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Agent-Based Modeling and Simulation of Care Delivery for Patients with Thrombotic and Bleeding Disorders

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Abstract. The quality of patients care delivery is thought to be strongly affected by the physicians' workload. In this study we present an Agent-Based model of the processes during a typical working day. We simulated the current scenario and a possible scenario concerning the introduction of a second ambulatory as a potential improvement in the center organization. Our results validated the reliability of the model and showed that the introduction of a second ambulatory averagely reduces the daily physician' workload.

Keywords. ABM, simulation, process modelling, clinical process, NetLogo.

1. Introduction

It is nowadays well known that the delivery of high-quality healthcare services to patients and the resulting clinical outcomes are dependent on the workload of the clinical staff. Physician's workload higher than normal and consequent stress were proven to negatively impact on clinical outcome and on the quality of care [1]. Computational modelling and simulation is a unique tool to get a deeper insight in complex systems' behavior and to predict the effect of changes [2]. The diffusion of Agent-Based Modelling (ABM) strongly increased across the latest decades to face the growing complexity of the world [2]. The aim of this work is to present an ABM of the care processes for patients with thrombotic and bleeding disorders with different scenarios and their effects on the physician workload. The study was conducted at the "Malattie Trombotiche ed Emorragiche" center of a Turin hospital.

2. Materials and methods

In a previous work [3], we described the process involved and performed data collection. Two Process Modelling tools, namely Synopsis diagrams and Swim lane activity diagrams, were used to analyze all clinical processes carried out by the two

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physicians of the center during a typical working day. The results were used to perform the ABM modeling and simulation. Among available ABM software and tools, we chose NetLogo 6.1.0 platform¹ for its simplicity in use, high scalability and high computational modelling strength.

In our model, we defined three types of agents: 1) “**Physician**”: specialists of the center; 2) “**Ambulatory patient**”: patients with scheduled ambulatory visit; 3) “**Internal advice patient**”: patients needing internal advice. Agents correspond to the actors previously identified as involved in clinical processes [3]. All agents moved and performed the activities in the simulation environment that was defined accordingly to the scaled map of real hospital. The model rules were defined by implementing the processes as previously modelled [3]. The simulation was based on several parameters statistically defined based on the collected data [3]. First, a simulation of an average typical day in the present situation was carried out to validate the reliability of the model. Then, since the ambulatory care absorbed the highest percentage of the workload, a new scenario was simulated to evaluate the effect of the availability of a second ambulatory room. Two different situations were modelled: (a) the second room was used only when ambulatory visits were performed both in the morning and in the afternoon; (b) the additional ambulatory was used in parallel with the first one.

3. Results and Conclusions

The results of the simulations are compared with the collected data. The overall physicians’ workload (expressed in minutes) was 557 ± 74 for the current scenario, 561 ± 76 for the new scenario (a), and 555 ± 58 for the new scenario (b). Comparing the collected data (566 ± 135 minutes) with those obtained from the simulation of current scenario it can be noticed that the results are consistent demonstrating the accuracy reliability of the developed model. Moreover, it can be observed that the introduction of a second ambulatory room reduces the physician workload. Process modeling and ABM proved to be suitable tools to simulate clinical processes and to provide insight on possible organizational changes.

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