

# A Queueing Model for the Inpatient Labor and Deliver Unit

## Introduction

We take a queueing approach to analyze and model the patient flow dynamics in the labor and deliver (LD) units. We acquire and explore the patient flow data from a large urban academic hospital with 110 beds in its LD unit, where 8246 (73.6%) vaginal-delivery patients and 2965 (26.4%) C-section patients were treated in the year 2016-2017.

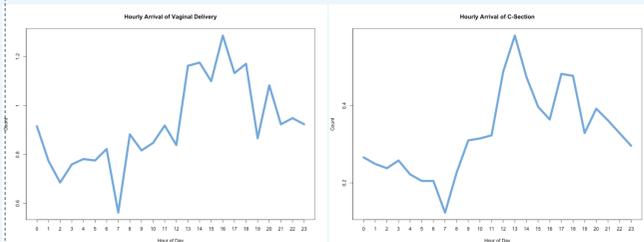


Figure 1. Typical patient flow dynamics in the LD units

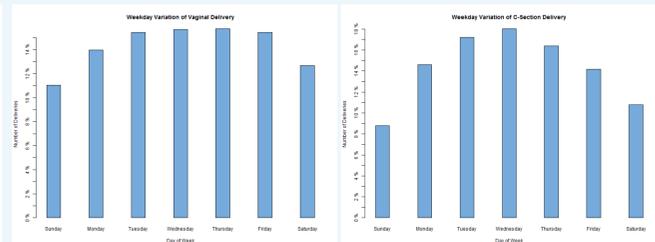
## The Data and Model

Among the complex patient-flow dynamics, we identify and incorporate the following four salient characteristics of the related queueing processes on the *postpartum* floor in the LD unit.

### Data: Hourly bed request rate

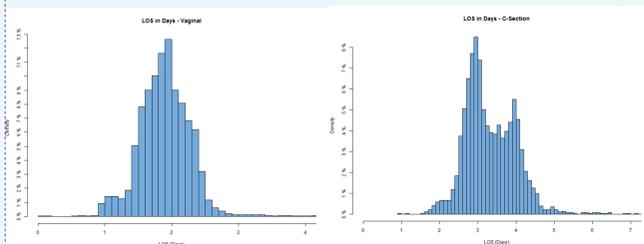


### Data: Day-of-week bed request rate

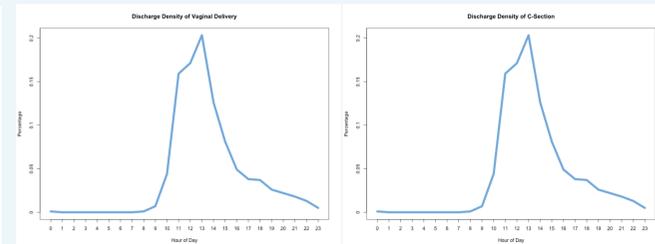


➤ **Model:** Two-class infinite server model with time varying arrival rate (Chan et al 2016)

### Data: Patient length of stay (LOS) in days



### Data: Discharge delay across the day



➤ **Model:** Two time scale LOS distribution (Shi and Dai 2016, Dong and Perry 2018)

**Medical requirement (number of nights):**  
two point distribution with 1 or 2 nights for vaginal delivery, 3 or 4 nights for C-section

+

**Discharge delay (hours)**

An example patient sojourn in the system is shown below in Figure 2:

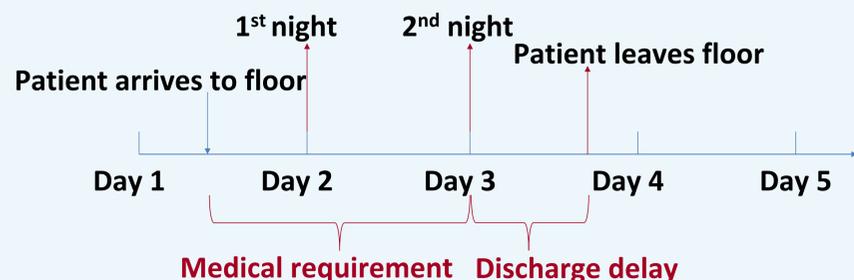


Figure 2. A Queueing model for the postpartum floor in the LD unit

## Discussion

➤ **Model validation:** Using the queueing model, we derive that the occupancy level at any time  $t$  follows a Poisson distribution with mean  $m(t)$ , which is periodic with period equal to a week. In Figure 3, we compare the model prediction with the data. The predicted average occupancy level matches the mean of the data well.

Two-class  $M_p(t) / G / \infty$  queue:

$$X_v(t) \sim \text{Poisson}(m_v(t)) \quad X_c(t) \sim \text{Poisson}(m_c(t))$$

$$\text{where } m_v(t) = p_v(1) \left( \int_{t-2}^{[t]} \lambda_v(s) P(D > t - \lceil s \rceil) ds + \int_{[t]}^t \lambda_v(s) ds \right) + p_v(2) \left( \int_{t-3}^{[t]-1} \lambda_v(s) P(D > t - \lceil s \rceil - 1) ds + \int_{[t]-1}^t \lambda_v(s) ds \right)$$

$$\text{where } m_c(t) = p_c(3) \left( \int_{t-4}^{[t]-2} \lambda_c(s) P(D > t - \lceil s \rceil - 2) ds + \int_{[t]-2}^t \lambda_c(s) ds \right) + p_c(4) \left( \int_{t-5}^{[t]-3} \lambda_c(s) P(D > t - \lceil s \rceil - 3) ds + \int_{[t]-3}^t \lambda_c(s) ds \right)$$

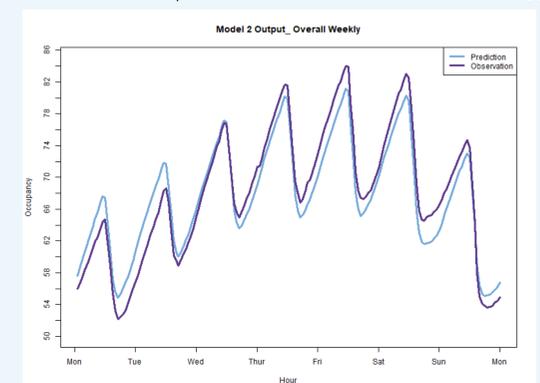
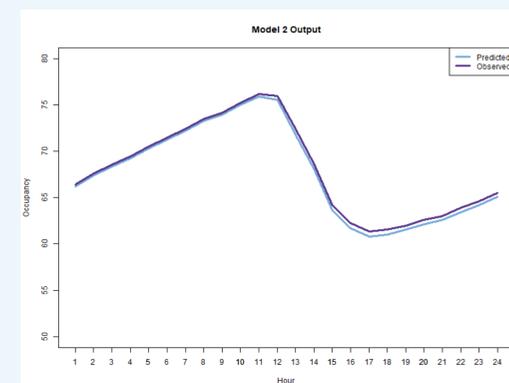


Figure 3. Comparison of the predicted (blue) and observed (purple) occupancy level over hourly (left) and daily (right) time scale

➤ **Day-of-week effect:** We explore the day-of-week effect by comparing model outputs with data for models with periodic arrival rate over a day and over a week. Incorporating the day-of-week effect does not change the mean-level prediction, but boosts the predicted variance of the occupancy level to make it closer to the observed value in the data.

### Period = 1 day

$$\bar{\lambda}(t) = \sum_{i=1}^7 \lambda_i(t)$$

$$X(t) \sim \text{Poisson}(\bar{m}(t)) \text{ where } \bar{m}(t) = \int_{-\infty}^t \bar{\lambda}(s) F(t-s) ds$$

Mean matches data well.

Variance is lower than that in data.

### Period = 1 week

Let  $D$  denote the day of the week, then  $P(D = i) = 1/7$  for  $i = 1, 2, \dots, 7$ .

Denote  $E[X(t; D) | D = i] = m_i(t)$ . Then

$$E[X(t; D)] = E[E[X(t; D) | D]] = \frac{1}{7} \sum_{i=1}^7 m_i(t) = \bar{m}(t)$$

$$\text{Var}(X(t; D)) = E[\text{Var}(X(t; D) | D)] + \text{Var}(E[X(t; D) | D])$$

$$= \bar{m}(t) + \frac{1}{7} \sum_{i=1}^7 (m_i(t) - \bar{m}(t))^2 > \bar{m}(t)$$

Both the mean and variance matches data well.

## References

Chan, C. W., Dong, J., & Green, L. V. (2016). Queues with time-varying arrivals and inspections with applications to hospital discharge policies. *Operations Research*, 65(2), 469-495.

Dai, J. G., & Shi, P. (2017). A two-time-scale approach to time-varying queues in hospital inpatient flow management. *Operations Research*, 65(2), 514-536.

Dong, J., & Perry, O. (2018). Queueing Models for Patient-flow Dynamics in Inpatient Wards.