MODELING MEDICAL DOCTOR ROSTERING USING HYBRID GENETIC ALGORITHM-PARTICLE SWARM OPTIMIZATION

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To my beloved mother, Ramlah Ab Samad and late father, Zainudin Ujang, and my brothers, Zulkarnain and Iskandar Mirza and also my lovely sister, Zarinah and Zuraidah

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ABSTRACT

Rostering plays an important role in most manufacturing, production and healthcare systems. Manual staff rostering as opposed to a computerized system, particularly for medical doctors is usually challenging, tedious and tiresome, whereby the tasks involved too much time consumption due to changes in business rules, shortage of healthcare professionals, and overwork. Besides that, soft constraints as bearable ones as well as hard constraints which must be addressed are issues that must be taken into account during the rostering process. Due to these problems, modelling of a medical doctor rostering using Hybrid Genetic Algorithm-Particle Swarm Optimization (Hybrid GA-PSO) is proposed as a means to minimize the total violation constraints to obtain maximum satisfaction among medical doctors satisfying all the hard constraints and as many soft constraints possible. Hybrid GA-PSO is represented by a population of working days which are then determined using evolutionary inspired operators, searching and updating process. In addition, observations and interview sessions with the person in-charge were carried out to obtain additional data and identify constraints in relation to medical doctor rostering at Hospital Sultanah Aminah (HSA), Johor Bahru, Johor. In this study, the different levels of importance for the hard and soft constraints based on the requirements to create the duty roster were identified. The performance of medical doctor rostering using Hybrid GA-PSO method was measured in terms of total violation constraints and accuracy, as well as comparisons with standard Genetic Algorithm (GA) and Particle Swarm Optimization (PSO). Results of this study show that Hybrid GA-PSO has the ability to produce feasible duty roster that could save time and distribute the workload fairly to the medical doctors. The Hybrid GA-PSO provides a solution to not only improve the computation of the rostering system, but has also produced an efficient and effective duty roster for medical doctors and staff.

ABSTRAK

Penjadualan memainkan peranan yang penting dalam industri pembuatan, pengeluaran dan kesihatan. Perjadualan kakitangan secara manual berbanding dengan sistem berkomputer khususnya untuk doktor perubatan merupakan tugas yang mencabar, membosankan dan meletihkan, di mana tugas tersebut mengambil masa yang lama disebabkan oleh perubahan pada perniagaan, kekurangan staf professional serta kerja yang berlebihan. Selain itu juga, kekangan lembut harus ditangani manakala kekangan keras wajib ditangani adalah isu-isu yang perlu diambil kira semasa proses penjadualan. Disebabkan oleh masalah-masalah ini, pemodelan penjadualan doktor menggunakan Hibrid Genetic Algorithm-Particle Swarm Optimization (Hibrid GA-PSO) dicadangkan sebagai salah satu cara untuk meminimumkan jumlah pelanggaran kekangan bagi memperolehi prestasi maksimum yang memuaskan di kalangan doktor perubatan, di mana ia dapat memenuhi semua kekangan keras dan sebanyak mungkin kekangan lembut. Hibrid GA-PSO diwakili oleh hari bekerja seseorang doktor di mana ia akan ditentukan menggunakan evolusi pencarian dan proses mengemaskini. Di samping itu, pemerhatian dan temubual dengan pegawai yang bertanggungjawab telah dijalankan untuk mendapatkan data tambahan dan mengenal pasti kekangan berhubung dengan penjadualan doktor perubatan di Hospital Sultanah Aminah (HSA), Johor Bahru, Johor. Dalam kajian ini, di mana kepentingan kekangan keras dan kekangan lembut berdasarkan keperluan untuk membina jadual kerja telah dikenal pasti. Prestasi penjadualan doktor perubatan menggunakan Hibrid kaedah GA- PSO diukur dari segi jumlah pelanggaran kekangan dan ketepatan, dan prestasinya dibandingkan dengan Genetic Algorithm (GA) dan Particle Swarm Optimization (PSO) piawai. Keputusan kajian ini menunjukkan bahawa Hibrid GA-PSO mempunyai keupayaan untuk menghasilkan jadual kerja yang sesuai dimana ia akan menjimatkan masa dan mengagihkan beban kerja secara adil untuk doktor perubatan. Hibrid GA-PSO menyediakan satu penyelesaian bukan sahaja untuk meningkatkan sistem penjadualan secara berkomputer, tetapi juga telah menghasilkan satu jadual kerja yang tepat dan berkesan untuk doktor perubatan dan kakitangan.

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LIST OF ABBREVIATIONS

AB Agents-Based

B&P Branch & Price

CBR Case-Based Reasoning

CBRG Case-Based Repair Generation

CGB Column Generation Based

CH Constructive Heuristics

CLP Constraints Logic Programming

DA Decomposition Approach

GA Genetic Algorithm

GCS/SS Guided Complete Search/Simplex Solver

GRASP Greedy Random Adaptive Search Procedure

H Heuristic

HH Hyper-Heuristic

IGA Indirect GA

ILP Integer Linear Programming

IP Integer ProgrammingLP Linear Programming

LP Linear Programming

LS Local Search

MA Memetic Algorithm

MIP Mixed Integer Programming

MO-MP Multi-Objective Mathematical Programming

NN Neural Network

PSO Particle Swarm Optimization

SA Simulated Annealing

SS Scatter Search

TS Tabu Search

VNS Variable Neighborhood Search

HS Heuristic Search

EA Evolutionary Algorithm

LSN Local Search Network

CS Cyber Swarm

MM Mathematical Models

IP Integer Programming

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CHAPTER 1

INTRODUCTION

1.1 Overview

In an organization, in providing services or goods, the process of constructing duty roster, or rostering, for its staff is normally carried out so as to ensure customer's satisfaction. Initially, the number of staff with particular skill to meet the specific service is determined. To meet the required staffing levels at different times, staffs are allocated to shifts, and duties are then assigned to the individual staff working in each shift. At the same time, all industrial regulations associated with the particular workplace must be observed during the process. However, it is extremely difficult to find an acceptable duty roster to these highly constrained and complex problems and it is even more difficult to determine a feasible duty roster that minimize costs, meet employee preferences, distribute shifts equitably among employees and satisfy all the workplace constraints.

Some researchers have previously suggested a few definitions of rostering, but they all agreed that rostering is assigning or allocating resources (staff) to the one slot (work)) meanwhile scheduling is arrange or plan (an event) to take place at a particular time (Adrian Brezulianu, 2010; Wren, 1996. Some of the definitions of rostering, as given by previous authors and as defined in the Oxford Dictionary, are given below. Understanding its definition is essential in order to appreciate the problems associated with rostering.

Adrian Brezulianu (2010) defined staff rostering as follows:

"The staff rostering, or more specific, the shift rostering is defined as a problem of placing resources (employees) into slots in a pattern, in such way to accomplish given constraints."

The definition by Wren (1996) is given below:

"A duty roster, often called a rota or roster, is a list of employees who are working on any given day, week, or month in a workplace. A duty roster is necessary for the day-to-day operation of any retail store, manufacturing facility and some offices. The process of creating a duty roster is called rostering. An effective workplace duty roster balances the needs of employees, tasks, and in some cases, customers."

Oxford Dictionary defines rostering as follows:

"A plan for carrying out a process or procedure, giving lists of intended events and times. Assigning an appropriate number of workers to the jobs during each day of work."

In any business, particularly in healthcare industry, staff rostering is usually a challenging and tiresome task due to rapid changes in rules to create the duty roster, shortage of healthcare professional as well as budget constraints. The person-in charge who performs this task will have to keep track all employees, distributing hours fairly and avoiding overlaps among the staffs.

In many organizations, those involved in developing staff duty roster normally would require decision support tools to help provide the right employees at the right time and at the right cost, while simultaneously trying to achieve a high level of job satisfaction among the employees. Consequently, researchers have come up with various approaches or techniques to solve the rostering problems. However, before a good rostering model can be developed, it is essential to understand the associated problems and to determine the characteristics of the potential techniques in order to deal with the complex rostering problem.

The rostering problem normally arises in a wide variety of domains, including healthcare institutions (medical doctors and nurses duty rosters), educational (university lecturers and school teachers duty rosters), transport (trains and buses schedules), and sport (roster of matches between pairs of team). The most common variants of healthcare rostering problem are the Nurse Rostering Problem (NRP) and Medical Doctor Rostering Problem. The two rosters are based on a general pattern; however, there is a slight difference between the two due to the complexity of the structure of a department and the different constraints posed on the doctors and nurses.

The focus of this study is on the development of rostering medical doctors in one department of a Malaysian public hospital, particular looking into the assignment of doctors in the night-morning shift. To ensure the reliability of the medical doctor's duty roster, the information regarding the rostering must be well informed to all doctors involved so that they can handle accidents and emergencies cases effectively at any given time. Currently, staff rostering in most Malaysian public hospital is being done manually, and this has resulted in too many flaws in the duty roster due to the lack of required information and poor communication among the staff. Hence, in this study, staff rostering using optimization algorithm, such as Genetic Algorithm (GA) and Particle Swarm Optimization (PSO), is implemented to generate a feasible duty roster for medical doctors. A feasible duty roster is a solution that satisfies all the hard constraints under any circumstances. Hard constraints are constraints that must be satisfied simultaneously, while soft constraints are those that should be fulfilled, if possible (Puente et al., 2009).

1.2 Problem Background

Numerous organizations have attempted to develop effective duty rosters in order to optimize their resources, and hence enhance the efficiency of the organisation. Some organizations have used the mathematical approach, such as linear programming, but most are still carried out manually.

In healthcare organizations, usually 10 to 20 hours is spent by the person-incharge of planning the duty roster in order to optimise the available resources and simultaneously satisfy the staff involved (Wren, 1996). However, when the duty roster does not meet the needs at a certain point of event, a new duty roster is created and this will disturb the duty roster created earlier. Consequently, it is difficult to determine the quality of the duty roster due to the constraints and the number of decisions that needs to be made (Wren, 1996). Therefore, creating a feasible duty roster for medical doctors will reduce the time spent on each rostering and making changes to staff workload. As a result, this will enable the staff responsible for creating the duty roster to do other management tasks.

The task of periodically producing a duty roster begins with the consideration of both a number of resources (workforce, usually) and a set of features to be considered in order to make optimal use of these resources (structure of the work: shift types, holidays, hard and soft constraints to be satisfied, etc.). An initial approach to solving the above-mentioned problem implies the utilization of mathematical programming (MP) – linear programming, goal programming, single-objective MP, multi-objective MP – (Bailey, 1985; Beaumont, 1997; Warner, 1976). MP can most certainly be applied to simple cases involving a small number of staff restrictions. Alternative and more recent approaches are mostly based on constraint programming and heuristics and meta-heuristics procedures. (Ernst et al., 2004) identified 28 different categories of methods that have been used on personnel scheduling problems including: constraint logic programming, constructive heuristics, expert systems, genetic algorithms, integer programming, set partitioning, simple local search and simulated annealing. In general terms, these techniques provide

good result in the sense that they satisfy most of the conditions stipulated at the outset even though they may not be the best. Since Bailey, (1985) who used mathematical programming techniques to generate nurse rosters optimised with respect to staffing costs, under-staffing costs, and shift pattern based on violation of constraints, a number of meta-heuristic approaches have been explored including Genetic Algorithms (Aickelin & Dowsland, 2004), simulated annealing (Bailey et. al., 1997), Tabu Search (Bester et. al., 2007; Dowsland, 1998), and Hyper-Heuristics (Burke et. al., 2003). More recently, Aickelin et. al., (2007) have proposed a new Memetic Evolutionary Algorithm to achieve explicit learning in rule-based nurse rostering, and Burke et al. (2008) have proposed a hybrid heuristic ordering and variable neighbourhood search to optimise the solution of the problem.

The motivation to undergo this study is that creating a duty roster is not easy as it seems. To establish custom-made duty roster for medical staff is a challenging task that does not respond to a general pattern given the complexity of such a department's structure due to a number of factors such as divided zones, number of staff and work mode. To create a duty roster, firstly, the divided zones are categorised into Green Zone, Yellow Zone, and Red Zone, where each zone is based on how chronic a disease is. Secondly, the number of staff available in the hospital must be taken into account; in this case Hospital Sultanah Aminah (HSA) has 22 medical doctors. Lastly, the work mode is a combination of shifts and duties. The type of work carried out by the doctors in the hospital under study does not differ from that of similar departments in all Malaysian Public Hospital. However, the working modes of doctors are dependent on whether the day is a working day or day off. For example, Saturdays, Sundays, local, regional and national holidays, Christmas Day and New Year's Eve are all categorized as holidays where most staff do not work while doctors, depending on their duty roster, still have to work. Furthermore, if for any particular reason, the medical doctor could not present himself at work, he must find another doctor to replace him.

1.3 Problem Statement

Over the years, academicians and medical practitioners have widely studied the problems associated with staff rostering. Various rostering concepts have been utilised in trying to cope with the real-world challenges of the management system. Moreover, the importance of solving rostering problems has triggered various approaches or techniques to solve these rostering problems. The rostering problem is a well-known scheduling problem which assigns resources (i.e nurses or medical doctors) to shifts per day taking both hard and soft constraints into account. The objective is to minimize the total violations of the hard and soft constraints.

Rostering problems are well-known over-constrained problems. They are very difficult to solve manually due to their nature of large numbers of often conflicting objectives that must be taken into consideration while constructing the duty roster, such as different categories of nurses, different types of working shift, different coverage demand of shifts for each day, and popular/unpopular shifts (Puente et al., 2009). Many optimization algorithms have been proposed to solve rostering problem with different constraints. Some algorithms have been shown to be superior in solving some of the instances but not in others cases. Various populationbased and local search based meta-heuristic algorithms have been developed to solve rostering problems, which include GA, Tabu Search (Beddoe and Petrovic, 2007; Craenen and Paechter, 2008), Neighborhood Search (Abdullah et al., 2007; Burke et al., 2010), Genetic Algorithm (Tsai and Li,2008; Mendes et al., 2009), Particle Swarm Optimization (Chu et al., 2006) and many others (Aickelin and Dowsland, 2000). In (Downsland, 1998), the performance of scatter genetic algorithm and memetic algorithm (population-based) were better compared to other search algorithms such as Tabu Search. Consequently, in this study, the use of other population-based methods for medical doctor rostering problem (Hybrid GA-PSO) is investigated.

In order to develop a good rostering model, it is crucial to comprehend the problem and to identify the characteristics of the potential techniques. Currently,

duty roster in the hospital are generated normally one month in advance and would take several days to complete. The duty roster has no past historical record, and does not include implicit needs of medical-staff regarding the promotion of work safety and work-family conciliation (Wren, 1996).

In order to answer the issues raised above, the following research questions are outlined:

- I. What are the constraints for the medical doctor rostering?
- II. Can the model using Hybrid GA-PSO generate feasible medical doctor rostering?
- III. Will the algorithm find a feasible result for a given constraint?

In this study, hybrid method that combines GA and PSO algorithm is developed to satisfy the hard and soft constraints for the medical doctor duty roster. The justification for using Hybrid GA-PSO in this study is that Hybrid GA-PSO can deliver a feasible result in a slightly shorter time, compared to that when using other approaches, by taking advantage of the compensatory property of GA and PSO (Premalatha and Natarajan, 2010). The study presents and compiles the results gathered from the method. The performance of the Hybrid GA-PSO is analyzed in terms of specific performance measure (total violation of hard and soft constraints and accuracy of duty roster) and is then compared to that of the Standard GA and Standard PSO method. Based on the previous studies, the researchers measured the feasibility of the generated duty roster by the total violation of hard and soft constraints and the accuracy of duty roster (Puente et al, 2009, Premalatha and Natarajan, 2010).

The hypothesis of this study is stated as:

"By hybridizing GA-PSO, it can lead to a better performance and more accurate duty roster with minimum total violation of hard and soft constraints".

1.4 Objectives

The objectives of this study are:

- I. To identify constraints involved in rostering of medical doctors.
- II. To develop a model using Hybrid GA-PSO to generate a feasible medical doctor rostering.
- III. To evaluate the feasibility of the generated medical doctor rostering.

1.5 Scopes

The scopes of this study are:

- I. This study is conducted based on the Malaysian Healthcare environment. The preliminary investigation and data collection are done to obtain information related to Malaysian hospitals and services to the Malaysian community. The case study of this study is at Emergencies Department, Hospital Sultanah Aminah (HSA), Johor Bahru.
- II. The modeling of Hybrid GA-PSO is based on the selected case study.
- III. This study does not consider re-rostering (changes from human factors required) after a duty roster is produced.

1.6 Thesis Organization

This thesis is organized into six chapters. Chapter One briefly explain the background of the study, statement of problem, objectives, scopes and thesis organization. Chapter Two presents a comprehensive literature reviews regarding rostering, types of rostering problems, rostering processes, staff rostering and background of case study of Hospital Sultanah Aminah (HSA), Johor Bahru. In chapter Two, background study of public hospitals in Malaysia is presented to give reader a clear understanding of Malaysian healthcare system and procedure. In Chapter Three, a thorough description on research methodology is provided on the operational framework regarding on how the study is conducted. Then, in Chapter Four a brief discussion of the modelling and problem formulation is given and also with the description of the implementation of the hybrid model from problem formulation into coding phases. Next, Chapter Five provides a discussion on the analysis of results and performance measures. Finally, Chapter Six summarizes and concludes all work carried out in this study, while stating recommendations for future works.

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