

# EMERGENCY DEPARTMENT SIMULATION MODELING IN SIMIO: STAFFING AND CAPACITY DECISION ANALYSIS

## 1. Project Background and Objective

A regional hospital in the United States faced increasing emergency room congestion, with average wait times exceeding **4 hours** during peak evening shifts. Despite efforts to hire more staff, management lacked clarity on how staffing adjustments would affect **system-wide throughput, patient length of stay (LOS), and resource utilization**.

**Project Goal:** Use **Simio simulation modeling** to evaluate alternative staffing strategies and predict their effects on queue times, bed occupancy, and throughput in a typical 24-hour emergency department (ED) cycle.

## 2. System Components and Simulation Scope

### Entities:

- Patients (categorized by triage level: Critical, Moderate, Minor)

### Resources:

- Triage Nurses
- ED Physicians
- Examination Beds
- Admission/Discharge Coordinators

### Process Flow:

1. Arrival →
2. Registration & Triage →
3. Wait for Doctor →
4. Examination & Treatment →
5. Decision (Discharge/Admit/Transfer)

### 3. Modeling Environment and Parameters

**Software Used:** Simio RPS Edition with animation visualization enabled

**Key Model Features:**

- Time-based arrival pattern (triangular distribution peaking at 6 PM)
- Probabilistic branching based on triage level
- Resource constraints and scheduling (staff roster defined by shift)

**Assumptions:**

Variable	Distribution/Value
Arrival Rate	Triangular(1, 3, 7) per 10 minutes
Treatment Duration	Normal(45, 10) minutes
Wait Time Threshold	Max 120 min for minor cases
Number of Beds	20
Staff Shift Configurations	3 per day: Morning, Evening, Night

### 4. Scenarios Modeled

Scenario	Description
Base	Existing staffing (2 nurses, 3 doctors/shift)
Alt 1	Add 1 nurse to evening shift
Alt 2	Add 1 nurse + 1 doctor to peak shift only
Alt 3	Increase beds from 20 → 25

### 5. Key Simulation Outputs (10 replications each)

Metric	Base	Alt 1	Alt 2	Alt 3
Avg. Wait Time (min)	104.6	84.2	<b>61.8</b>	71.3
Avg. Bed Utilization (%)	97.2	92.4	89.8	75.1
Patients Left Unseen (%)	6.4	4.7	<b>2.3</b>	3.9

Throughput (patients/day)	232	251	<b>273</b>	262
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**Best Performing Strategy: Alt 2** – strategically increasing staff during peak hours significantly reduced wait times and increased patient throughput without over-provisioning across all shifts.

## 6. Visualization and Model Animation

- **Real-time animation:** Visual representation of patient queues, resource allocation, and movement through treatment stages
- **Resource dashboard:** Live tracking of nurse and doctor utilization during the simulation
- **Gantt charts:** Visualized bottlenecks and idle resource time

## 7. Deliverables Provided

- .spfx Simio model files with full replication setup
- Simulation control spreadsheet for adjusting shift policies and bed capacity
- Interactive report: Scenario comparison dashboard (Excel + charts)
- Executive summary and recommendation brief
- Video walkthrough (optional) to demonstrate how to run the Simio model internally

## 8. Strategic Decision Outcome

- The hospital implemented **targeted staffing for high-volume evening shifts** with minimal full-day hiring
- Resulted in **21% reduction in average ED wait time** within two months
- Scenario model retained by operations for quarterly scheduling reviews

## 9. Stakeholder Relevance

- **Healthcare Sector:** Applicable for hospital operations managers, quality assurance teams, and consultants designing throughput solutions
- **Academic Use:** Suitable for teaching simulation modeling, capacity planning, and resource scheduling in operations research and healthcare analytics curricula