patient transportation

Other options:



Night-flight ban



If aircrafts are allowed to transfer patients within short distances.



Simulation Map

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The developed simulation model presents a GIS map showing patient transfer process from the sending hospital to the receiving hospital. Furthermore, it enables the user to add a medical transport to any of the four scenarios with its location either by entering it manually using longitude and latitude coordinates or by automatically by clicking once on the map.





Simulation Indicators

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The developed simulation model presents some strategic indicators, from these indicators:



Average of transport duration



Average of unavailable medical staff



Total Cost of Transportation



Number of unavailable medical staff per specialty



Number of proposed aircrafts per type



Impact of transferring patients
(crowding and waiting time)



Percentage of aircrafts utilization



Simulation Analysis

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For a hypothetical city,

Based on the provided indicators of the simulation, transferring patients using aircrafts is recommended; as it is less expensive to implement, has the lowest average of trip time, and has the lowest average of unavailable medical staff.





Simulation Challenges

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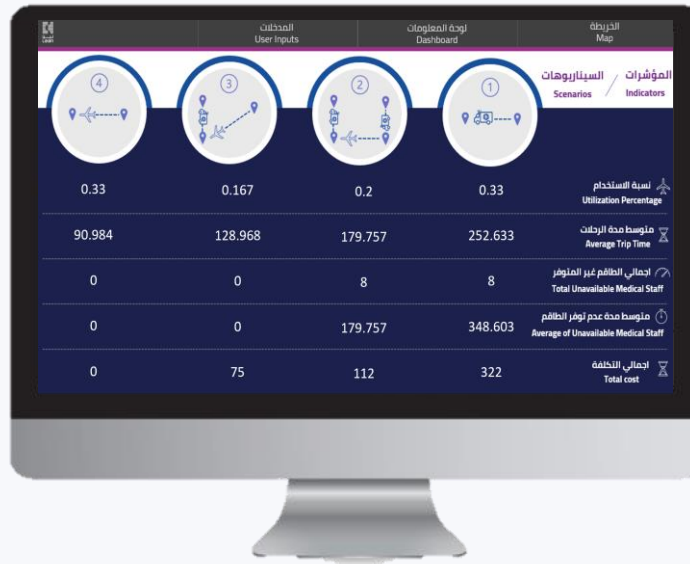
Building the model using discrete-event simulation paradigm is not sufficient for the problem to be solved, but by combining discrete-event and agent-based simulation paradigms, the model is becoming:

- ✓ Easy to scale (E.g., Input any data related to patient's emergency calls, add and modify different agents' properties)
- ✓ Flexible to add different scenarios regarding patients' transportation.
- ✓ Easy to add new resources with their specified locations (which only be performed by using agent-based)



Simulation Features

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User-friendly interface in which decision makers can input data, run the model, analyze the results and interpret the insights in a timely manner.



Enabling decision makers to input any patient transportation historical data and it will provide them with the expected KPIs regarding utilizing different transportation means to transfer emergency cases.



A powerful model in which two simulation paradigms are combined to simulate model's complexity in an effective way.

