Forecasting Staff in ED



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KEY FACTS ACCIDENT AND EMERGENCY DEPARTMENT (ED):



- **Improper staffing in ED**
- **Increase in spending over Agency Staff**

Outcome:

- **Overcrowding in ED**
- **Poor patient outcomes and** medical errors
- **Patient dissatisfaction**
- **NHS Trusts Budget deficit**

CURRENT SITUATION:

Scheduling systems with mobile applications allocation of personnel using paid for services by Agency Staff



Existing forecasting models aim to predict:

- patients admissions (Boyle 2008, 2011)
- **ED** crowding (Schafermeyer)
- hospital bed requirements (Farmer)
- daily surge capacity (Asplin 2008)
- patients in the queue in ED (Muthon)
- total time spent in ED (Cooke)

Project contribution and intellectual challenges are to analyze the problem in reverse order, i.e.:

- to provide a model to forecast volumes of patients arriving in ED
- to provide a tool to predict number of staff

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MODEL:

Data:

- 249 NHS Trusts England
- Type 1 ED (Major A&E)
- Type 2 ED (Single Specialty)
- **Type 3 ED (Minor injuries)**
- Total

Input:

• 242 Excel sheet files

Data frequency:

- Monthly
- Weekly

Preprocessing:

- Unique Trust Codes and **Organisation Dictionary**
- **Check for Missing Data**
- **Check for Outliers**
- **Resampling to months**
- **Data normalization**

Data analyses:

- Moving average
- Autocorrelation
- **Dickey Fuller test**
- **Time Series Decomposition**
 - Trend
 - Seasonality
 - **Residuals**
- **Forecasting Patient Volume**

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User interface



Output

