HOSPITAL PROPOSED LAYOUT VALIDATION USING FLEXSIM HEALTHCARE

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ABSTRACT

An architectural firm needed to confirm that currently planned surgical suite resources distributed over three floors, in regard to perioperative bays and waiting room chairs, were sufficient to meet planned patient and family volumes. A simulation model was constructed involving over 100 unique patient types, and a full year of expected hospital activity was simulated. Using the data collected from the model run, a custom output file was created that showed how many people were in each area during each hour of every day of the year, and was then analyzed to determine whether the resources were sufficient. The model indicated that, based on the clinical assumptions developed and supplied by the facility and architectural design team, several floors were reaching peak capacity in their respective waiting room areas for a few hours each day. In regard to the perioperative units which were designed to flex from pre-op to post-op depending on need and time of day, the model showed that in one case where the perioperative units are located adjacent to one another, one unit was reaching maximum capacity on a daily basis while the adjacent unit was underutilized. The study was able to confirm for the clinical institution that these two units will be able to manage the daily flux operationally, which allowed the design (specifically the total number of perioperative bays on the floor and the adjacency of the units) to be implemented as planned.

1 INTRODUCTION

An architectural firm needed to confirm whether the current number of perioperative bays and waiting room chairs planned for a large medical facility was sufficient to support the proposed procedural volumes based on assumptions about the type and number of procedure rooms and projected patient/family volume. It was requested that an animated computer simulation of the three procedural floors, including post-procedure extended observation beds (up to 24 hours), waiting room chairs, and perioperative ("periop") bays, combined with a set of custom outputs, be used for model validation purposes.

The model simulated the daily activities on each of the three procedure floors and also factored in the impact of the resource extended observation bed located on the fourth floor. The model was based on a set of operational assumptions that the hospital provided. The model tests whether the proposed facility design will accommodate, as currently planned, the assumed flow of patients over the course of the day and the illustrated usage.

2 PROCEDURE

Each floor was built individually as separate models, making it easier to lay out the periop bays, procedure rooms, observation beds, waiting rooms, and network paths in their proper locations. All objects and areas were named in order to distinguish them from one another and to make it easy to identify which floor they



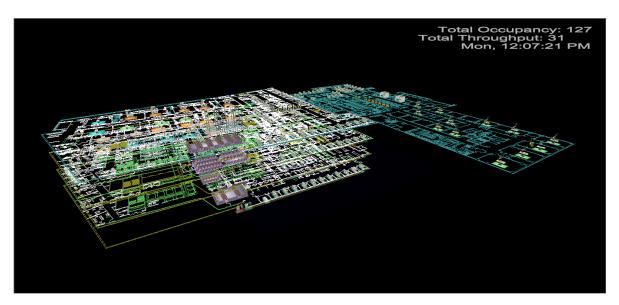


Figure 1: Sample proposed layout of facility.

were located on. Once the floors were built they were imported into one model, where each floor and its objects were positioned at the appropriate heights. The resulting model can be seen in Figure 1.

2.1 Patient Track

For this model, there were over 100 unique patient types. Typically, this could mean that there would be over 100 different patient tracks, as each patient had different process times and process locations. Through the use of code we were able to reduce the number of base patient tracks down to two, each populated with markedly different activities.

The first patient can be seen in Figure 2. For this track, the patient started by determining if they were required to go to the waiting room for a certain period of time prior to being admitted. If so, the patient traveled to a specific waiting room for a specificied period of time. The patient then traveled to a specified periop bay to be prepped for their procedure and wait there for a defined prep time. Once this prep time was complete, the patient traveled to a defined procedure location and remained at that location for the defined procedure time. The clinical staff then decided if an initial or first stage recovery was required for that procedure. If the first stage recovery is required, then the patient traveled post-procedure to the appropriate periop bay based on a probability; they remained in this location for a specified recovery time. Following the first stage recovery time, the clinical staff determined if the patient required transferring somewhere else for a second stage recovery time. If so, they again traveled to a second specified location for a second stage recovery time. Once the second stage recovery time elapsed, the patient exited the model.

The second patient track included some of the same initial activities as the first patient track. The patient first determined if they were required to go to the waiting room for a certain period of time prior to being admitted. If so, the patient traveled to a specific waiting room for a particular time period. The patient then traveled to a specified periop bay, where they remained for a defined amount of time. This time included prep time, procedure time, and recovery time; all three activities were included in this block of time as the activities are performed at the same location. Once this time is elapsed, the patient left the model. This patient track can be seen in Figure 3.

To ensure that the visual elements of the model included both adults and pediatrics, these two tracks were copied three times. When both unique patient tracks were included for each age combination, the final result was eight tracks, as seen in Figure 4.



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50_Patient Prep 60_Transfer to Procedure Loc 70_Patient Procedure 80_Recovery1 Decision Point 90_Transfer to Recovery1 100_Transfer to Recovery1 110_Transfer to Recovery1	Fixed Cost 0.000000 \$ Variable Cost Rate 0	.000000 \$/hr	
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Figure 2: First base patient track.

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Figure 3: Second base patient track.

To simplify this process, two global tables were set up that contain the key components relating to the specific base patient track in use and the activity details. These tables included:

- Patient name
- Patient number (which is stored on the patient in a label, "PatientTypeNumber")
- Patient type (adult or pediatric)
- Number of patients with this surgery type that arrived over the course of a year
- Number of family members that accompanied each patient
- Number of possible waiting room areas, prep room areas, and procedure room areas, as well as the actual area names in the model
- Stage of recovery each patient required: first stage recovery and/or second stage recovery
- Percent of patients that recover in each specified area: first stage recovery, second stage recovery, observation beds, and/or ICU
- Process times for Initial Wait Activity, Patient Prep Activity, Patient Procedure Activity, First Stage Recovery Activity, and Second Stage Recovery Activity
- Current number of this specific patient type in the model

An example of this table can be seen in Figure 5. The patient track to be used is determined by which table the data came from and whether the patient is a child or an adult. From there, the patient's process

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Figure 4: List of all patient tracks.

PatientPlan2_Info	Column	s 13	Reset	M-141 K	Number of facet second sec	Wait Time to go into Pre-Op Minutes Num		Development of	Prep Location 2	Prep Time Minutes
IVDrugInfusion +DFT_IVDruginfusion_DFT_Adult_OP_	1.000000		72.000000			20.000000 20.000000	1.000000		Prep Location 2	120.0000
CardioversionWithTEE_Adult_IPInHouse_	2.000000	2.000000	97.000000	JAD JOD	0.000000	0.000000	1.000000			120.0000
CardioversionWithTEE_Adult_OP_	3.000000		251.000000			20.000000	1.000000			180.0000
CardioversionWithNoTEE_Peds_OP_	4.000000		5.000000	_4_Pex _10A		20.000000	2.000000		_4_Peds_PeriOpBaysArea_E	105.0000
CardioversionWithNoTEE_Adult_IPInHouse_	5.000000	2.000000	52.000000	_1_AdingA		0.000000	1.000000			105.000
CardioversionWithNoTEE Adult OP	6.000000	2.000000		4 Adi ng/	ea 2.000000	20.000000	1.000000	4_Adult_PeriOpBaysArea		135.0000
					2.00000	20.00000	1.000000	_H_Hout_PeriopeaysArea		100.01
					2.00000	20.00000	1.00000			135.00

Figure 5: Example of a patient table.

locations and process times were taken from the appropriate table using the "PatientTypeNumber" label on the patient and global macros for the specific column that contain the needed information. The activities used the following code to treat the table cells as code and executed them as such for the process times and process locations:

executefsnode(gettablecell("tablename", getlabelnum(patient, "PatientTypeNumber") , Column_Global_Macro), NULL, NULL, NULL, 1);

2.2 Arrival Pattern

Once the Patient Tracks were built, an arrival pattern for the patients was implemented. For each patient type, we were given the number of patients of that given type that were expected to arrive in a year. These arrivals were to be evenly distributed throughout the year. It was not possible to accomplish this with the available arrival patterns using the latest version available (at the time of the study in 2012) of FlexSim HC; therefore, we created a custom arrival pattern using multiple messages. When the model was reset, it sends the initial message to the arrival object to kick off the custom arrival method. This initial message created a single message for each patient; these messages created the patient with the proper patient information and track, as well as the next arrival for this specific patient type. In this way, every patient type had only one arrival message queued up for each patient type.

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3 DATA COLLECTION

The client requested a graph that showed how many people were in a given area during each individual hour of the day. There is currently (2012) no such graph built into FlexSim HC that provides the level of detail that the client is interested in, so we created a custom output file that tracked every single activity that a patient experiences, as well as the family members that were in the model with the patient. This output file included fields for the patient's name, the patient's type number, the patient's PCI, the activity number, the start time of that activity, the end time for the activity, the amount of time the patient waited to start that activity, and the area that activity is in. For every family member of a given patient, the above information was also recorded in the output file. This information was recorded using the "Activity Started" trigger. An example of this .csv file can be seen in Figure 6.

A B PATIENT NAME	C D E F PATIENT_TYPE_NUMBER_PCI_ACT_ACT	G	EXT	WT AREA	J	К	L	м	N	0	P	Q	R	5	Т	U	V	w
1 PediatricCardiacSurgery_Peds_IPSameDay_2	2 2 30 0.0				4 Peds WaitingArea													
			7 198.38262		4 Peds WaitingArea													
2 COMP_1.00_PediatricCardiacSurgery_Peds_IPSameDay_2 3 COMP_2.00_PediatricCardiacSurgery_Peds_IPSameDay_2			7 198.382625		4 Peds WaitingArea													
4 COMP 3.00 PediatricCardiacSurgery Peds IPSameDay 2			7 198.382625		4 Peds WaitingArea													
5 AdultNeurosurgery_AdultOPHome_27		01 1.146288 01 1.146288			2_WaitingArea													
6 COMP_1.00_AdultNeurosurgery_AdultOPHome_27					_2_WaitingArea													
7 COMP_2.00_AdultNeurosurgery_AdultOPHome27		01 1.146288			_2_WaitingArea													
8 COMP_3.00_AdultNeurosurgery_AdultOPHome27		01 1.146288			_2_WaitingArea													
9 AdultNeurosurgery_Adult_OPNIBS_28			460.167751		_2_WaitingArea													
1 10 COMP_1.00_AdultNeurosurgery_Adult_OPNIBS28			460.167751		_2_WaitingArea													
2 11 COMP_2.00_AdultNeurosurgery_Adult_OPNIBS_28			460.167751		_2_WaitingArea													
3 12 COMP_3.00_AdultNeurosurgery_Adult_OPNIBS_28			460.167751		_2_WaitingArea													
4 13 AdultCardiacSurgery_Adult_OP5			5 31.172465		_5_WaitingArea													
5 14 COMP_1.00_AdultCardiacSurgery_Adult_OP_5			5 31.172465		_5_WaitingArea													
5 15 COMP_2.00_AdultCardiacSurgery_Adult_OP5			31.172465		_5_WaitingArea													
7 16 COMP_3.00_AdultCardiacSurgery_Adult_OP5			5 31.172465		_5_WaitingArea													
8 17 GeneralPeds_Peds_IPSameDay15			5 460.290251		_4_Peds_WaitingArea													
9 18 COMP_1.00_GeneralPeds_Peds_IPSameDay15			5 460.290251		_4_Peds_WaitingArea													
0 19 COMP_2.00_GeneralPeds_Peds_IPSameDay15	15 2 30 0.0	01 1.185606	5 460.290251	1 0	_4_Peds_WaitingArea													
20 COMP_3.00_GeneralPeds_Peds_IPSameDay15			5 460.290251		_4_Peds_WaitingArea													
2 21 GeneralPeds_PedOPHome16			460.478785		_4_Peds_WaitingArea													
3 22 COMP_1.00_GeneralPeds_PedOPHome16	16 2 30 0.0	01 1.206009	9 460.478789	9 0	_4_Peds_WaitingArea													
4 23 COMP_2.00_GeneralPeds_PedOPHome16	16 2 30 0.0	01 1.206009	460.478785	9 0	_4_Peds_WaitingArea													
5 24 COMP_3.00_GeneralPeds_PedOPHome16	16 2 30 0.0	01 1.206009	460.478785	9 0	_4_Peds_WaitingArea													
6 25 AdultCardiacSurgery_Adult_IPSameDay_4	4 1 30 0.0	01 1.207483	31.207483	3 (_5_WaitingArea													
7 26 COMP_1.00_AdultCardiacSurgery_Adult_IPSameDay4	4 1 30 0.0	01 1.207483	31.207483	3 (1_5_WaitingArea													
8 27 COMP_2.00_AdultCardiacSurgery_Adult_IPSameDay4	4 1 30 0.0	01 1.207483	31.207483	3 C	_5_WaitingArea													
9 28 COMP_3.00_AdultCardiacSurgery_Adult_IPSameDay4	4 1 30 0.0	01 1.207483	31.207483	3 0	_5_WaitingArea													
0 29 GeneralAdu Adult_IPSameDay_11	11 1 30 0.0	01 1.218575	5 31.218575	5 0	5_WaltingArea													
1 30 COMP_1.00_GeneralAdultAdult_IPSameDay11	11 1 30 0.0	01 1.218575	5 31.218575	5 0	_5_WaitingArea													
2 31 COMP_2.00_GeneralAdultAdult_IPSameDay11	11 1 30 0.0	01 1.218575	31.218575	5 0	_5_WaitingArea													
3 32 COMP_3.00_GeneralAdulesAdult_IPSameDay11	11 1 30 0.0	01 1.218575	5 31.218575	5 0	_5_WaitingArea													
4 33 GeneralPeds_Peds_OPNIBS17	17 2 30 0.0	01 1.226944	460.515396	6 0	4_Peds_WaitingArea													
5 34 COMP_1.00_GeneralPeds_Peds_OPNIBS17	17 2 30 0.0	01 1.226944	460.515390	6 0	_4_Peds_WaitingArea													
5 35 COMP 2.00 GeneralPeds Peds OPNIBS 17	17 2 30 0.0	01 1.226944	460.515396	6 0	4 Peds WaitingArea													
7 36 COMP 3.00 GeneralPeds Peds OPNIBS 17	17 2 30 0.0	01 1.226944	460.515396	6 0	4 Peds WaitingArea													
37 GeneralAduliAdult_OP_home12	12 1 30 0.0	01 1.238596	5 31.238590	6 0	5_WaitingArea													
38 COMP 1.00 GeneralAdul Adult OP home 12	12 1 30 0.0	01 1.238596	5 31.238596	6 0	5 WaitingArea													
39 COMP_2.00_GeneralAdulAdult_OP_home12	12 1 30 0.0	01 1.238596	31.238590	6 0	5_WaitingArea													
1 40 COMP 3.00 GeneralAdu Adult OP home 12	12 1 30 0.0	01 1.238596	5 31.238596	6 0	5 WaitingArea													
2 41 GeneralAdult Adult OP home 8	8 1 30 0.0	01 1.242798	3 273.746424	4 0	4 Adult WaitingArea													
42 COMP 1.00 GeneralAdult Adult OP home 8	8 1 30 0.0	01 1.242798	3 273.746424	4 0	4 Adult WaitingArea													
4 43 COMP 2.00 GeneralAdult Adult OP home 8			3 273.746424		4 Adult WaitingArea													
44 COMP 3.00 GeneralAdult Adult OP home 8			3 273.746424		4 Adult WaitingArea													
5 45 AdultNeurosurgery_Adult_IPSameDay26			460.219498		2_WaitingArea													
7 46 COMP 1.00 AdultNeurosurgery Adult IPSameDay 26			460.219498		2 WaitingArea													
47 COMP 2.00 AdultNeurosurgery Adult IPSameDay 26	26 1 30 0.0				2 WaitingArea													

Figure 6: Example .CSV output data file.

Once a full year of data was collected, the output file was considered complete. The file is then put into a query that sorts through the data to determine how many people are in each area for every hour of every day in the year. This file outputs another file that was then analyzed to determine if there was enough room in the periop bays and waiting room chairs. This file can be seen in Figure 7.

4 RESULTS

From the analysis we were able to learn that the maximum capacities were reached on a few of the floors in the waiting rooms, especially the fourth and fifth floors, for a few hours each day. This problem can be alleviated by assigning families to wait on different assigned floors or by adding 10-15 additional chairs to the fourth and fifth floors. All other floors did not reach the maximum capacity.

We also learned that the fifth floor "maxed" out its capacity on a daily basis for the periop bays planned for in the new construction, while the adjoining existing periop bays were underutilized. This delta can be operationally managed throughout the day. The periop bays designated for adults on the fourth floor reached maximum capacity for several hours each day. All other periop bays had sufficient space for the patients that were assigned to them.

We learned that the procedure rooms had sufficient capacity to accommodate the planned number and types of patients. Some patients were slightly delayed due to volume during different times of the week;

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	2_MRIArea				0	0			1	2	2	2 4		1	1	0	0 1	1 1		0	0	0 0	0	0	0	00	0	0	1	2 4	2 1	1	2	2	2		1	2	1	0 0	5 0	0	0	0		
	_2_ORArea		70		0	0		0 0	3	-	-			4	2	3	3 2	2 2	2 2	0	0	0 0	0	0	0	00	0	0	6	6		-	2	1	4 4	+ 3 - 0	2	2	0	0 0	0 0	0	0	0	0	l
	_2_PeriOpBaysArea_E		5 5		5	5	5 3	5	0	5	5	4 3		2	1	0	2 2	2 2	2 2	1	1		0	0	0		0	0	0	0 0		1	1	1			1	3	2	3 4	2 0	0	0	0	0	1
	2_PeriOpBaysArea_W			2 12				12	1/	5		/ 3	5 2	1	2	3	2 1	1 2	2 2	2	2	24	4	4	4	4 5	5			23	3 2	3	1	3	4	2 1	2	2	2	2 2	24	4	4	4	5	
	2_WaitingArea			23	23	23 2	7 27	27	38	37	40 3	3 23	31	25	22 :	21 1	8 15	5 19	9 15	12	12 1	3 13	9	9	9 1	3 13	11	11 :	18 2	2 19	9 17	30	21	25 1	.4 20	17	17	13	7	9 8	3 6	2	2	2	6	
	3_NIBSBaysArea	3			0	0	0 0	0 0	0	2	3 1	1 19	23	28	34 3	38 3	7 37	7 38	3 38	37	37 3	8 37	37	38 3	8 3	8 30	26	24 :	17 1	3 13	3 15	27	27	32 3	3 3	5 33	34	37	34 3	2 32	2 32	. 31	28	28	26	
	4_Adult_PeriOpBaysArea	-		2 12		12 1	4 13	14	12	6	10	9 12	2 7	13	13 :	12 1	0 8	8 9	7	6	7 !	9 10	11	11 1	13 1	3 12	12	12 :	15	8 13	1 12	11	9	8	5	77	5	4	6	7 6	55	6	5	6	6	
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	4_ORArea		3 (0	0	0 0	0 0	3	3	5	3 3	8 2	1	2	2	3 2	2 1	1 0	0	0	0 0	0	0	0	0 0	0	0	3	3 5	5 3	3	2	1	1 :	1 2	2	2	1	0 () 0	0	0	0	0	
	4_Peds_PeriOpBaysArea_E		5 5	5	5	6	5 5	5	7	6	8	7 5	6	6	4	4	3 2	2 4	1 5	4	2	2 1	0	0	0	0 0	0	0	0	4 (5 5	4	3	5	3 3	2 0	0	1	2	2 1	1 0	0	0	0	0	,
	4_Peds_PeriOpBaysArea_W	1	0 10	0 10	10	10 1	0 10	10	15	9	9 1	0 9	5	5	5	2	0 2	22	2 1	2	2	34	6	6	6	68	8	8	9	5 3	3 3	3	2	1	0 3	1 1	1	2	1	2 3	3 4	5	5	7	8	į.
	4_Peds_WaitingArea	4	9 39	35	35	35 3	1 35	35	60	49	48 5	1 50	44	44	34 3	21 1	9 16	6 15	5 15	9	6 1	07	4	0	0	0 8	0	0 :	15 2	6 29) 30	15	14	16	8 10	3	7	7	3	7 7	74	4	4	4	4	ŧ
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	4_ProcedureRoomArea		2 (0 (0	0	0 0	0 (2	3	0	0 0) 1	1	0	0	0 0	0 0	0 (0	0	0 0	0	0	0	0 0	0	0	1	1 (0 (0	0	1	0 (0 0	0	0	0	0 0	0 0	0	0	0	0	,
	4_TEEArea		2 0	0 (0	0	0 0	0 (2	2	2	0 0	0 (0	1	1	1 0	0 0	0 (0	0	0 0	0	0	0	0 0	0	0	1	2	2 1	0	0	0	0 (0 0	1	1	1	0 0	0 0	0	0	0	0	1
	5_CathLabArea		5 (0 (0	0	0 0	0 (5	5	6	5 7	7 5	6	6	3	0 1	1 1	LO	0	0	0 0	0	0	0	0 0	0	0	5	5	75	2	2	1	2 3	3 4	5	1	1	0 0	0 0	0	0	0	0	1
	5_ORArea		5 (0 (0	0	0 0	0	5	5	5	6 5	5 5	3	3	3	2 2	2 1	ι 1	1	1	1 1	0	0	0	0 0	0	0	3	3 4	1 4	4	5	2	2 :	1 1	1	1	1	1 1	1 1	1	0	0	0	1
	5_PeriOpBaysArea_E	1	4 13	13	14	14 1	4 14	14	19	6	71	1 11	10	9	7	8	5 3	3 5	54	2	4	3 3	5	6	8	9 14	14	14 :	17	4 :	78	6	4	5	2 :	12	5	5	3	1 (o c	0	0	4	5	\$
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	5_WaitingArea	8	6 79	14	14	16 1	8 18	3 22	66	58	83 8	5 87	76	79	62 4	40 2	6 50	0 29	24	24	26	7 13	10	6 1	6 1	5 14	4	8 5	59 5	2 80	5 98	93	58	55 4	1 39) 32	34	25	21 2	3 8	3 6	12	14	12	0	j
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Figure 7: Output showing area occupancy by hour.

however, they were still able to be processed within the same year. These areas included the Cath Lab, Endoscopy areas and the ORs designated for adults on the second, fourth, and fifth floors. There may be a need for an additional MRI machine eventually as the model showed that there were patients delayed waiting for the MRI machine.