

Facilitated Modelling with Simulation: The SimLean Approach

Stewart Robinson



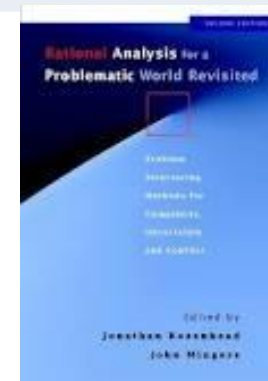
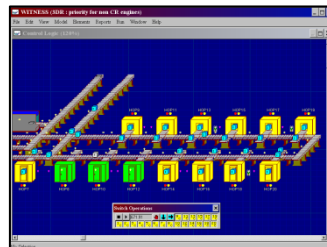
East Midlands Simulation, February 2012

Facilitated Modelling

Franco and Montibeller [2010]

Expert Mode Sporadic client involvement	Facilitated Mode Clients involved throughout
Problem is real entity	Problem is socially constructed
Analysis needs to be objective	Subjectivity is inevitable
Optimal solutions wanted	Satisficing solutions wanted
Implementation follows from scientific rigour	Implementation follows from participation in the study

$$\begin{aligned}
 \min \quad & z \\
 \text{s.t.} \quad & z \geq \sum_{k=1}^N (c_{ik} + \alpha c_{km}) X_{ik} + c_{mj} X_{jm}, \quad i, j, m = 1, \dots, N \\
 & \sum_{k=1}^N X_{ik} = 1, \quad i = 1, \dots, N \\
 & X_{ik} \leq X_{kk}, \quad i, k = 1, \dots, N \\
 & \sum_{k=1}^N X_{kk} = p \\
 & X_{ik} \in \{0, 1\}, \quad i, k = 1, \dots, N
 \end{aligned}$$



Previous Attempts at Facilitated Modelling with DES

Robinson (2001): user support help desk

Adamides and Karacapilidis (2006): collaborative
business process modelling

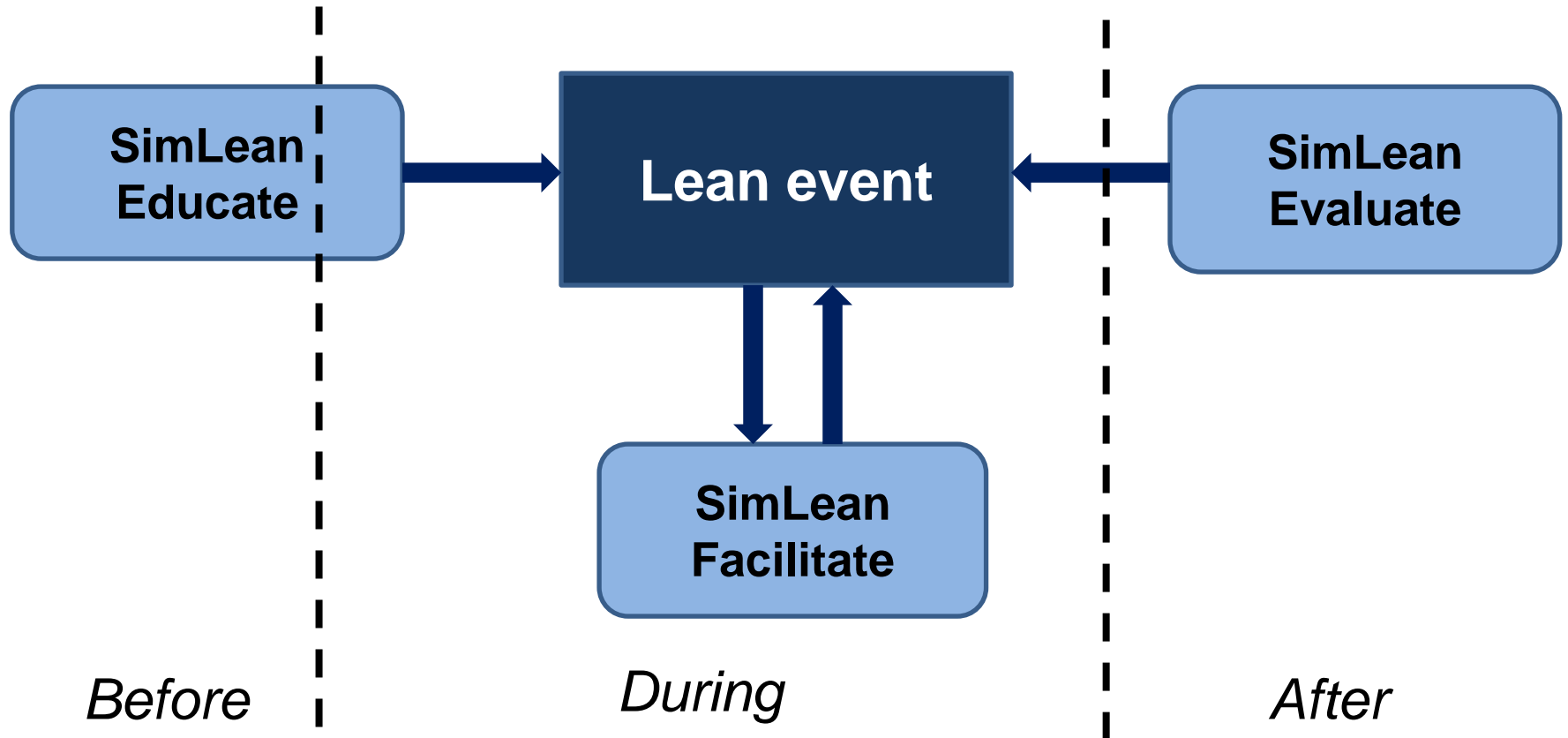
den Hengst et al (2007): cargo flows at a Dutch
airport

Tako et al (2010): PartiSim

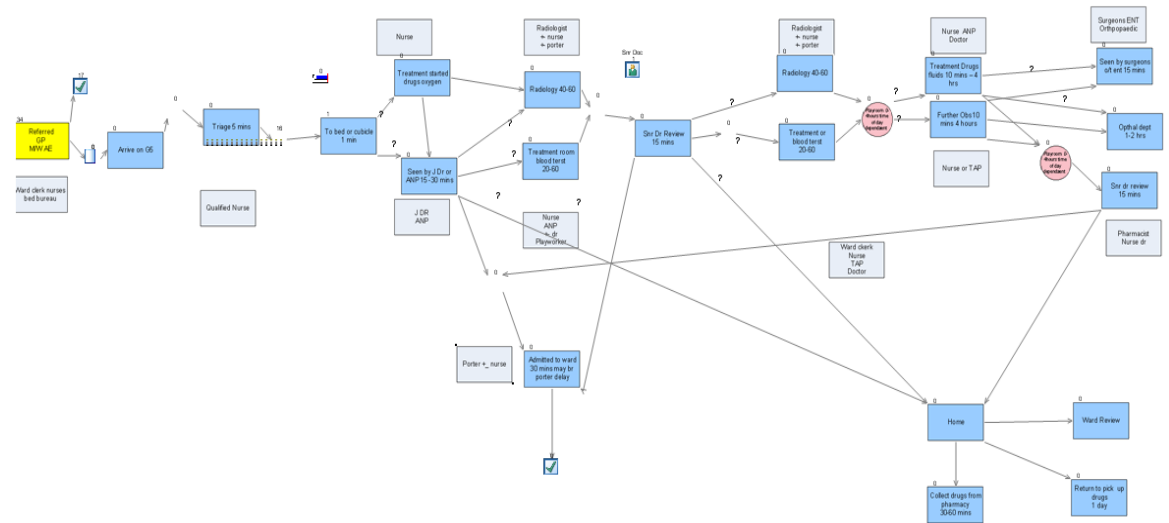
Barjis (2011): collaborative, participative and
interactive modelling

SimLean

healthcare



SimLean Facilitate



SimLean Facilitate - Ophthalmology Clinic



Lengthy waits
Doctors arrive late for
clinics
Nurses and admin.
Staff overworked
Low morale

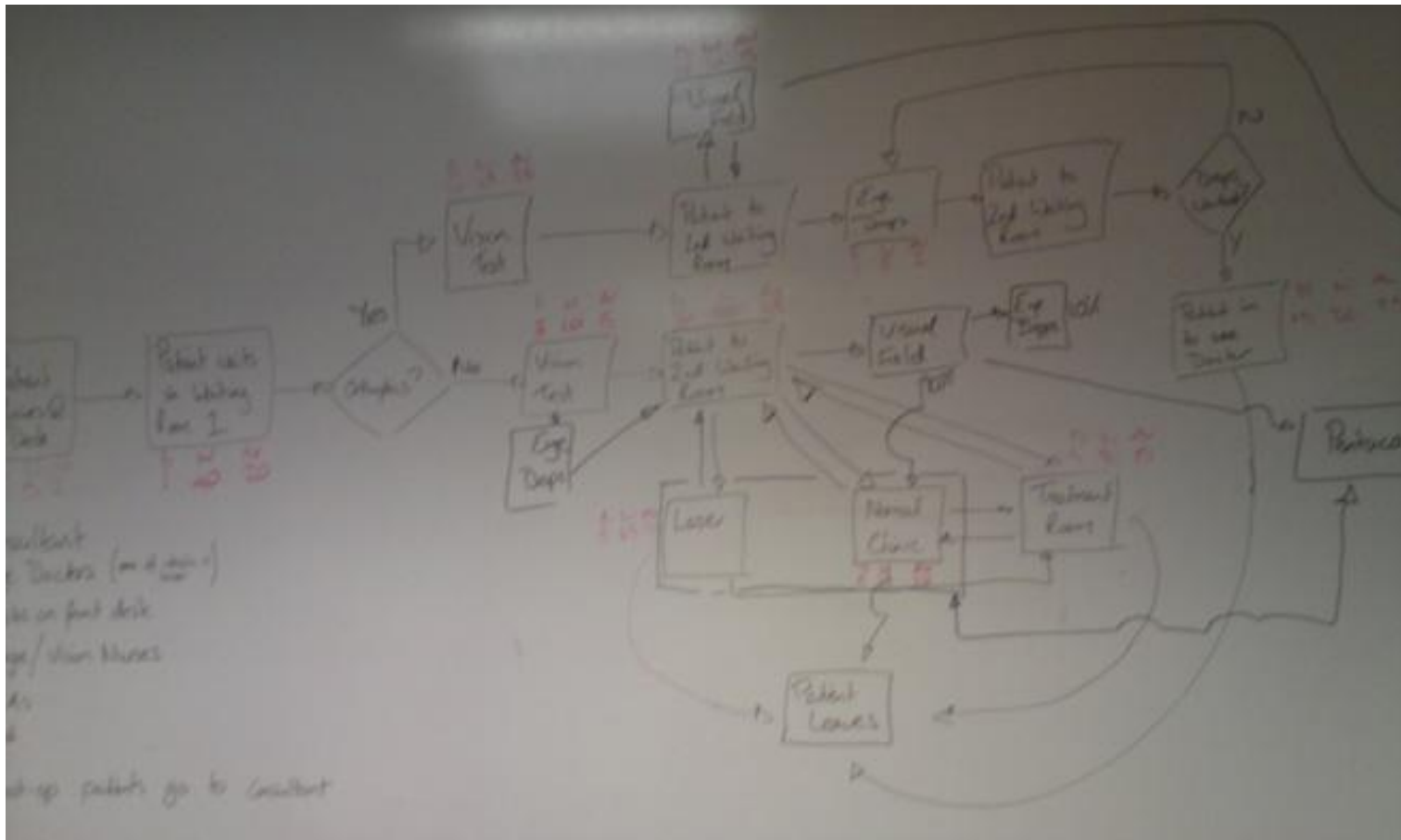
Lean Improvement Workshop

Step 1 – Go to the Gemba: go see/experience the place where the work is done

Time	Activity	Duration
10.40	Arrive at reception, no wait	
10.40 - 11.07	Wait in waiting room 1 (waiting room full)	27
11.07	Called for visual test, asked to read letters	0.5
11.08	Walk round to waiting room 2	0.5
11.09 - 12.07*	Wait in second waiting room (waiting room full)	58
12.07 - 12.20	Visual fields test	13
12.20 - 12.45	Wait (in waiting room 2)	25
12.45	Patient called, but she reports she has already had the scan	0.5
12.46 - 13.05	Patient returns to waiting room 2 and waits	19
13.05 - 13.10	Patient with Doctor	5
13.10	Patient goes to reception and there is now a queue...	
Total time in system		148.5
Total time waiting		129
Total time in activity		19.5

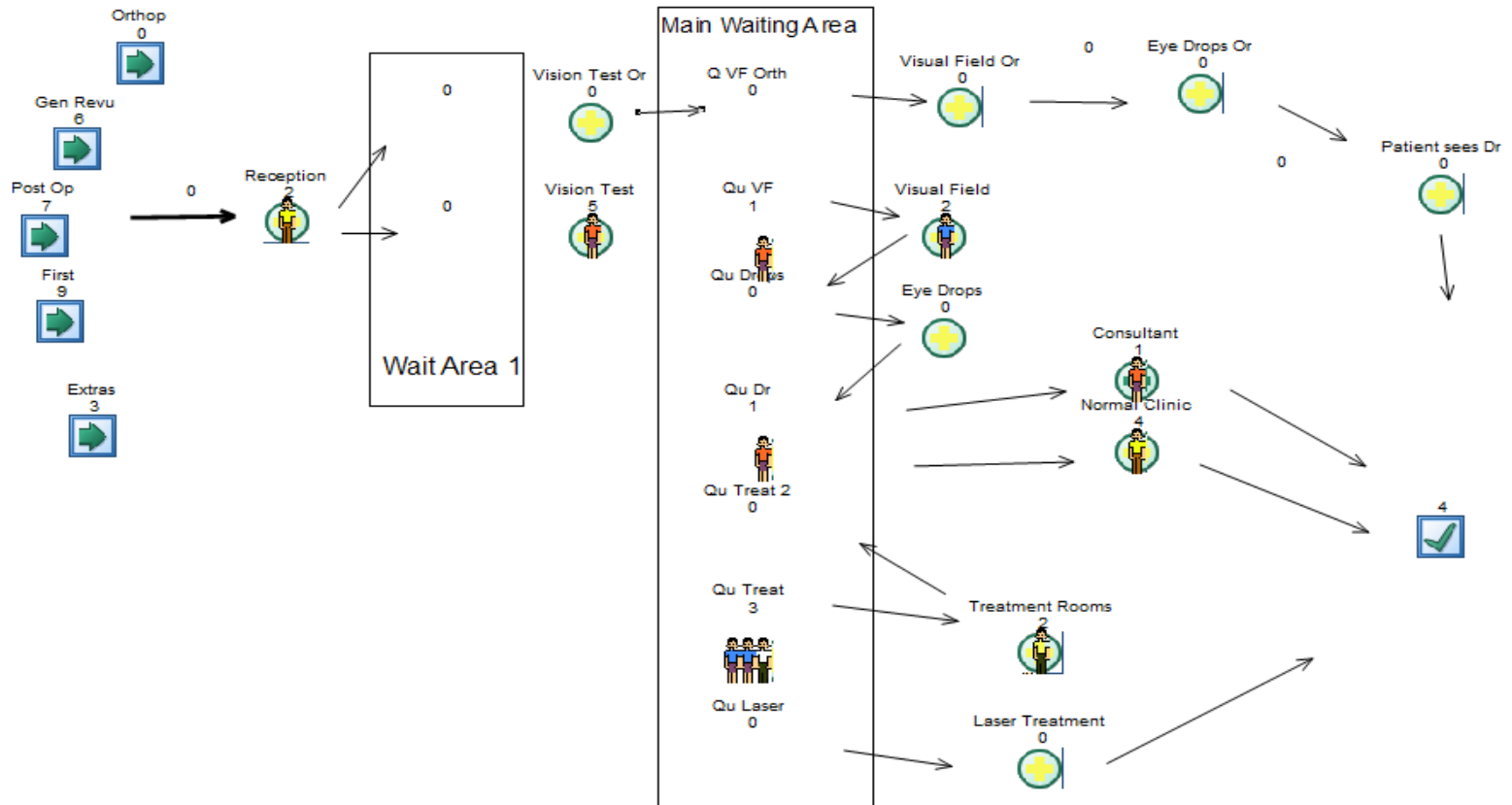
Lean Improvement Workshop

Step 2 – Map the Process



Lean Improvement Workshop

Step 3 – Build the Model Rapidly



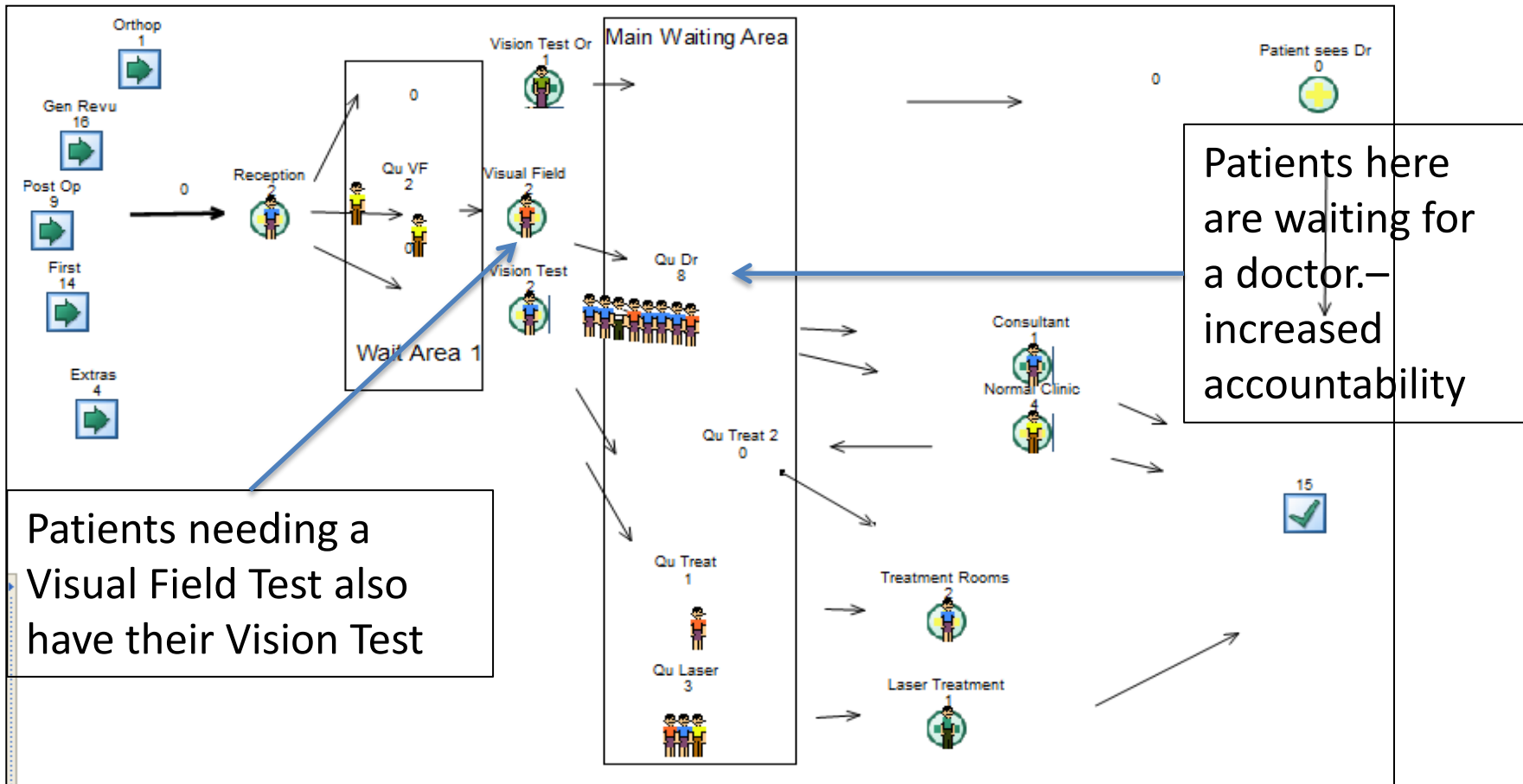
Lean Improvement Workshop

Step 4 – Demonstrate and Discuss the Model (Day 2)

1. Model Understanding: what is the model doing?
2. Face Validation: does this look like what happens in the ophthalmology clinic?
3. Problem Scoping: what is causing the problems in the ophthalmology clinic?
4. Improvement: what could we do about it?

Lean Improvement Workshop

Step 5 – Conduct Rapid Experiments to Test ‘What if’.



Lean Improvement Workshop

The Outcome

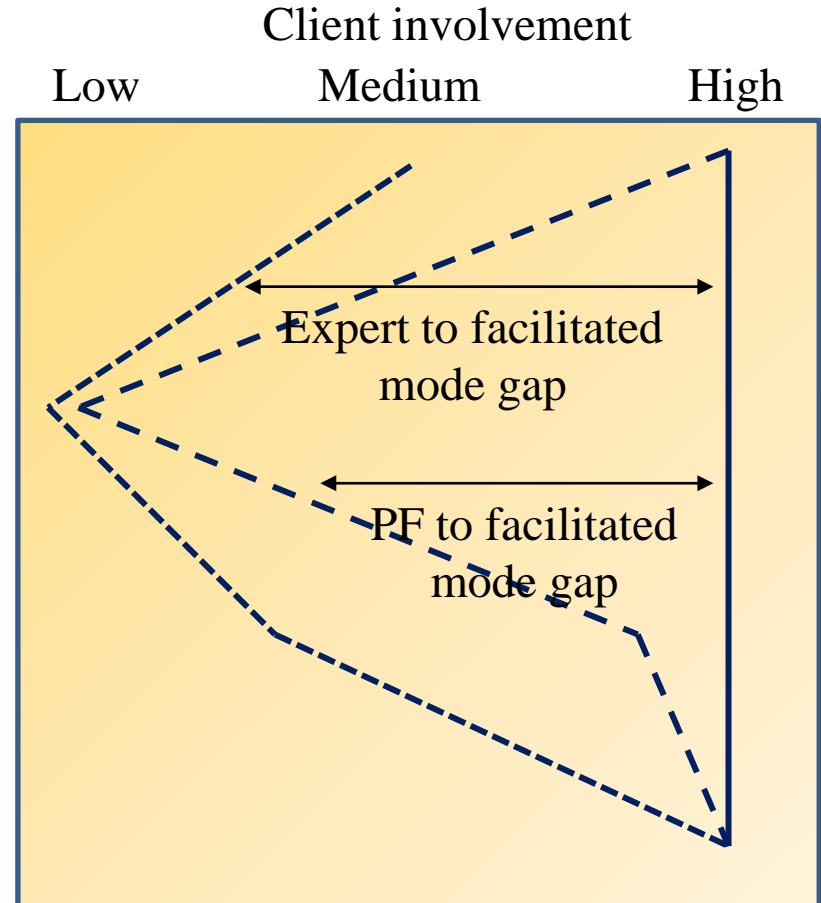
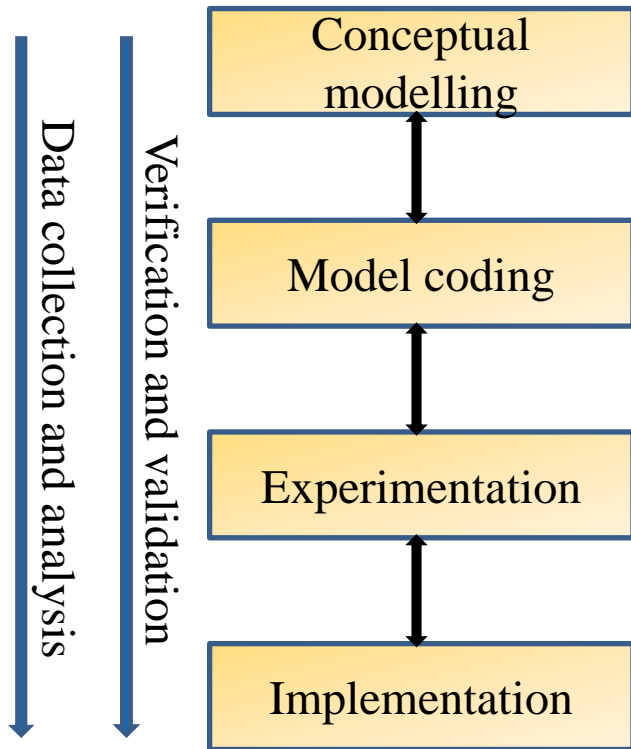
Actual physical measurements were taken of the treatment rooms to ensure that the vision test equipment could fit into the visual field test rooms

'It is good to see it [the process] pictorially... doctors don't see the effect on patients.'

'we talked a lot more about the model than about the map on day 1.'

'The simulation was the turning point in the discussion.'

Is This Facilitated Modelling?



- Expert mode
- - - Pseudo-facilitated (PF) mode
- Facilitated mode

Requirements for Rapid Modelling

Model Element	Detail	Complexity
Entities	Arrivals	Time based profile or appointment based Early/late/do not attend Batched arrivals
	Attributes	Patient type First/repeat patient Priority
Queues	Capacity	
	Queue discipline/priority Minimum time in queue	FIFO, LIFO, By attribute Specify distribution
Activities	Number of	
	Time Routing	Specify distribution or by patient type Percentage or by attribute
Distributions	Types	Fixed
		Negative exponential
		Triangle

Closing the Gap

The answer is not technological e.g. model reuse

Change of modelling worldview to:

- Problem is socially constructed
- Subjectivity is inevitable
- Satisficing solutions wanted
- Implementation follows from participation in the study

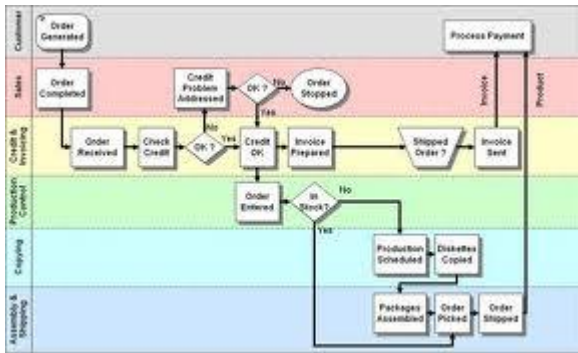
Avoid detailed complexity

Develop simple, low fidelity models with the client

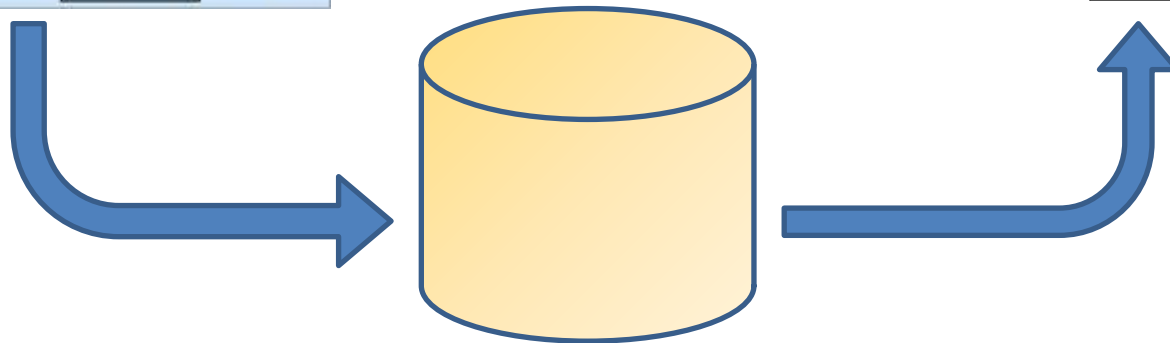
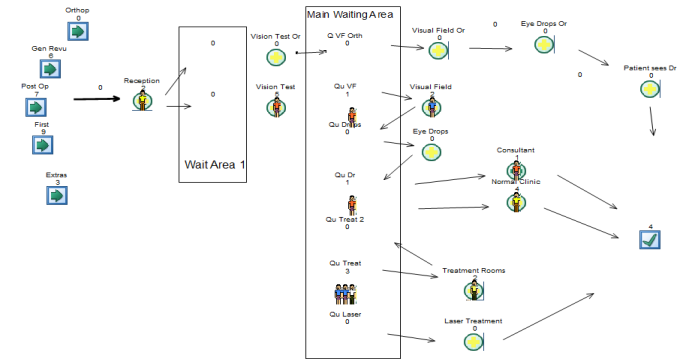
Closing the Gap

Where technology might help

Computer supported
group process mapping



Automatic generation of
simulation



Computer supported
group data estimating

SimLean
healthcare

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