

Personnel planning for care-at-home service facilities

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Joint work with Paulien Out & Maarten Meersbergen

Care-at-home services



Care-at-home services

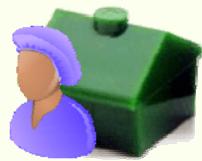
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Care-at-home services



needs care for 2 hours a week for 5 consecutive weeks



needs care for 3.5 hours a week for 3 consecutive weeks

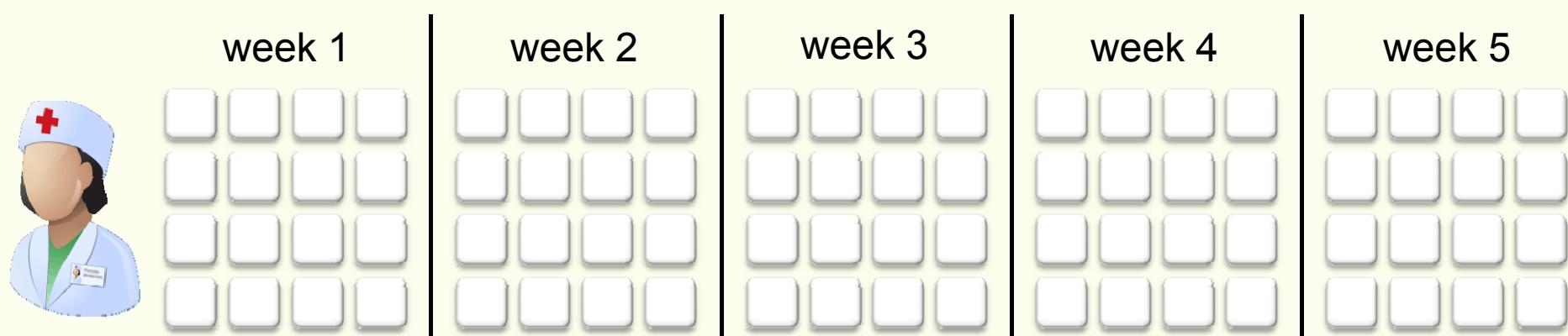


needs care for 4 hours a week for 4 consecutive weeks



needs care for 2.5 hours a week for 5 consecutive weeks

Care-at-home services



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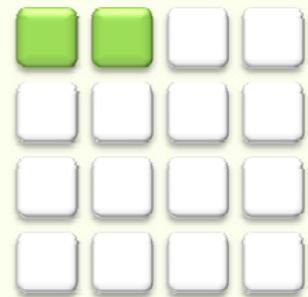
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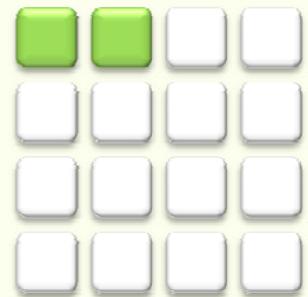
needs care for 2 hours a week for 5 consecutive weeks



week 1



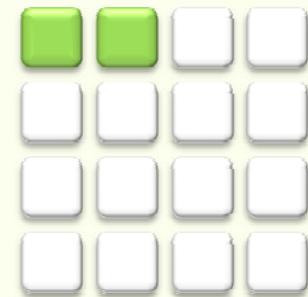
week 2



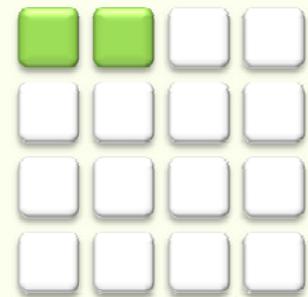
week 3



week 4



week 5



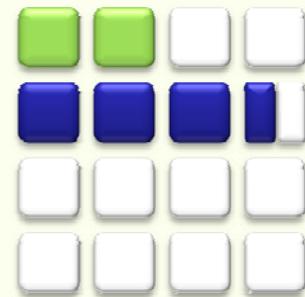
Care-at-home services



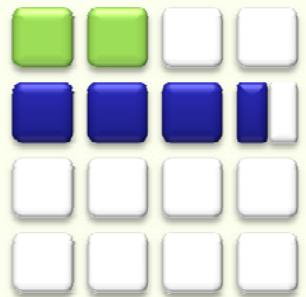
needs care for 3.5 hours a week for 3 consecutive weeks



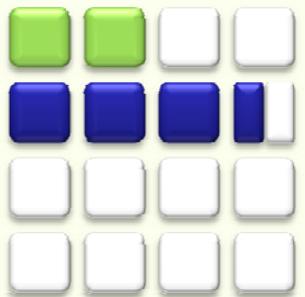
week 1



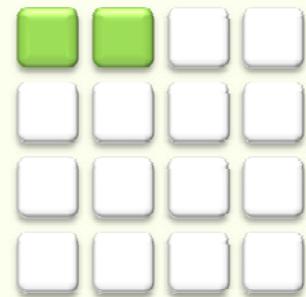
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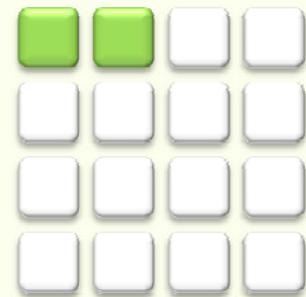
week 3



week 4



week 5



Care-at-home services

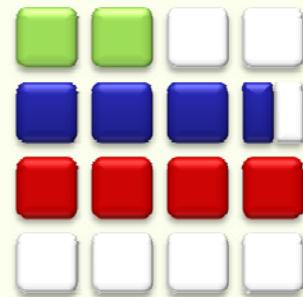
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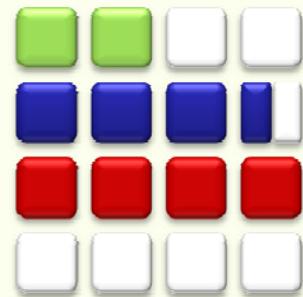
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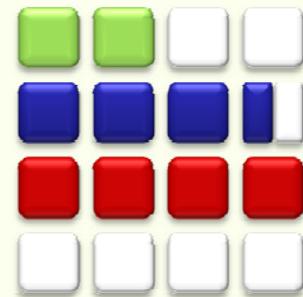
week 1



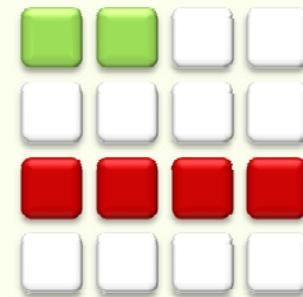
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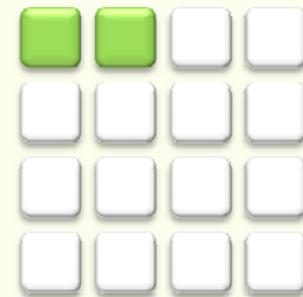
week 3



week 4



week 5



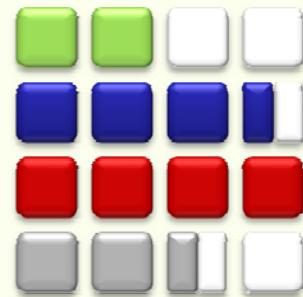
Care-at-home services



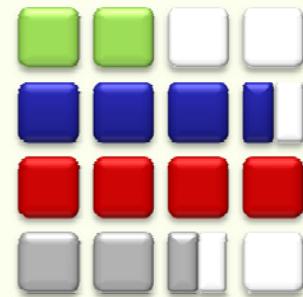
needs care for 2.5 hours a week for 5 consecutive weeks



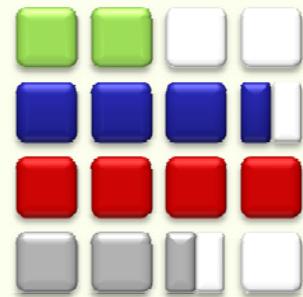
week 1



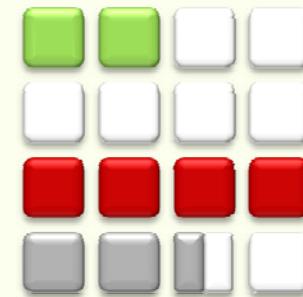
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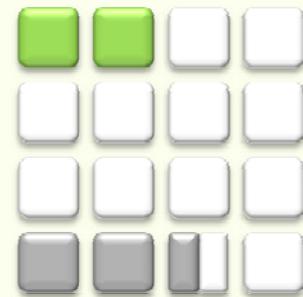
week 3



week 4



week 5





Patient scheduling problem

- Do we accept all patients?
- Do we allow for waiting if no capacity is available?

Personnel planning problem

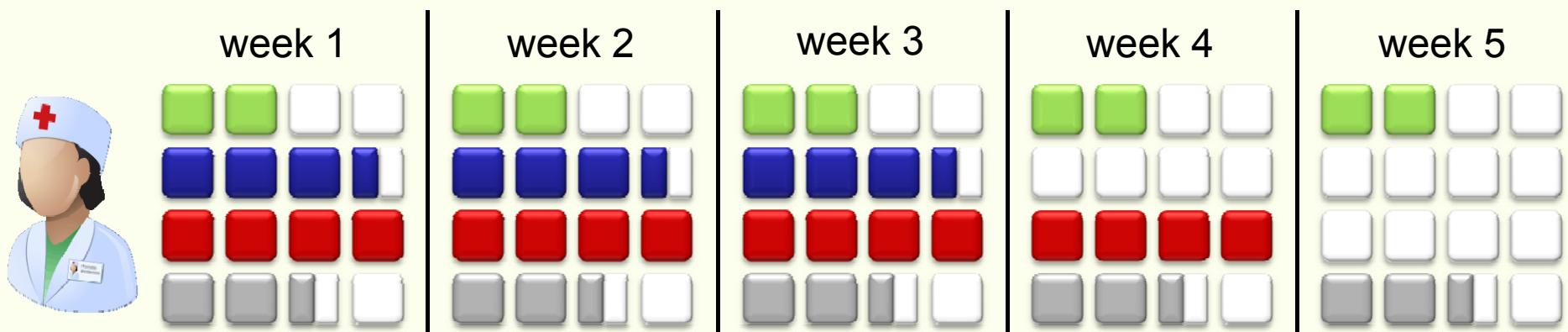
- What size of the workforce achieves
 - acceptable blocking percentages
 - reasonable waiting times
- The solution depends heavily on the patient scheduling problem

The care-at-home planning problem

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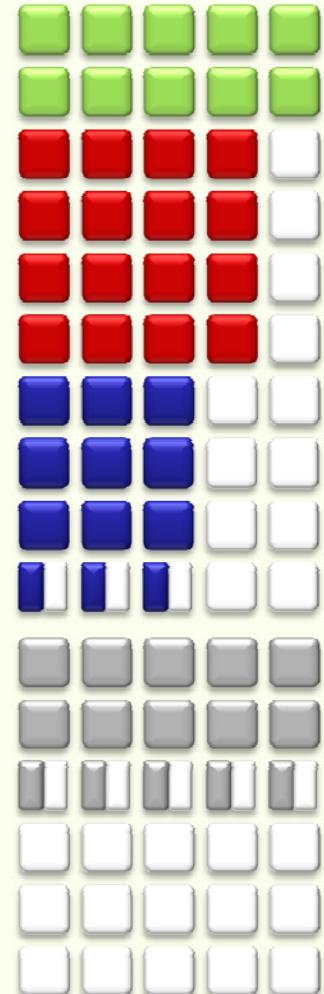


objective: create a tractable model for care-at-home services



The care-at-home planning problem

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arriving patient claims 4 servers for 5 periods

arriving patient claims 8 servers for 4 periods

arriving patient claims 7 servers for 3 periods

arriving patient claims 5 servers for 5 periods

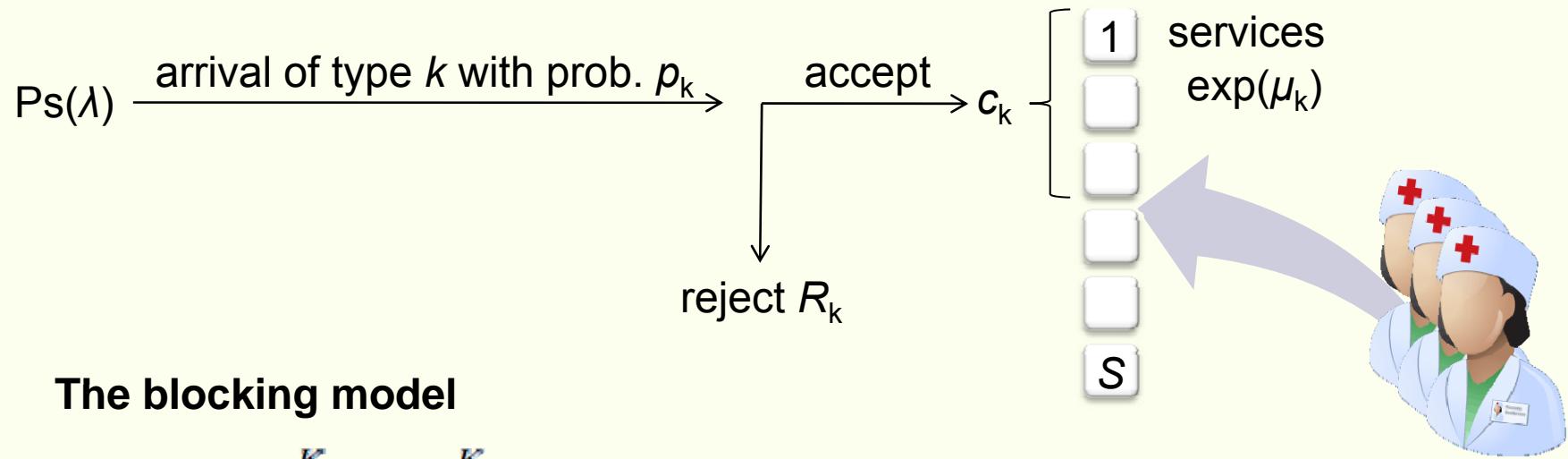
transformation: 0.5 hours of capacity denotes 1 server

The care-at-home model



- Patients arrive according a Poisson process with rate λ
- There are S servers (capacity units) available per week
- There are K types of patients
- An arriving patient is of type k with probability p_k
- A patient of type k demands c_k care-hours per week
- The number of consecutive care-weeks follows an exponential distribution with parameter μ_k
- Rejecting a customer of type k brings forth costs R_k

The care-at-home model



The blocking model

$$\begin{aligned}
 g + V(\vec{x}) = & \sum_{k=1}^K x_k + \sum_{k=1}^K \lambda p_k \left[\mathbb{1}_{\{\sum_{l=1}^K a_l \cdot x_l > S - c_k\}} [V(\vec{x}) + R_k] + \right. \\
 & \left. \mathbb{1}_{\{\sum_{l=1}^K a_l \cdot x_l \leq S - c_k\}} \min\{V(\vec{x}) + R_k, V(\vec{x} + e_k)\} \right] + \sum_{k=1}^K x_k \mu_k V(\vec{x} - e_k) + \\
 & \left(1 - \lambda - \sum_{k=1}^K x_k \mu_k \right) V(\vec{x}).
 \end{aligned}$$

Literature

- Stochastic knapsack problem
- Multi-rate blocking model

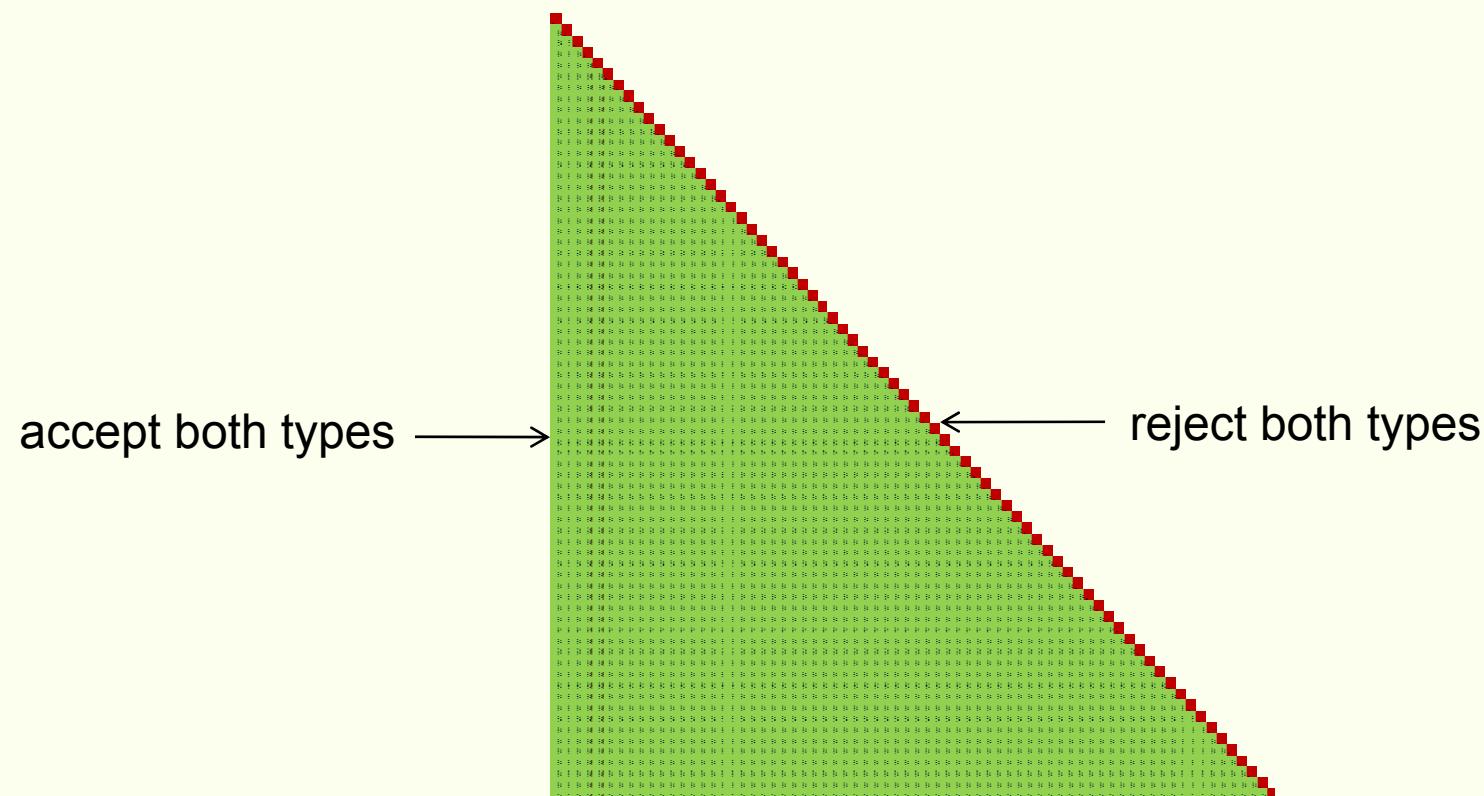
Results

- $c_i = 1, \mu_i = \mu \rightarrow$ Trunk reservation policy (Miller, 1969)
- Trunk reservation not optimal (Ross and Tsang, 1989)
- Monotonicity, fluid approach (Altman et al., 2001)

Numerical experiments



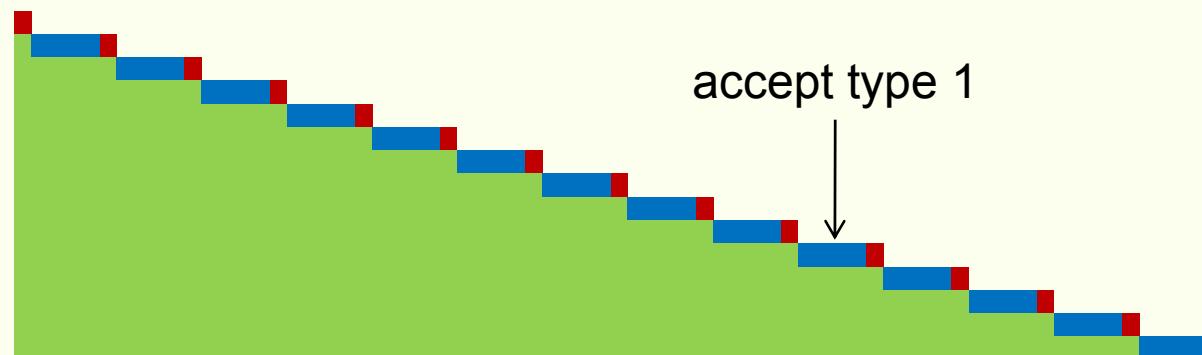
$K = 2$, $S = 70$, $\lambda = 1$, $p = (0.5, 0.5)$, $\mu = (1, 1)$, $r = (1, 1)$, and $c = (1, 1)$



Numerical experiments



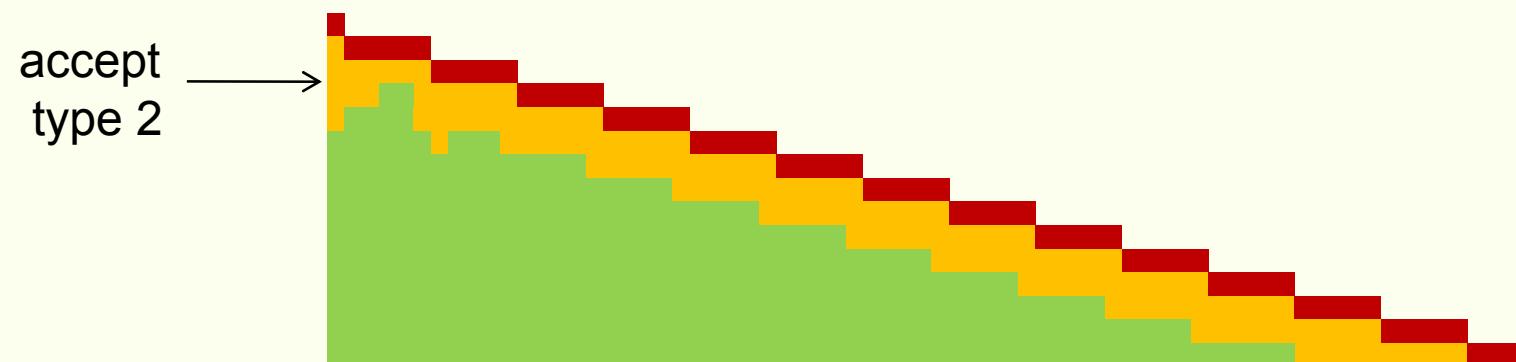
$K = 2$, $S = 70$, $\lambda = 1$, $p = (0.5, 0.5)$, $\mu = (1, 1)$, $r = (1, 1)$, and $c = (1, 5)$



Numerical experiments



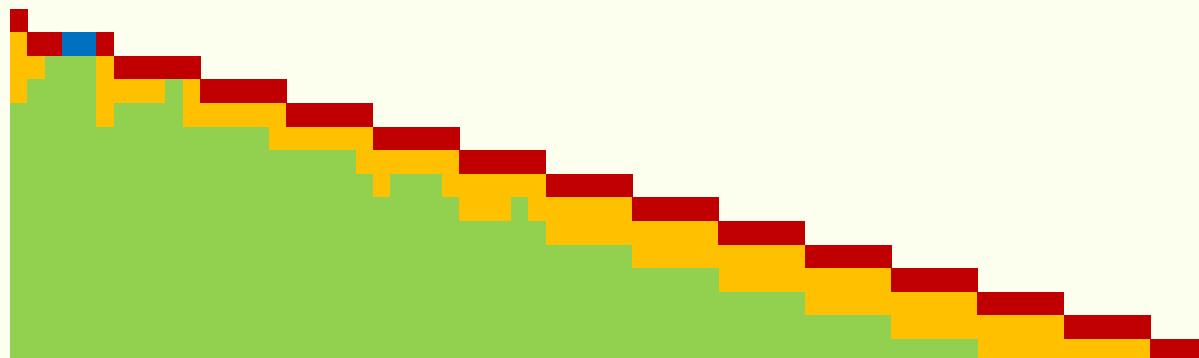
$K = 2$, $S = 70$, $\lambda = 1$, $p = (0.5, 0.5)$, $\mu = (1, 1)$, $r = (1, 2)$, and $c = (1, 5)$



Numerical experiments



$K = 2$, $S = 70$, $\lambda = 1$, $p = (0.5, 0.5)$, $\mu = (1, 3)$, $r = (1, 2)$, and $c = (1, 5)$



The care-at-home model

The delay model

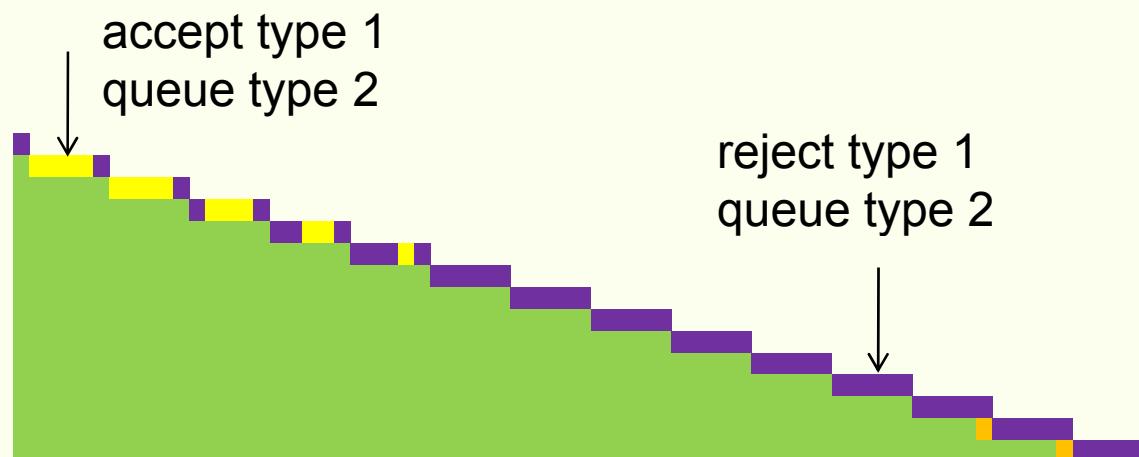
$$g + V(\vec{x}, \vec{q}) = \sum_{k=1}^K (x_k + q_k) + \sum_{k=1}^K \lambda p_k H_a(\vec{x}, \vec{q}, k) + \sum_{k=1}^K x_k \mu_k H_d(\vec{x} - e_k, \vec{q}) + \left(1 - \lambda - \sum_{k=1}^K x_k \mu_k\right) V(\vec{x}, \vec{q}).$$

$$H_a(\vec{x}, \vec{q}, k) = \begin{cases} V(\vec{x}, \vec{q}) + R_k, & \text{if } \sum_{l=1}^K c_l \cdot x_l > S - c_k, \sum_{k=1}^K q_k = B, \\ \min\{V(\vec{x}, \vec{q}) + R_k, V(\vec{x}, \vec{q} + e_k)\}, & \text{if } \sum_{l=1}^K c_l \cdot x_l > S - c_k, \sum_{k=1}^K q_k < B, \\ \min\{V(\vec{x}, \vec{q}) + R_k, V(\vec{x} + e_k, \vec{q})\}, & \text{if } \sum_{l=1}^K c_l \cdot x_l \leq S - c_k, \sum_{k=1}^K q_k = B, \\ \min\{V(\vec{x}, \vec{q}) + R_k, V(\vec{x}, \vec{q} + e_k), V(\vec{x} + e_k, \vec{q})\}, & \text{otherwise,} \end{cases}$$

$$H_d(\vec{x}, \vec{q}) = \min \left\{ V(\vec{x}, \vec{q}), V(\vec{x} + e_k, \vec{q} - e_k) \mid k = 1, \dots, K, q_k > 0, \sum_{l=1}^K c_l \cdot x_l > S - c_k \right\}.$$

Numerical experiments

$K = 2$, $S = 70$, $B = 20$, $\lambda = 1$, $p = (0.5, 0.5)$, $\mu = (1, 3)$, $r = (1, 2)$, and $c = (1, 5)$



Numerical experiments

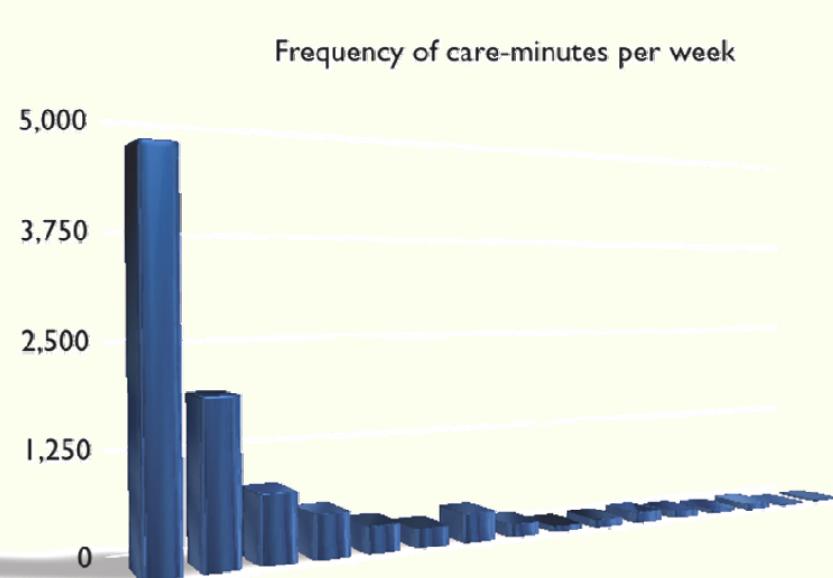


- Model with delay is high dimensional
- n customer classes lead to $2n$ -dimensional state
- The policy seems to be more structured
- Implemented in MPI-CC on 128-CPU cluster computer



Data from care-at-home facility: personal care (PC)

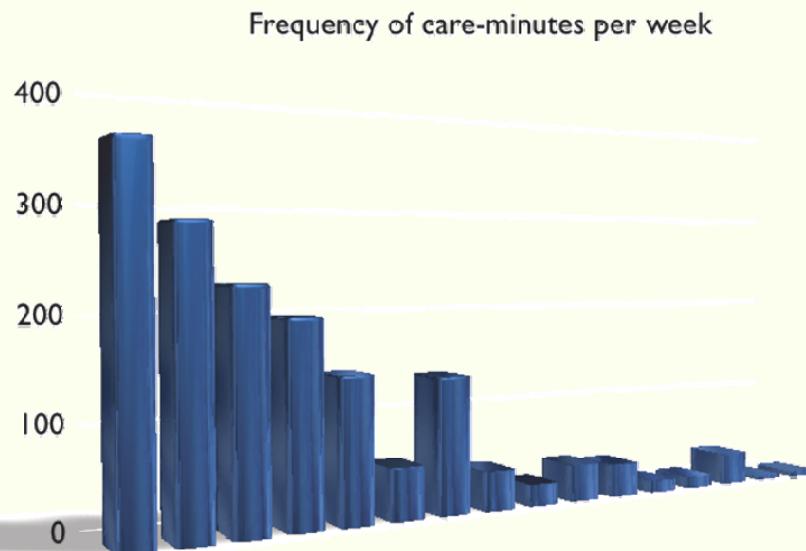
- $\lambda = 4.9$ patients per day
- average number of care-minutes per week: 89.2
- $1 / \mu = 24.9$ care-weeks





Data from care-at-home facility: medical care (MC)

- $\lambda = 0.83$ patients per day
- average number of care-minutes per week: 124
- $1 / \mu = 31.8$ care-weeks



Personnel planning: no uncertainty

- PC: $4.9 \times 89.2 \times 24.9 = 181.4$ hours
- MC: $0.83 \times 124 \times 31.8 = 54.5$ hours
- Total net capacity needed: 235.9 hours = 5.9 fte

Personnel planning: with variability

- Total net capacity: 12.7 fte

Future work

- Approximate relative value function using ADP
- Add skill-level of personnel in decision making
- Patients may change their type after acceptance
- Integrate travel times and route planning

Questions?

