A Recent Systematic Review on Simulation Modeling and Emergency Departments

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ABSTRACT

Healthcare, being a complex and huge system, suffers from low quality of care delivered to arriving patients. The quality of care depends on the patient’s condition and the availability of hospital’s resources. Therefore, many authors have studied the problems faced by such systems and emphasized in their articles the importance of a system review for better performance. In healthcare, different departments interact with each other in order to deliver a certain service to arriving patients and provide the recommended care. In particular, the emergency department (ED) is proven to be the busiest unit of the hospital; thus, the exiting problems and recommended solutions are highlighted in this study by a literature systematic review. The main goal of this article is to study the problems that EDs face nowadays and how simulation modeling can interfere in order to alleviate these problems, propose corresponding solutions and increase patient satisfaction.

KEYWORDS

Emergency Department, Healthcare, Length of Stay, Literature Review, Overcrowding, Patient Flow, Patient Satisfaction, Simulation Modeling, Waiting Time

1. INTRODUCTION

The medical sector has been growing largely over the last decade and healthcare services became more complex and costly, amplified by a poor healthcare delivery system. Healthcare is a highly interconnected dynamic environment where individuals and teams contribute in order to serve patients’ demand. The main focus of this study is to discuss this revolution and take care of the whole medical community not only illness but also improving patient safety, quality, and effectiveness of the healthcare system. This can be achieved by developing new methodologies in order to improve the health care systems available nowadays. A reliable article illustrated the issue of capacity management in emergency departments which is a critical component of maintaining and improving healthcare quality and patient safety. Problems, solutions, outcomes and metrics were highlighted. Major solutions addressed scheduling and patient throughput, as well as electronic and technological solutions. The outcome of these suggested solutions is to positively impact the quality of patient care, and ensuring satisfaction (McCaughhey et al., 2015).

Many methodologies were presented over the literature in order to study healthcare problems (Ceglowski, 2006). Some of them are listed as the following:
Patients are grouped by clinicians under several cases; where similar cases should be treated alike and should share the same type of resources every time the same case arises (see Palmer, 1996). This approach can be valuable only in case of few available cases such as in clinics not in large complex systems like ED.

Time and motion studies were used by industrial engineering analysts in order to introduce enhancement to healthcare (see Hoffenberg et al., 2001).

Prevention of high patient waiting times and ambulance diversions were discussed over the years and simulation was introduced in order to alleviate this risk (see Jun et al., 1999; Preater, 2002).

The use of lean techniques combined with discrete event simulation modeling in order to improve the efficiency of emergency departments (ED) by decreasing the overcrowding and patient waiting times (Bal et al., 2017)

The flow of data in the ED was studied by information science analysts in order to design a computer system that supports the doctors and nurses in their roles (see Nelson et al., 2004).

ED data inspection for better knowledge of information retrieved.

As a result of the above, the first area to focus on in order to develop an efficient and effective healthcare system is developing systems perspective, where simulation modeling can be generated and a review can be achieved. Simulation modeling can be a solution to tackle this complexity and valuable in providing predictions to forecast the outcome of a change in strategies or policies. The computer simulation is a decision-making technique that allows management to conduct experiments with models representing the real system of interest. Busy and complex healthcare systems provide big challenges to managers and decision makers who should be able to serve the high demands constrained by limited budget and high costs of healthcare services. The highest number of patients should be cared of within a limited period of time in order to insure patient satisfaction (reduce waiting times) and increase hospital’s revenue (reduce cost).

The delivery of health care quality can vary depending on patient’s conditions, affecting the recommended care and leading sometimes to urgent and critical health conditions. This huge variation opens the eye on the importance of reviewing the health care systems’ problems and improving them.

Emergency department (ED) is the most complex, critical and busy unit of a hospital, where medical facility treatment is provided to patients without prior appointment. Other reasons for ED to be a complex system and chosen, specifically, for this study are the high increase in patients’ number, the 24/7 operation of the ED, and the open facility to all type of illness and all level of patients. EDs interact with the majority of other departments of the healthcare system. Table 1 below shows this interaction. A patient arriving to the ED may be transferred to any other unit of the hospital depending on the diagnosis (such as requiring extra facilities: laboratory, imaging, etc., admission to hospital, referring to surgery unit if a surgery is scheduled, referring to pediatric unit in case the patient arriving is a kid/baby, etc.). Moreover, the flow of patient in the ED varies from patient to patient depending on the case and the type of patient. Once arrived to the ED, the patient follows certain assessments before taking the appropriate decision (such as triage, waiting for consultation or directly assigned to a doctor, etc.). However, some essential steps the patient must follow during his journey at the ED are: arrival, consultation, diagnosis, interpretation and decision and finally the process outcome (whether discharged or admitted to the hospital). The patient journey in the ED can be represented in Figure 1 below:

Figure 1. Patient journey in the ED
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