Contents

Chapter 1	pter 1 Traditional Management and Management Engineering			
Chapter 2	Dynamic Supply and Demand Balance			
	Problems			
	2.1 Discrete Event Simulation Methodology: What Is a Discrete Event Simulation Model and How Does			
	a Simple Model Work?	3		
	2.2 Queuing Analytic Theory: Its Use and Limitations	5		
	2.3 Capacity Problems	8		
	2.3.1 Outpatient Clinic: Centralized			
	or Separate Locations?	8		
	2.3.2 Outpatient Clinic: Nonsteady-State			
	Operations	11		
	2.3.3 Outpatient Clinic: Limited Queue Size			
	with Leaving "Inpatient" Patients	13		
	2.3.4 Outpatient Clinic: Time-Varying Arrival Rate	s 15		
	2.3.5 "Excessive" ICU Capacity, "Improved"			
	Efficiency, and Access to Care	17		
	2.3.6 Mixed Patient Arrival Patterns: Simultaneous			
	Random and Scheduled Arrivals	19		
	2.3.7 Small Rural Hospital vs. Large Community			
	Hospital: Does Size Affect Operational			
	Efficiency?	21		
	2.3.8 Daily Load-Leveling (Smoothing) of Schedu	led		
	Elective Procedures	23		
	2.3.9 Separate or Interchangeable (Shared) Operati	ng		
	Rooms for Emergency and Scheduled Surger	ies:		
	Which Arrangement Is More Efficient?	26		
	2.3.10 Surgical Capacity of Special Procedure			
	Operating Rooms	31		
	AND THE POST OF THE PROPERTY O			

		2.3.11	The Entire Hospital System Patient Flow:	
			Effect of Interdependency of ED, ICU, OR,	
			and Regular Nursing Units on System	
			Throughput	33
	2.4	Schedul	ling and Staffing Problems	39
		2.4.1	Scheduling Order for Appointments	
			with Different Duration Variability	39
		2.4.2	Centralized Discharge vs. Individual	
			Units Discharges	41
		2.4.3	Staffing of Hospital Receiving Center	44
		2.4.4	Staffing of the Unit with Cross-trained Staff	46
		2.4.5	Outpatient Clinic Costs and Staffing: Is Right	
			Staff Used at the Right Time?	49
Chapter 3	Line	ear and I	Probabilistic Resource Optimization	
	and	Allocation	on Problems	53
	3.1	Optimiz	zation of Patient Service Volumes:	
		Keep or	Drop a Service Line?	53
		3.1.1	Traditional Approach	54
			Management Engineering Approach	54
	3.2	Optimiz	zation of Clinical Unit Staffing for 24/7	
		Three-S	Shift Operations: Is Staffing Cost Minimized?	57
		3.2.1	Traditional Approach	57
	COLUMN TO A		Management Engineering Approach	57
	3.3	Residen	nt Physician Restricted Work Hours:	
		Optima	Scheduling to Meet the Institute of Medicine	
		New W	orkload Recommendations	61
		3.3.1	Traditional Management Approach	62
		3.3.2	Management Engineering Approach	62
		3.3.3	Day Time Scheduling	62
		3.3.4	Night Time Scheduling	66
	3.4	Optimiz	zed Pooled Screening Testing	69
V1		3.4.1	Traditional Management Approach	72
		3.4.2	Management Engineering Approach	72
	3.5	Projecte	ed Number of Patients Discharged from ED	73
		3.5.1	Traditional Management Approach	74
			Management Engineering Approach	74
Chapter 4	For	ecasting '	Time Series	79
	4.1	Forecas	ting Patient Volumes Using Time Series	
		Data Ar	nalysis	79
		4.1.1	Traditional Management Approach	80
		4.1.2	The Number of Past Data Points that Have	
			to be Used for Making a Forecast	80
		4.1.3	Validation of Some Typical Forecasting Models.	83
		4.1.4	Management Engineering Approach	83

	4.2.1	asting Time Series with Seasonal Variation Traditional Management Approach	86 87	
	4.2.2	Management Engineering Approach	89	
Chapter 5	Business Intelligence and Data Mining			
	to Ho	spital Contribution Margin?	92	
	5.1.1	8 11	92	
		Management Engineering Approacher Analysis: Which Zip Codes Form Distinct	93	
	Contr	ibution Margin Groups?	97	
	5.2.1	Traditional Management Approach	98	
	5.2.2	Management Engineering Approach	98	
Chapter 6		Game Theorytributing of Savings Between Cooperating	103	
		ders Fair? The Use of the Shapley Value Concept	104	
	6.1.1		104	
		Management Engineering Approach	105	
Chapter 7	Summary	of Some Fundamental Management		
Chapter 7	Engineering Principles			
Chapter 8				
		definitions of comagement. For the purpose of this is	115	
		and at a theying system performence objectives.	117	
Definitons of		shaple Repairwojectons, as a calculations based to S	121	