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The Optimization of the Health Care System by M/M/S Queueing Model

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Abstract. The aim of the research is to optimize the health care system to maximize the use of the resources, and analyze the expected waiting cost and service cost of the multi queue multi-server queueing system to be optimized and also offer recommendations on the best policy to enhanced the performance of the organization so that can be capitalized the productivity of the resources. And the TORA software tool used to investigate the data. The result of the investigation demonstrates that the optimum server level at a lowest total cost.

Key words: Multi server model, queueing models, waiting cost, Waiting time, TORA

INTRODUCTION

The health care providers in India trying to provide good treatment and facilities for patients in the country like India where Government hospitals are one of the most popular and cheapest means of treatment, it is always difficult to get good treatment without waiting long time. Miller [1] in his study evaluated that health care has been an issue of rising importance for national government. Many national and regional health care plans have been developed in the past decades, in order to control the cost, quality and the availability of health care for all citizens. Manufacturing firms, hospitals, airline companies, banks, etc., trying to minimize the total waiting cost, and the service cost of the server. For the healthcare service sector customer satisfaction is a serious concern, a number of schemes has been established to develop customer satisfaction. The healthcare service sectors globally are experiencing pressure to reduce cost and the development of the quality. Queues, or waiting lines, are items in a list or line in the order that they will be processed. Queueing theory is the study of the statistics behind the formation of queues. Queueing models are representations of the statistical data that can be applied to major systems in order to increase the systems overall

efficiency. Systems that can be improved through the use of a queuing model are almost limitless, but some examples include manufacturing plants, amusement parks, and hospitals [10]. With an ever-increasing population the formation of queues is inevitable. However, queues need to be managed so that society benefits most; especially in cases where there is imminent danger if queues are not managed successfully [1]. The most prevalent place where this particular situation occurs is in hospitals. All types of queues are formed in hospitals. Whether it is a simple treatment or an emergency surgery, the formation of queues can quite literally be life or death. Queues are ubiquitous, particularly in healthcare delivery systems. Especially in the hospital management queuing theory which is influential management tool has been under estimated and the appropriate use of this effective queuing management tool can yield remarkable results. The aim of this article is to offer a elementary understanding of queuing system and some of the precise queuing models that can be helpful in designing and managing healthcare delivery systems. If the number of doctors is increased in such a way that to reduce waiting time of patient and the treatment of patient can be done in time and can save the life of many patients. TORA software tool has been used to compute the performance measures of multi-server multi queue queuing model and the data was analyzed graphically.

QUEUING SYSTEM AND METHODOLOGY

{(M/M/s) : (∞ /FCFS)} Queuing system performance measures

The probable number of patients waiting in the queue

$$L_q = \left[\frac{1}{(s-1)!} \left(\frac{\lambda}{\mu} \right)^s \left(\frac{\lambda\mu}{(s\mu - \lambda)^2} \right) \right] P_0$$

Where
$$P_0 = \left[\sum_{n=0}^{s-1} \frac{1}{n!} \left(\frac{\lambda}{\mu} \right)^n + \frac{1}{s!} \left(\frac{\lambda}{\mu} \right)^s \left(\frac{s\mu}{s\mu - \lambda} \right) \right]^{-1}$$

The probable number of patients in the system

$$L_s = L_q + \frac{\lambda}{\mu}$$

The probable waiting time of a patient in the queue

$$W_q = \frac{L_q}{\lambda}$$

The probable waiting time of a patient in the system

$$W_s = W_q + \frac{1}{\mu}$$

Expected service cost $ESC = S * C_s$

Where S is the number of systems and C_s is the cost of each server

The average waiting cost in the queue is $EWC = L_s * C_w$

Where L_s = the probable number of patients in the system and C_w = waiting cost of each patient.

Expected total cost multi server queuing model is $ETC=ESC+ EWC=S * C_s + L_s * C_w$

RESULTS AND DISCUSSIONS

The data was analyzed in two cases that are seasonal period (May - November) and unseasonal period (December - April) and considering that the OPD (Outpatient Department) is working for six hours in a day and the arrival rate of outpatients 317 per hour in the seasonal period and the arrival rate of outpatients 150 per hour in the unseasonal period.

Case – I. Analysis of the data in unseasonal period

In the unseasonal period the average arrival rate is $\lambda = 150$ patients/hr and the average service rate $\mu = 6$ patients/hr. considering the cost of each server is Rs 200/- per hr., the cost of waiting per the patient is Rs 150/- per hr.

Minimum number of doctors can be calculated by using the formula

$$\rho < 1 \quad \text{i.e.} \quad \frac{\lambda}{S\mu} < 1, \quad \frac{150}{S(6)} < 1, \quad S > 25$$

Here the minimum number of required doctors is more than 25 ($S > 25$)

TABLE 1. Performance measures of the multi-server queuing model

Number of servers	Utilization factor	Ls	ESC	EWC	ETC
26	0.962	44.56	5200	6684	11884
27	0.926	32.54	5400	4881	10281
28	0.893	28.81	5600	4321.5	9921.5
29	0.862	27.13	5800	4069.5	9869.5
30	0.833	26.25	6000	3937.5	9937.5
31	0.806	25.75	6200	3862.5	10062.5
32	0.781	25.45	6400	3817.5	10217.5
33	0.758	25.27	6600	3790.5	10390.5
34	0.735	25.17	6800	3775.5	10575.5

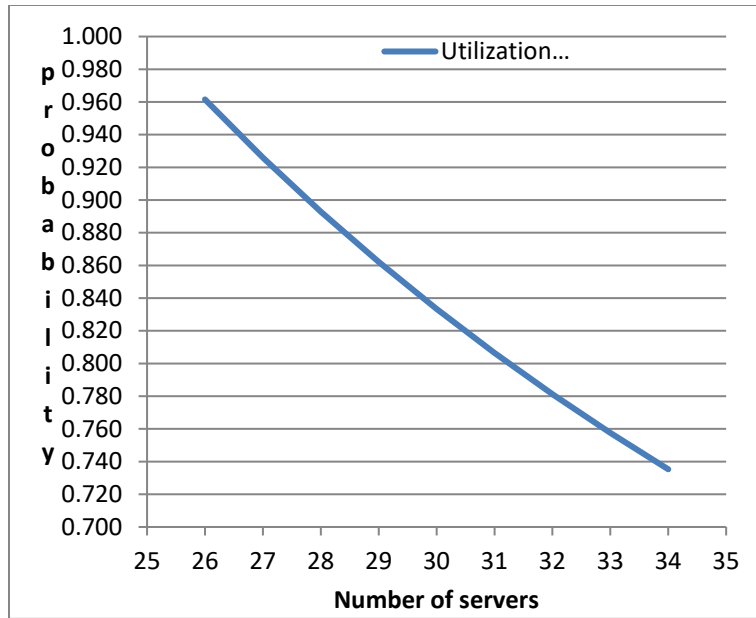


FIGURE 1. Scatter plot of utilization.

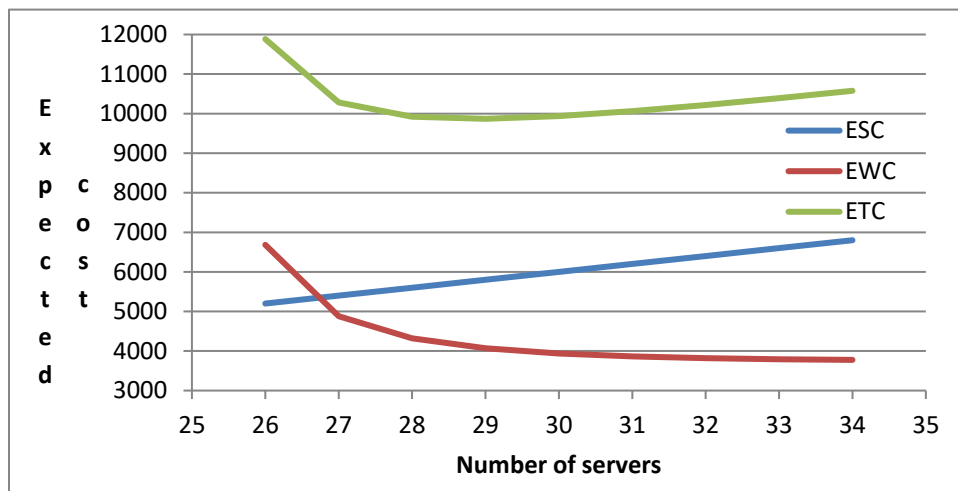


FIGURE 2. Number of servers versus expected Service, waiting total costs.

From the Fig.1 and Fig.2, the graphical analysis of the data as follows as the number of servers increased the utilization factor and waiting cost of the patient is decreased but service cost is increased and the total cost is decreased to certain level then again increased, at the minimum total the number of servers are twenty nine this can treat as the optimal total cost and optimal number of doctors are required.

Case – II. Analysis of the data in seasonal period

In the seasonal period the average arrival rate is $\lambda = 317$ patients/hr and the average service rate $\mu = 6$ patients/hr. considering the cost of each server is Rs 200/- per hr., the average cost of waiting per the patient is Rs 150/- per hour. Minimum number of doctors can be calculated by using the formula

$$\rho < 1 \quad \text{i.e.} \quad \frac{\lambda}{S\mu} < 1, \quad \frac{317}{S(6)} < 1, \quad S > 52.83$$

Here the minimum number of required doctors is more than 52.83 ($S > 52.83$)

TABLE 2. Performance measures of the multi-server queuing model

Number of servers	Utilization factor	Ls	ESC	EWC	ETC
53	0.997	361.13	10600	54169.5	64769.5
54	0.978	89.95	10800	13492.5	24292.5
55	0.961	69.55	11000	10432.5	21432.5
56	0.943	62.32	11200	9348	20548
57	0.927	58.77	11400	8815.5	20215.5
58	0.911	56.74	11600	8511	20111
59	0.895	55.48	11800	8322	20122
60	0.881	54.66	12000	8199	20199
61	0.866	54.1	12200	8115	20315
62	0.852	53.72	12400	8058	20458

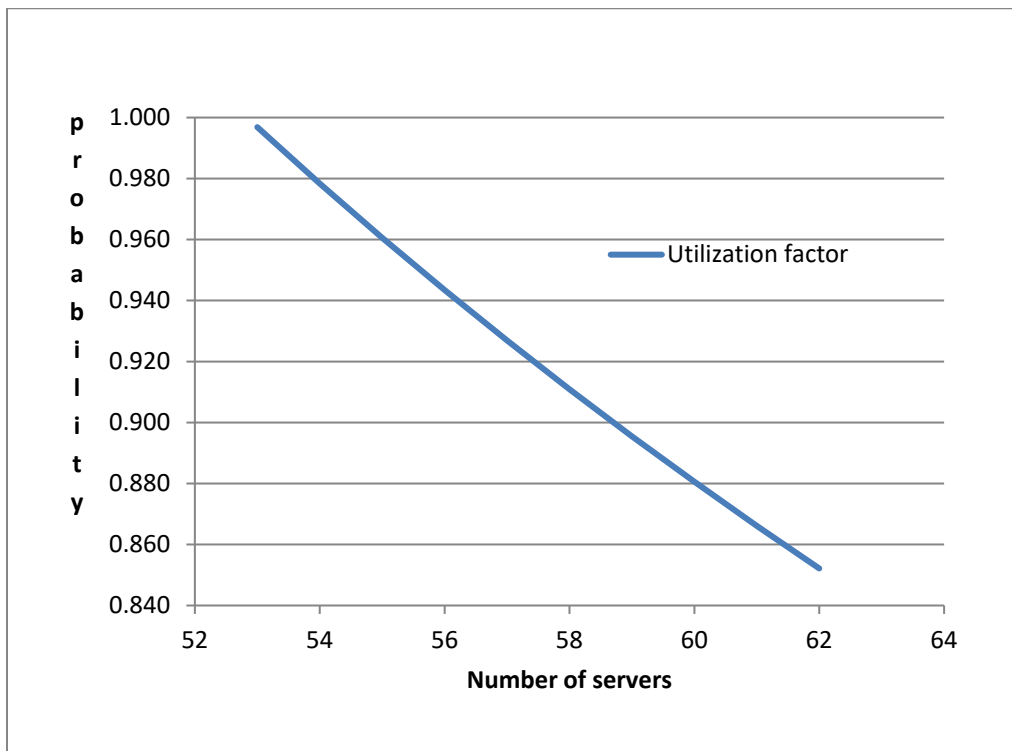


FIGURE 3. Scatter plot of utilization.

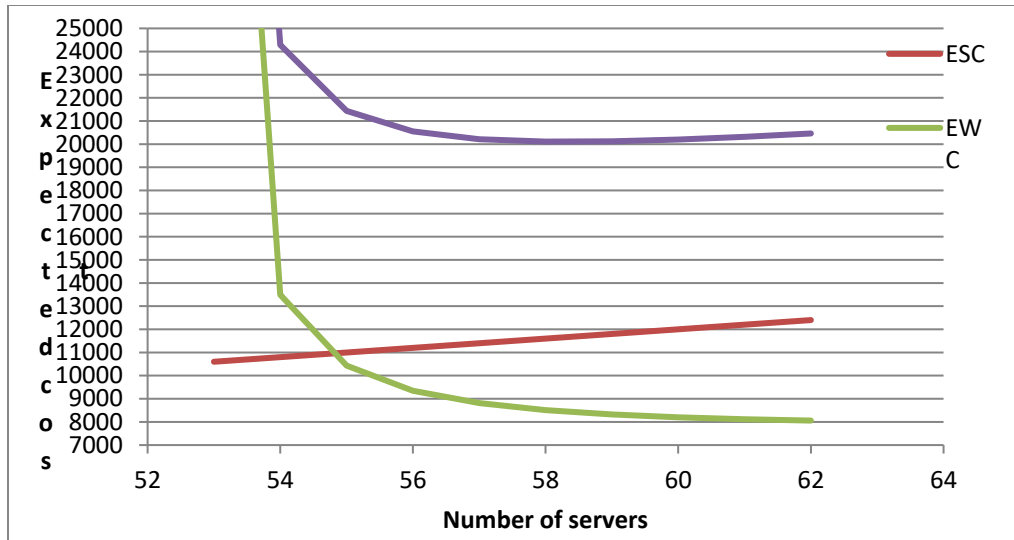


FIGURE 4. Number of servers versus expected Service, waiting total costs.

From the Fig.3 and Fig.4, the graphical analysis of the data as follows as the number of servers increased the utilization factor and waiting cost of the patient is decreased but service cost is increased and the total cost is decreased to certain level then again increased, at the minimum total the number of servers is fifty-nine this can treat as the optimal total cost and optimal number of doctors are required.

CONCLUSION

The application of multi-server queuing model plays a key role in hospital performance. In case –I (unseasonal period) the optimal required number doctors are twenty-nine to balance service cost and waiting cost but in case – II (seasonal period) the optimal required number of doctors are fifty-five to balance service cost and waiting cost. After studying the advantages and disadvantages of the system this paper recommends that to increase the number of doctors in seasonal period to decrease the waiting time and waiting cost of the patients, and this paper gave the optimal number of required doctors in the seasonal period and optimal cost for proper treatment of patients in time to save many lives.

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