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# Strategic Implementation of Artificial Intelligence in Emergency Department Roster Planning: Benefits, Challenges, and Future Directions

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#### **ABSTRACT**

Integrating artificial intelligence (Al) in emergency department (ED) rostering represents a significant advancement in healthcare workforce management. This study examines the transformative impact of Al-driven systems on ED staffing operations and their potential to optimise resource allocation. Al-enabled skill-based rostering systems show significant promise in aligning staff competencies with patient needs while considering various operational constraints and staff preferences. While the advantages are substantial, implementing Al in ED rostering necessitates careful consideration of ethical implications, including algorithmic fairness, transparency in decision-making, and data privacy protection. This study concludes that successful Al integration in ED rostering requires balancing operational efficiency with ethical considerations, ultimately leading to improved patient care outcomes and organisational effectiveness.

**Key Words:** Artificial intelligence, Emergency department, Staff rostering, Healthcare management, Resource optimisation, Planning.

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Artificial intelligence (Al) systems are designed and built by humans, drawing upon our understanding of intelligence, cognition, and problem-solving. The effectiveness of an Al system often reflects the knowledge, creativity, and insights of its developers. <sup>1,2</sup>

Integrating AI and machine learning algorithms into emergency medicine (EM) has garnered significant attention in recent years. This growing interest reflects the field's recognition of AI's potential to transform patient care delivery and operational efficiency. <sup>1-9</sup> Emergency Department (ED) clinical services are labour-intensive, and the need for accurate capacity planning is directly linked to developing a well-devised staff roster to ensure service quality and patient safety. ED rostering is a crucial component of hospital administration, ensuring that sufficient staff members are available to handle an influx of patients effectively while maintaining a high standard of care. Hospital schedules are subjected to frequent adjustments due to unexpected changes such as sick leave, staff turnover, or fluctuations in patient volumes.

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## Benefits of Integrating AI in ED Rostering:

1. Forecasting future demand:

Al can optimise ED rostering operations through several applications. <sup>6-8</sup> Al systems can predict future demand patterns in EDs through robust analysis of historical data. 1,2,10,11 Al-driven forecasting tools can provide valuable insights into personnel requirements by considering patient arrivals, seasonal variations, and external influences such as weather and local events. 12 These insights gleaned from Al-driven forecasting can inform the development of meticulously crafted staff rosters tailored to align seamlessly with anticipated demand patterns. By strategically allocating personnel resources, hospitals can ensure robust coverage during peak hours and days, effectively managing patient influxes and maintaining service quality. This proactive approach not only enhances operational efficiency but also promotes patient safety and satisfaction by minimising waiting times and optimising resource utilisation. Al can also help increase the efficiency of resource allocation in the ED, including equipment, beds, and pharmaceuticals. This is achieved by analysing projected demand patterns and operational limitations. Empowered by advanced computational capabilities, 13 deep learning methodologies have emerged as prominent techniques for processing intricate medical datasets. 14,15 These include sophisticated analysis of medical imaging and comprehensive electronic health record interpretation. 14-16 Historically, artificial intelligence applications have found particularly widespread adoption in specialised medical domains such as intensive care units and cardiovascular medicine. 17

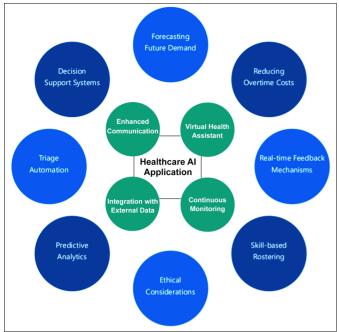


Figure 1: Alin ED roster planning in a nutshell.

# 2. Reducing overtime costs:

Advanced optimisation techniques, such as genetic algorithms with simulated annealing,  $^{^{15,16}}\,\mathrm{play}\,\mathrm{a}\,\mathrm{pivotal}\,\mathrm{role}\,\mathrm{in}\,\mathrm{reducing}\,\mathrm{over}$ time costs while preserving staff efficiency within healthcare settings. By incorporating provider preferences, legal constraints. overtime schedules, and historical data, Al-driven systems can establish structured frameworks that strike a delicate balance between cost containment and employee productivity. 16 Furthermore, Al algorithms continually monitor real-time data to dynamically adjust staffing levels in response to fluctuations in demand, ensuring that resources are allocated with maximum efficiency. These sophisticated optimisation procedures, including genetic algorithms and simulated annealing, are instrumental in identifying the most optimal rostering solutions tailored to specific objectives, whether it be minimising overtime expenses, enhancing staff efficiency, or diminishing patient waiting times. Through the strategic deployment of Al-driven optimisation techniques, healthcare facilities can achieve sustainable cost savings while maintaining high standards of care delivery.

## 3. Real-time feedback mechanisms:

Implementing real-time feedback systems within Al-driven rostering platforms enables management to gain valuable insights into scheduling priorities, workload issues, and areas for potential improvement. This iterative feedback loop fosters a collaborative environment, mitigating the risk of staff burnout and promoting employee well-being. Additionally, Al systems have the capability to analyse past scheduling data and consider staff preferences to enhance future rostering decisions. By evaluating historical schedules and incorporating employee feedback, these Al-driven systems can progressively refine and optimise their recommendations to better align with the needs and preferences of both workers and management.

### 4. Skill-based rostering:

Al algorithms have the capacity to assess the individual skill sets of each staff member and tailor the roster accordingly to accommodate specific expertise and patient requirements. This competency-driven approach ensures that healthcare professionals are deployed according to their strengths, thereby enhancing patient care quality and optimising resource allocation. Moreover, Al-driven scheduling systems take into consideration various constraints, including staff preferences, skill levels, contractual obligations, and legal regulations such as maximum allowable working hours. By factoring in these limitations, these systems can generate schedules that effectively distribute tasks and promote staff satisfaction. This includes evenly distributing weekend shifts and night shifts across physicians, thereby maintaining balance and equity, and reducing burnout.13 Given the unpredictable nature of ED operations. characterised by sudden spikes in patient arrivals and unforeseen staff absences, the adaptability of Al-driven scheduling systems is particularly valuable in ensuring operational efficiency and continuity of care. Finally, Al-driven rostering systems may seamlessly connect with other hospital administration systems, such as electronic health records (EHR) and patient flow monitoring systems, to provide smooth coordination and data interchange across various departments and functions

#### 5. Ethical considerations in AI implementation:

Ensuring ethical standards is paramount for Al acceptance in EDs. This involves promoting transparency in decision-making, fairness in resource allocation, and addressing the potential biases in algorithms. A significant advantage of AI systems lies in their ability to eliminate human prejudices while continuously evolving and improving their decision-making capabilities. Unlike human-driven scheduling, which may be influenced by personal preferences or unconscious biases, Al systems make decisions purely based on data-driven parameters and predefined optimisation criteria. These systems can learn from their outcomes and refine their algorithms over time, leading to increasingly sophisticated and equitable rostering solutions. Continuous monitoring and auditing are essential to prevent unintended consequences and maintain ethical integrity.<sup>18</sup> However, safeguarding data privacy, fostering transparency, and upholding ethical principles are imperative during AI development and implementation.

# Strategies to Enhance ED Operation with AI:

### 1. Predictive analytics for patient flow management:

Al can analyse historical data to predict patient inflow, allowing for better staffing and resource allocation. By forecasting peak times and patient volumes, EDs can optimise their operations, reducing waiting times and improving service delivery. For example, machine learning algorithms can identify patterns in patient arrivals based on time of day, weather conditions, and local events. 10

### 2. Triage automation:

Al-powered triage systems can assist healthcare professionals by quickly assessing patient conditions based on symptoms reported through chatbots or mobile applications.<sup>17,19</sup> These systems can prioritise cases more efficiently than traditional methods, ensuring that critical patients receive immediate attention while less urgent cases are managed appropriately.

### 3. Decision support systems:

Al can support clinical decision-making by providing real-time data analysis and recommendations based on a patient's medical history and current symptoms. For instance, Al algorithms can analyse lab results and imaging studies to suggest potential diagnoses or treatment options, thereby enhancing the accuracy of clinical decisions.<sup>3,5</sup>

#### 4. Enhanced communication tools:

Al-driven communication platforms can streamline interactions between healthcare providers, patients, and administrative staff. Natural language processing (NLP) technologies enable efficient documentation of patient interactions and facilitate better information sharing across departments.<sup>4,6</sup>

#### 5. Virtual health assistants:

Implementing Al-powered virtual assistants can improve patient engagement by providing information about waiting times, appointment scheduling, and pre-visit instructions. These tools can also answer common questions, freeing up staff to focus on more complex tasks.<sup>1,2</sup>

### 6. Continuous monitoring and alerts:

Al systems can monitor patients' vital signs in real-time using wearable devices or bedside monitors. By analysing this data continuously, Al can alert healthcare providers to any significant changes in a patient's condition that may require immediate intervention. 4.5

# 7. Integration with external data sources:

Incorporate the AI rostering system with external data sources such as public health databases, social media trends, and travel data to enhance anticipation and preparation for external factors influencing ED demand, such as disease outbreaks, mass gatherings, or traffic incidents.

Successful Al implementation in EDs requires balancing immediate operational advantages with long-term ethical implications (Figure 1). Al integration in ED rostering demonstrates significant benefits through precise demand forecasting, optimised resource allocation, and dynamic staffing adjustments. Advanced optimisation algorithms, including genetic algorithms and simulated annealing, facilitate cost reduction while maintaining service quality. Real-time feedback systems enhance scheduling efficiency and reduce staff burnout while promoting a collaborative work environment.

The implementation of skill-based rostering, coupled with comprehensive constraint consideration, ensures optimal staff deployment and satisfaction. This approach accounts for individual expertise, legal requirements, and staff preferences, resulting in balanced schedules that enhance both operational efficiency and healthcare delivery. Critical attention to ethical frameworks, data privacy, and continuous monitoring remains essential for sustainable Al integration in healthcare operations, ultimately leading to improved patient care outcomes and organisational effectiveness.

#### **Definitions of Terms:**

Genetic Algorithm: A problem-solving method inspired by natural evolution, where potential solutions (schedules) evolve over multiple generations through processes mimicking natural selection. The algorithm starts with a population of possible schedules, selects the best-performing ones based on defined criteria (such as staff coverage and cost), combines their features (crossover), and occasionally introduces random changes (mutations) to explore new possibilities. This iterative process continues until an optimal or near-optimal schedule is found.

Simulated Annealing: Named after the metallurgical annealing process, this optimisation technique gradually refines solutions by initially allowing major changes to the schedule (such as high-temperature states in metal annealing) and then progressively reducing the magnitude of changes (cooling down). This approach helps avoid getting stuck in local optima and increases the likelihood of finding the best possible schedule by systematically exploring different combinations, while becoming more selective overtime.

### **COMPETING INTEREST:**

The authors declared no conflict of interest.

# **AUTHORS' CONTRIBUTION:**

BQQ: Drafting, revising, and finalising the commentary.

SW: Idea and initial drafting of commentary.

RJ: Revision and finalising of the final draft.

All authors approved the final version of the manuscript to be published.

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