

Capacity and Queuing-II

Recitation
Feb 17-18, 2011

Agenda

- AmEx Takeaway
- Build-up Diagrams
- Process Flow Analysis
- Any remaining Queuing Questions

Did not attend

AMEX Travel Lecture Wrap-Up

1. Queueing psychology - potentially cheap alternative to capacity expansion

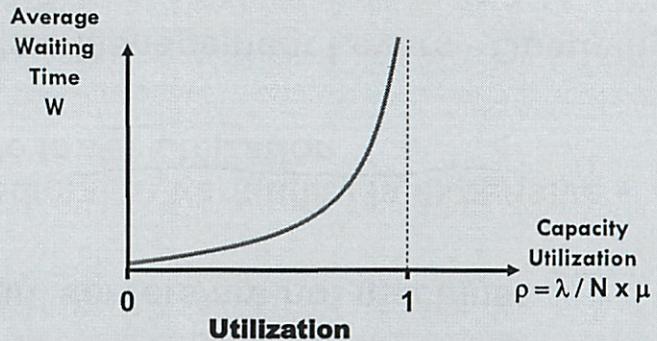
'Human' servers are not machines
2. Unpredictable Variability is expensive - require lower utilization
3. Prioritize Management Levers - Queueing Analysis!
4. Pool servers whenever you can!

AmEx Indiana BTC Wait Time vs. Staffing (utilization)

lambda per 30 min	N	10	11	12	13	14	15	16	17	18	19
20		0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25		0.03	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30		0.08	0.04	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00
35		0.16	0.08	0.04	0.02	0.01	0.01	0.00	0.00	0.00	0.00
50		1.53	0.64	0.31	0.16	0.09	0.05	0.03	0.02	0.01	0.01
55		4.35	1.34	0.59	0.29	0.16	0.09	0.05	0.03	0.02	0.01
60		1.00E+06	3.45	1.18	0.54	0.28	0.15	0.09	0.05	0.03	0.02
65		1.00E+06	28.27	2.82	1.06	0.50	0.26	0.15	0.09	0.05	0.03
70		1.00E+06	1.00E+06	13.36	2.36	0.95	0.47	0.25	0.14	0.08	0.05
75		1.00E+06	1.00E+06	1.00E+06	8.45	2.01	0.86	0.43	0.24	0.14	0.08
80		1.00E+06	1.00E+06	1.00E+06	1.00E+06	6.03	1.73	0.78	0.40	0.23	0.13
85		1.00E+06	1.00E+06	1.00E+06	1.00E+06	1.00E+06	4.60	1.51	0.71	0.38	0.22

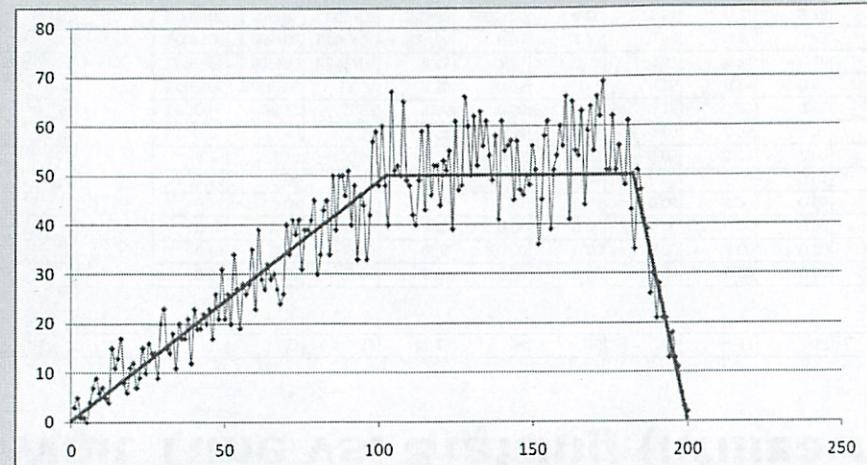
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Main Queuing Insight

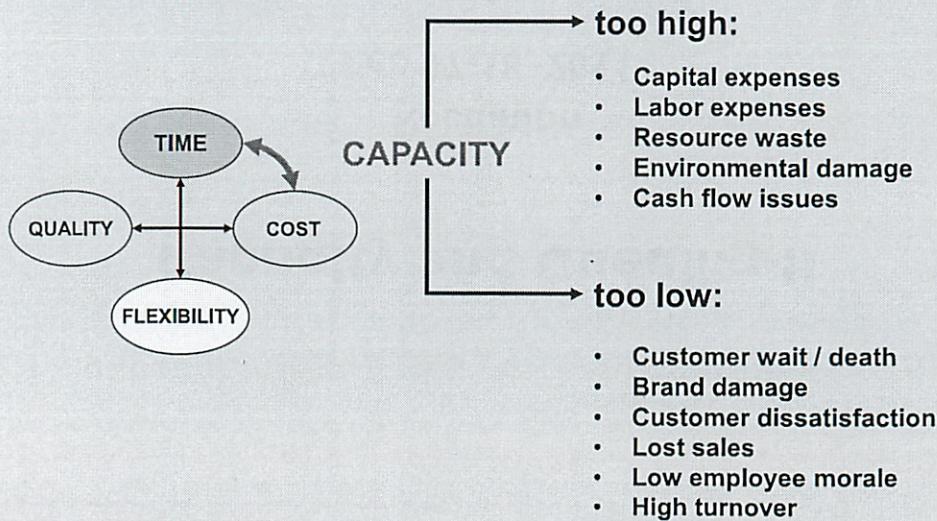


- The relationship between waiting time and capacity utilization is strongly non-linear!

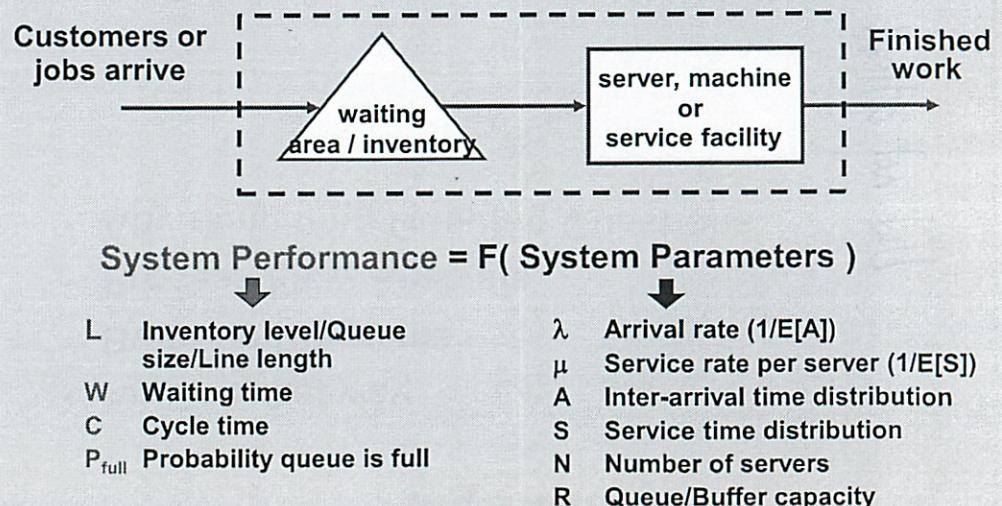
Predictable vs. Unpredictable Variability



Capacity Tradeoff



Congestion Analysis



Congestion Analysis Tools

Build-Up Diagrams

- Predictable Variability
- $\lambda(t) - \mu(t) > 0$ o.k.
- Short Run Analysis
- Variable rates o.k.
- assumes workflow is continuous and deterministic

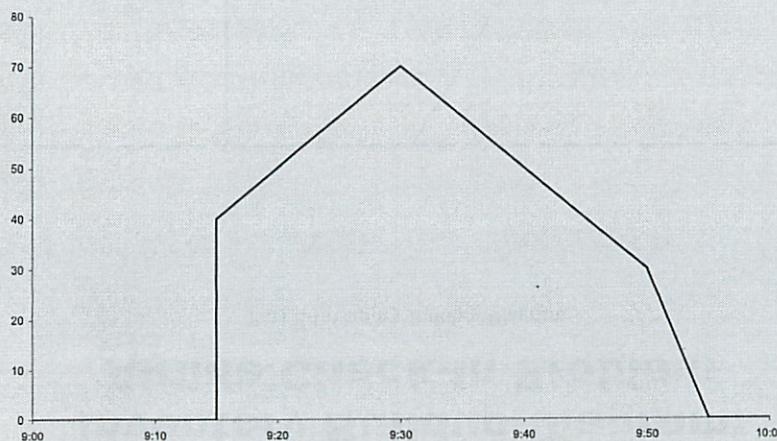
Queuing Theory

- Unpredictable Variability
 - $\lambda/\mu < 1$ only
 - Long Run Analysis
 - Fixed rates only
- stochastic analysis with inter-arrival and service time distributions

Today's Focus

Inventory Buildup Diagram: Airline Check-In Problem

Part A Inventory Buildup Diagram



Inventory Buildup Diagram: Airline Check-In Problem

The check-in counter of an airline can service 6 people/ minute.

Assume that 1 person arrived per minute between 9:00 and 9:15. At 9:15, a bus with 40 people all arrived at once. Then, from 9:15 until 9:30, 8 people arrived per minute. From 9:30 until 9:50, 4 people arrived per minute. No one arrived after 9:50 AM.

Please draw the queue buildup diagram for this scenario.

Inventory Buildup Diagram: Airline Check-In Problem

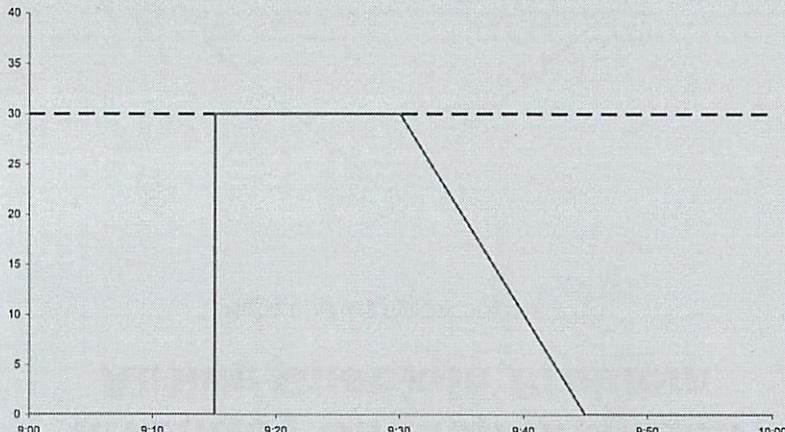
Part B:

The airline now caps the number of people who can wait in line at 30 (by offering a special check in process to all people beyond a certain point in line).

Draw the inventory buildup diagram for this scenario.

Inventory Buildup Diagram: Airline Check-In Problem

Part B Inventory Buildup Diagram



The E51 elevator

The lobby of E51 has an elevator that arrives every four minutes beginning at 9 a.m. The elevator can hold 10 people.

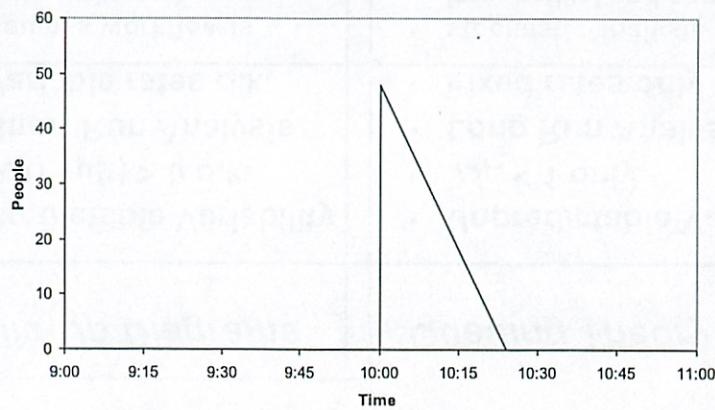
Throughout the day, again beginning at 9 a.m., a person arrives in the lobby every minute to ride the elevator.

At 10 a.m., a class of 60 students lets out into the lobby. 80% of them wish to take the elevator. However, every two minutes one of them gives up and takes the stairs.

Please draw the inventory buildup diagram for people in the lobby from 9 a.m. to 11 a.m.

The E51 Elevator

Buildup Diagram for E51 Lobby



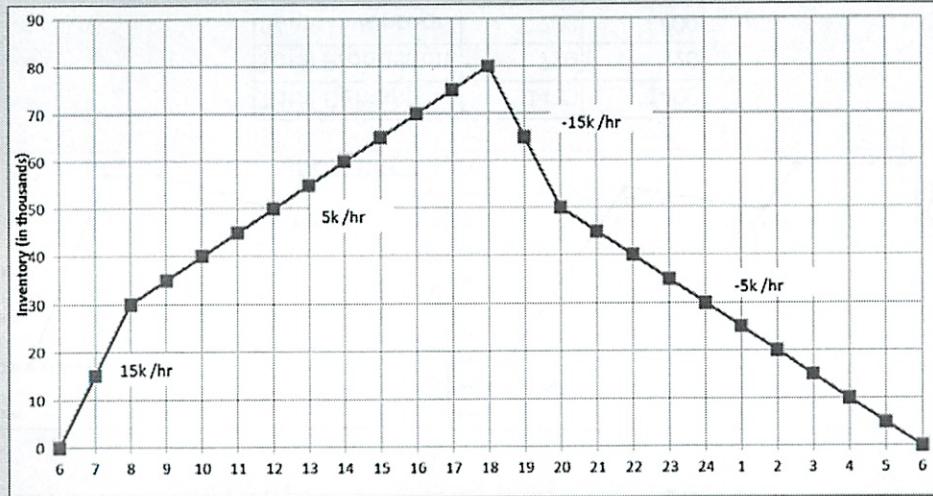
Overnight Package Service

The *Overnight Package Service (OPS)* provides express small package delivery overnight. Airplanes arrive 24/hrs a day at its national hub, where their contents are unloaded onto small 4-wheeler trucks, each capable of holding 1,000 packages. The trucks transport the packages to the sorting center. After being sorted, another fleet of trucks transports the packages to the outgoing planes.

- During the day (6am-6pm), airplanes arrive at a high rate providing an approximately continuous arrival flow of packages with an average rate of 25,000 parcels/hour.
- During the night (6pm-6am), however, air landings are slower, resulting in an average arrival rate of 5,000 parcels/hour.
- OPS runs two 12-hour shifts for its sorting center: the day shift starts at 8am has the largest amount of employees and can process up to 20,000 parcels/hour. The night shift is smaller and can process up to 10,000 parcels/hour from 8pm-8am.

Draw the inventory build-up diagram for this scenario.

Overnight Package Service

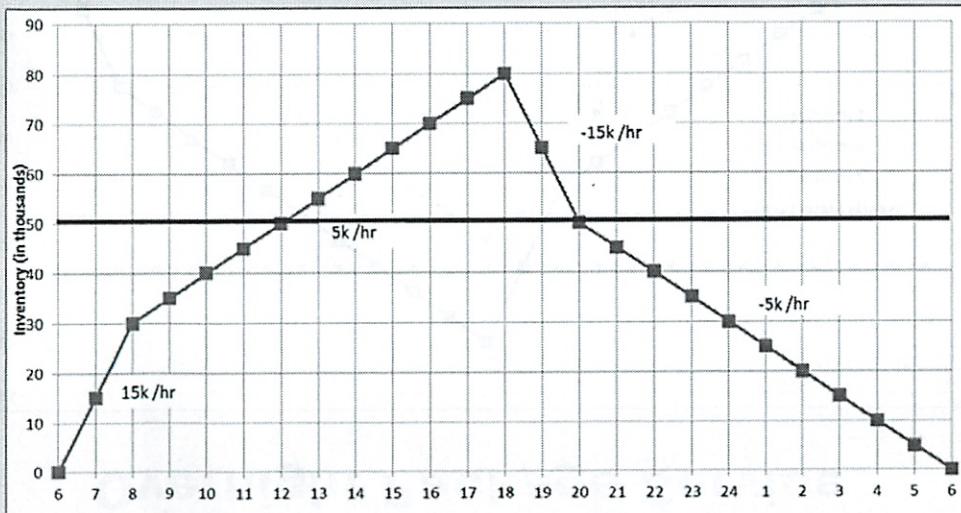


Overnight Package Service

The total storage area of the unloading zone at the sorting center is designed to store up to 50,000 parcels. Trucks had to wait when the unloading zone is full.

What are the effects?

Overnight Package Service



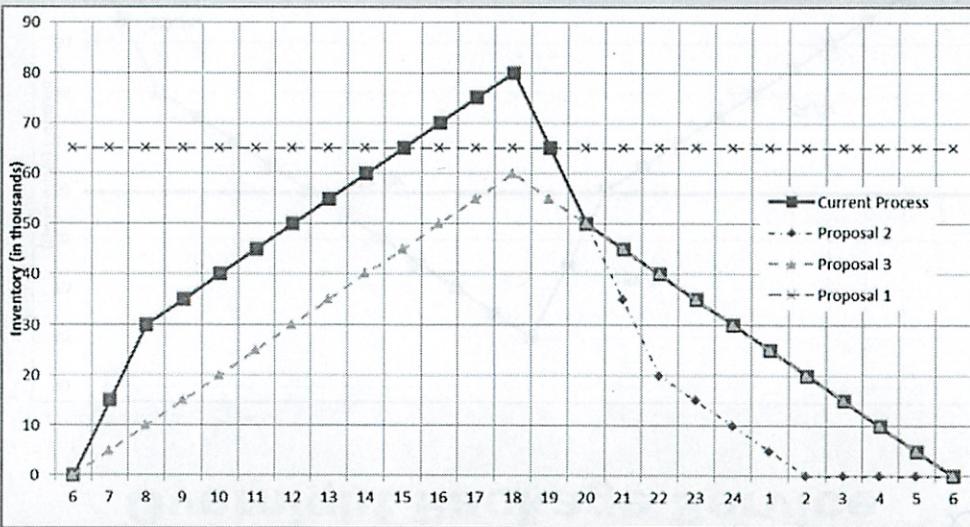
Overnight Package Service

Three solutions proposed.

1. Increase the unloading storage area to store an additional 15K
2. Run three shifts: 2 day shifts (8am-4pm and 4pm-10pm) processing 20K parcels/hour and 1 new night shift (10pm-8am) processing 10K parcels/hour
3. Move the first shift to 6am-6pm and second shift to 6pm-6am

Discuss the effects of these solutions using the inventory build-up diagram

Overnight Package Service



McDonald's Example

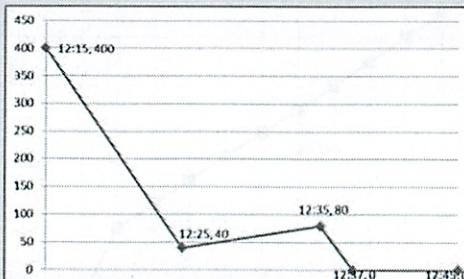
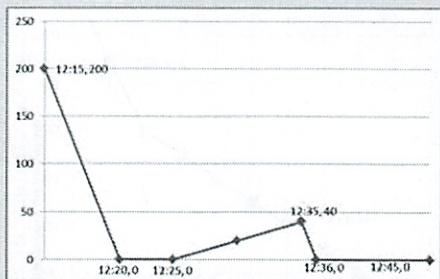
Demand for burger patties in McDonald on a holiday weekend during lunch hour:

- 12:15-12:25: 60 patties per minute
- 12:25-12:35: 20 patties per minute
- 12:35-12:45: 60 patties per minute

Maximum patty production is 24 patties per minute and assume that the production occurs continuously rather than in batches. Also assume that burgers must be thrown out if they are not sold within 10 minutes.

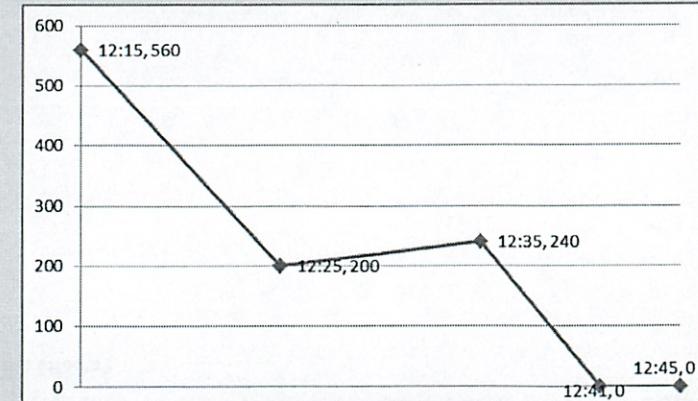
Draw the inventory build-up diagram when the starting inventory at 12:15 is (a) 200 and (b)400

McDonald's Example



Total Demand	1400	1400
Total Production	720	720
Begin inventory	200	400
Unmet Demand	480	280
%	34.3%	20.0%

How Best can you get?

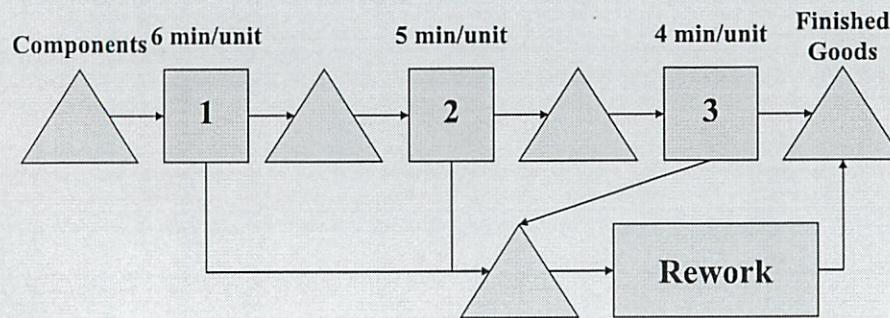


Total Demand	1400
Total Production	720
Begin inventory	560
Unmet Demand	120
%	8.6%

Or start at a high inventory level at 12:15 and vary production rate in the first 10 minutes

Process Flow Analysis: Ceramics Line

Consider the following three stage production process of glass ceramics, which is operated as a worker-paced line.



Process Flow Analysis: Ceramics Line

The process is experiencing severe quality problems related to insufficiently trained workers. Specifically, 20 percent of the parts going through Operation 1 are badly processed by the operator.

Rather than scrapping the unit, it is moved to a highly skilled rework operator, who can correct the mistake and finish up the unit completely within 10 minutes.

The same problem occurs at Operation 2, where 25 percent of the parts are badly processed. Operations 3 also has a 1/6 ratio of badly processed parts. All badly processed parts require 10 minutes to correct and finish up the unit completely.

- A. What is the utilization of Operation 2 if work is released into the process at a rate of 5 units/hour?
- B. Where in the process is the bottleneck? Why?
- C. What is the process capacity?

Process Flow Analysis: Ceramics Line

General Analysis:

$$\text{Operation 1: } \lambda_1 = 5 \text{ unit/hr}, \mu_1 = 10 \text{ unit/hr}, \rho_1 = \lambda_1/\mu_1 = 5/10 = 1/2$$

$$\text{Operation 2: } \lambda_2 = 0.8 * \lambda_1 = 0.8 * 5 \text{ unit/hr} = 4 \text{ unit/hr}, \mu_2 = 12 \text{ unit/hr}, \\ \rho_2 = \lambda_2/\mu_2 = 4/12 = 1/3$$

$$\text{Operation 3: } \lambda_3 = 0.75 * \lambda_2 = 0.75 * 4 \text{ unit/hr} = 3 \text{ unit/hr}, \mu_3 = 15 \text{ unit/hr}, \\ \rho_3 = \lambda_3/\mu_3 = 3/15 = 1/5$$

$$\text{Rework: } \lambda_R = 0.2 * \lambda_1 + 0.25 * \lambda_2 + 1/6 * \lambda_3 = 0.2 * 5 \text{ unit/hr} + 0.25 * 4 \text{ unit/hr} \\ + 1/6 * 3 \text{ unit/hr} = 2.5 \text{ rework unit/hr}, \mu_R = 6 \text{ rework units/hr} \\ \rho_R = \lambda_R/\mu_R = 2.5/6 = 5/12$$

- A. $\rho = \lambda / \mu = 1/3$
- B. Compare ρ 's, Operation 1 is the Bottleneck!
- C. 10 Unit/hour

Previous chap may have been too technical
(Really??)

Objective: to create economic value

ROIC = return on investment capital

WACC = weighted avg cost of capital

$$\text{Economic value created} = \text{Invested Capital} \cdot (\text{ROIC} - \text{WACC})$$

key question: how to improve ROIC

Furniture co. Case study

5.2 ROIC case study

- need to break it down into its components

$$\text{ROIC} = \frac{\text{Return}}{\text{Invested Capital}}$$

$$= \frac{\text{Return}}{\text{Revenue}} \cdot \frac{\text{Revenue}}{\text{Invested Capital}}$$

$$= \text{Margin} \cdot \text{Capital Turn}$$

? from Chap 2

②

$$\text{Return} = \frac{\text{Revenue} - \text{Fixed Costs}}{\text{Flow rate} \cdot \text{price}} - \frac{\text{Production Volume} \cdot \text{Variable Costs}}{\text{Flow Rate}}$$

$$\begin{aligned}\frac{\text{Return}}{\text{Revenue}} &= \frac{\text{Revenue}}{\text{Revenue}} - \frac{\text{Fixed Costs}}{\text{Revenue}} - \frac{\text{Flow Rate} \cdot \text{Variable Costs}}{\text{Revenue}} \\ &= 1 - \frac{\text{Fixed Costs}}{\text{Flow Rate} \cdot \text{price}} - \frac{\text{Flow Rate} \cdot \text{Variable Costs}}{\text{Flow Rate} \cdot \text{price}} \\ &= 1 - \frac{\text{Fixed Costs}}{\text{Flow Rate} \cdot \text{price}} - \frac{\text{Variable Costs}}{\text{Price}}\end{aligned}$$

$$\frac{\text{Revenue}}{\text{Invested Capital}} = \frac{\text{Flow Rate} \cdot \text{Price}}{\text{Invested Capital}}$$

$$\text{ROIC} = \left[1 - \frac{\text{Fixed Costs}}{\text{Flow Rate} \cdot \text{Price}} - \frac{\text{Variable Costs}}{\text{Price}} \right] \cdot \frac{\text{Flow Rate} \times \text{Price}}{\text{Invested Capital}}$$

- Going to lock down price (exogenous)
- Variable costs often locked down
 - suppliers
 - labor contracts

So put this all in a tree

$$\begin{aligned}\text{Process Capacity} &\quad \left[\begin{array}{c} \text{Available Hrs} \\ \div \\ \text{Hrs per table} \end{array} \right] \quad \left[\begin{array}{c} \text{Hrs / year/worker} \\ \times \\ \text{Workers} \end{array} \right] \\ &\quad \left[\begin{array}{c} \text{Prod time} \\ + \\ \text{extra time} \end{array} \right] \quad \left[\begin{array}{c} \text{Wait time} \\ + \\ \text{Setup time} \end{array} \right]\end{aligned}$$

(3) etc tree like for fixed costs

pre-tax

Using financial depreciation not tax

So this tree extends down to real values

Same for capital

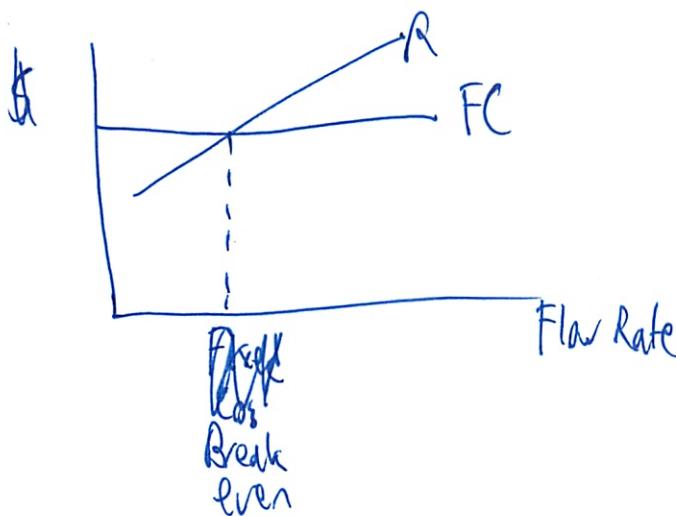
5.3 Valuing Operational Improvements

put a price tag on each lever

how much will each improvement be?

not always intuitive

may effect multiple things in tree



4

5.4 Analyzing Operations based on Financial Data

(can use data on public companies)

$$\text{Productivity} = \frac{\text{Revenue}}{\text{Cost}}$$

$$\text{Labor Productivity} = \frac{\text{Revenue}}{\text{Labor Cost}}$$

$$\text{Productivity} = \frac{\cancel{\text{Employee Revenue}}}{\cancel{\text{Employee Cost}}} \cdot \frac{\text{Flow Rate}}{\text{Flow Rate}} \cdot \frac{\text{Resource}}{\text{Resource Cost}}$$

$$\begin{aligned} \text{Labor Productivity} &= \frac{\text{Revenue}}{\text{RPM}} \cdot \underbrace{\frac{\text{QPM}}{\text{ASM}} \cdot \frac{\text{Asym Employees}}{\text{Employees}}}_{\text{Yield}} \cdot \frac{\text{Employees}}{\text{Labor Cost}} \\ &= \text{Yield} \cdot \frac{\overset{\uparrow}{\text{pricing power}}}{\text{Efficiency}} \cdot \frac{\overset{\uparrow}{\text{utilization}}}{\text{Cost}} \cdot \frac{\overset{\uparrow}{\text{resource cost}}}{\text{Cost}} \end{aligned}$$

(use # to tell a story)

(use nice charts)

More data if inside company

MSD 6i Batching + Setup

So far had simple cycle time w/ smooth + constant flow

- does not work like that in real world

Esp if batch jobs using general purpose equipment

Some switching/ set up time

6.1 Impact of Setups on Capacity

Must also count setup time

* "flow must go on"

best: reduce or eliminate setup times

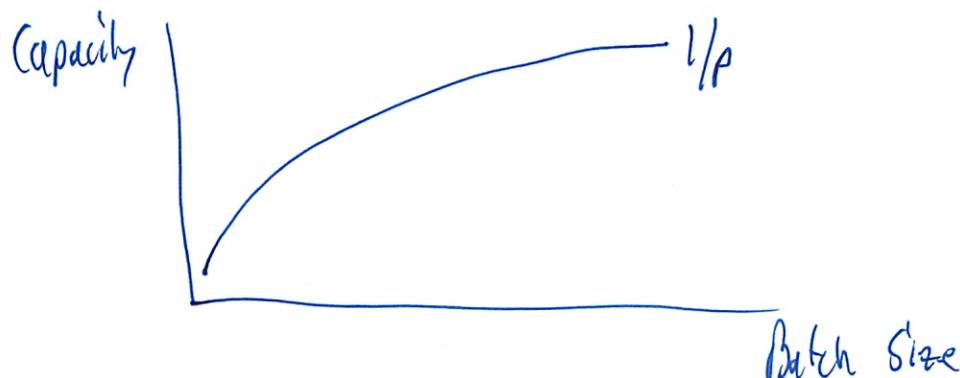
It's a total waste

Need to pick right batch size

$$\text{Capacity} = \frac{\text{Batch size}}{\text{Setup time} + \frac{\text{batch size}}{\text{time per unit}}}$$

Given batch size

Spread unproductive setup time over larger batches



② 6.2 Batching + Inventory

- large batch sizes require large inventory

- which means long flow times

^{then} mismatch of supply + demand

- Toyota goals at small batches

- smaller inventory

- since lots of waiting

- capacity at bottleneck is very valuable

- capacity elsewhere is free

- so \downarrow batch size

Fixing batch times may shift bottleneck

Want smallest batch size that does not affect capacity

$$\frac{\beta}{120 + \beta \cdot 2} = \frac{1}{3}$$

↑
Solve
for batch
size

? bottleneck capacity
of other steps

$$\beta = \frac{\text{Flow rate} \cdot \text{Setup time}}{1 - \text{Flow rate} \cdot \text{time per unit}}$$

(3)

6.4 EOQ Model

If process capacity constrained - setup times have lost sale opp costs

Some times actual costs

- shipping costs

- time is money

Shows appreciation of scale

Can either slowly build up inventory (internal) or all at once (delivery)

- purchase costs, delivery fees, holding costs

- assuming no quantity discount

Look at inventory cost - capital, space, obsolescence

Get weekly costs

$$\text{Avg inventory} = \frac{\text{order quantity}}{2}$$

$$\text{Inventory cost/time} = \frac{1}{2} \text{order quantity} \cdot h$$

$$\begin{aligned}\text{Setup costs/time} &= \frac{\text{Setup cost}}{\text{length of order cycle}} \\ &= \frac{k}{Q/R}\end{aligned}$$

$$= \frac{k \cdot R}{Q}$$

$$\text{C}(Q) = \frac{\text{Setup cost}}{R} + \frac{1}{2} \cdot h \cdot Q$$

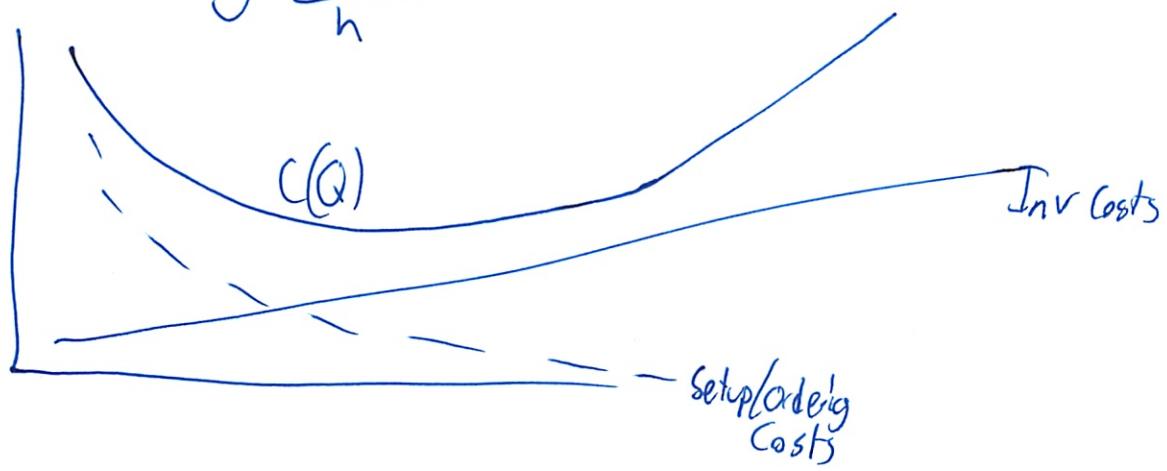
④

as $Q \uparrow$ amortize delivery costs further
but \uparrow inventory costs

find the minimum Q^* (EOQ)

$$Q^* = \sqrt{\frac{2 \cdot \text{Setup cost} \cdot \text{Flow rate}}{\text{Holding costs}}}$$

$$= \sqrt{\frac{2 \cdot k \cdot R}{h}}$$



6.5

Cost per unit of time $(C(Q))^*$

$$(C(Q)^*) = \frac{k \cdot R}{Q^*} + \frac{1}{2} \cdot h \cdot Q^*$$

$$= \sqrt{2 \cdot k \cdot R \cdot h}$$

Cost per unit

$$\frac{(C(Q)^*)}{R} = \sqrt{\frac{2 \cdot k \cdot h}{R}}$$

becomes more efficient as demand \uparrow

⑤

Curve very flat around min

- so model is forgiving
- can add complexities
 - quantity discounts
 - shipping cost based on order size

Internal Production

Setup time ≠ setup cost

Machine cost is sunk

Charging on cost does not consider capacity

- if it is the ~~bottleneck~~ bottleneck

6.6 Transfer Batches

- from one process to another
- like forklift
- try to transfer in as small sets as possible
(book does not say why)

6.7 Spotline Setup Time reduction

- always good
- SMED - take 10 min tops

⑥

Also external - can be done while machine still operating
internal - must stop machine

Worthwhile at the bottleneck

6.8 Buffer or Suffer

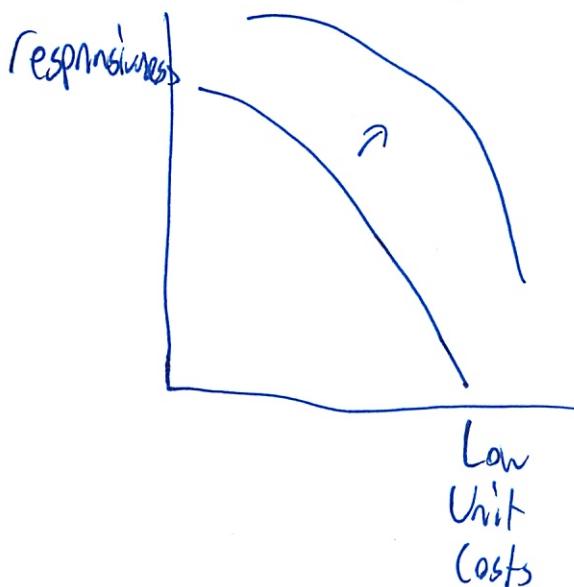
If you don't have a buffer when one step stops, all the other ones do too

And if bottleneck is before that step have opportunity to catch up if a step is stopped

So buffers to smooth out production

6.9 Conclusion

- ↑ Batch sizes
 - ↓ Costs
 - ↓ Flexibility



Can move frontier out by ↓ set up times

Case: MGH-Pre-Admission Testing Area (PATA)

Case Analysis – Team Assignment

Note to Students:

Hand in one paper copy of the write-up for each student group at the beginning of the class on **23 Feb** (24 Feb for Sections B & C). Your paper should provide answers to the specific case questions listed below. The answers must be less than 4 pages in length (excluding appendices) with font size of 12. Every graph or table/spreadsheet showing the results of computations must be accompanied by both a clear description of what all numbers shown represent qualitatively, and an exhaustive explanation of how they are computed, including relevant mathematical formulas or algorithms.

Our general policy for this class is that when preparing cases and assignments you should not receive any related input from anyone who has already participated in a faculty-led discussion of the same material, be it at Sloan or another school. When preparing any graded assignment you may not consult or use material not already included in the course packet or posted on the course webpage, unless this has been explicitly authorized by the instructor.

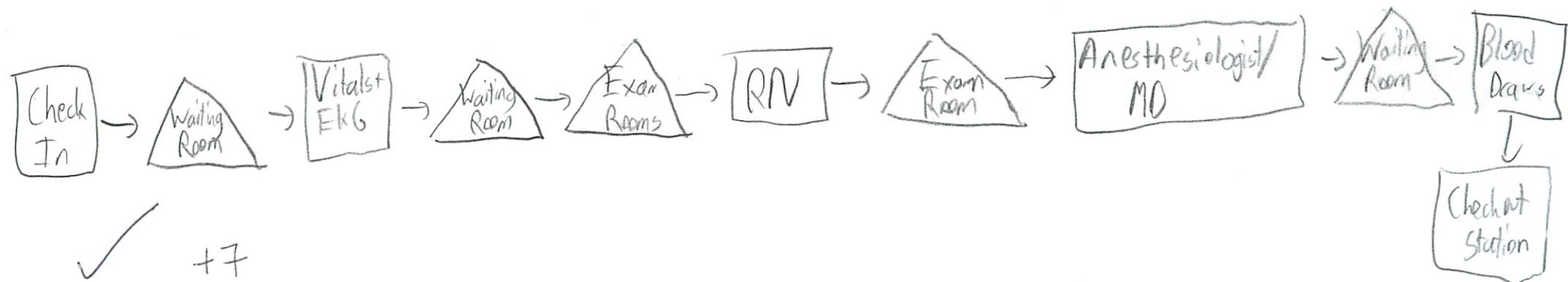
PATA Case Questions:

1. Construct a process flow diagram of the PATA visit from a patient's perspective. Calculate the capacity and utilization rate at each step in the process.
2. Use capacity analysis tools (build-up diagrams or/and queuing) to decide if and where there is a bottleneck in the clinic. If a bottleneck does indeed exist, how long do patients wait as a result of the bottleneck? (As an approximation, assume that all appointment slots were filled and patients arrived on time)
3. Evaluate the three Task Force diagnoses - not enough time between appointments, not enough rooms, not enough physicians. Are these diagnoses valid? If so, are they primary contributors to long patient wait times? Why or why not?
4. What factors contribute to variability in PATA process flow and what control, if any, does the clinic have to eliminate it?
5. What changes would you recommend to improve PATA?

Michael Plasmeyer
Michael Neckow

PATA

2/2



- 4 - exclusion of process steps not seen by patient.
Moderne

In future, please include λ , μ and ρ as part of the process flow diagram

Michael Michael
I think you
understand the
material well but need
to work on presenting
your thoughts better.
Please see me before/
after class/ during office
hours
Kanaka

② λ = input units/time

μ = Service rate units/time

lb. $\rho = \frac{\lambda}{\mu \cdot N}$ = capacity utilization = ratio

L = avg # waiting

C_A = Var inter-arrival

C_S = var service time

N = # of servers

Data dump

55 people scheduled/day
low variation

Checkin 2 min
Stochastic

26 chairs in wait room

5 lab techs/day - cross trained
EKG + vitals 10 min, avg
St dev 3.5 min

5 RNs/day

Review 5 min avg

20 min max

$\sigma_{RN \text{ 3 steps}}$ = 21 min

27 min in room

11 min extra doc

8 MDs/day

10 min review

visit 37 min avg

15-70 min range

17 min post

$\sigma_{MD \text{ 3 steps}}$ = 29 min

(2b)

Blood work 6 min avg
 st dev = 2
 inter-arrival var = .4

Capacities (per hour)

Check In

$$\lambda = 8 \frac{\text{people}}{\text{hr}}$$

$$M = 30 \frac{\text{people}}{\text{hr}}$$

Must include checkout in utilization

Wait room size not addressed here

Vitals + EKG

$$\lambda = 8 \frac{\text{people}}{\text{hr}}$$

$$M = \frac{60}{10} = 6 \frac{\text{people}}{\text{hr}}$$

$N = 1-5$ cross trained w/ blood draw

so capacity later \rightarrow can make an assumption for N

(B)

RN in room

27 min / patient

(need to add
out of room time! Time spent
doing other things could
affect t)

N = 12 exam rooms - shared w/ MDs

$$\lambda = \frac{8 \text{ people}}{\text{hr}}$$

(OK I see you do
this later)

Ultimately
not very
useful

$$M = \frac{60}{27} = 2.22 \frac{\text{people}}{\text{hr}}$$

MD in room

8 MDs

37 min

$$\lambda = \frac{8 \text{ people}}{\text{hr}}$$

$$M = \frac{60}{37} = 1.62 \frac{\text{people}}{\text{hr}}$$

Blood Draw

$$\lambda = \frac{8 \text{ people}}{\text{hr}}$$

$$M = \frac{60}{6} = 10 \frac{\text{people}}{\text{hr}}$$

Chest X-ray

$$\lambda = \frac{8 \text{ people}}{\text{hr}}$$

$$M = \frac{60}{1} = 60 \frac{\text{people}}{\text{hr}}$$

? 6 min/patient
 $\approx 10 \text{ people/hr}$

(4)

Joint Capacities

- Use averages

Check in/out

$$\lambda = 8 + 8 = 16$$

$$\mu = \frac{1+2}{2} = 1.5 \rightarrow \frac{60}{1.5} = 40 \text{ people/hr}$$

$$N=1$$

$$P = \frac{\lambda}{\mu N} = \frac{16}{1 \cdot 40} = .4$$

Lab Work

$$\lambda = 8 + 8 = 16$$

$$\mu = \frac{10+6}{2} = 8 \rightarrow \frac{60}{8} = 7.5 \text{ people/hr}$$

$$N=5$$

$$P = \frac{\lambda}{\mu N} = \frac{16}{5 \cdot 7.5} = .426$$

(5).

Rooms Just Productive time

$$\lambda = 8 + 8 = 16$$

$$M = \frac{27+37}{2} \rightarrow \frac{60}{32} = 1,875 \frac{\text{people}}{\text{hr}}$$

$$P = \frac{16}{12,1875} = .171$$

RNs whole time

$$\lambda = 8$$

$$M = \frac{60}{5+27+11} = 1,395 \frac{\text{people}}{\text{hr}}$$

$$P = \frac{8}{5 \cdot 1,395} = 1,14 \checkmark$$

MJs whole time

$$\lambda = 8$$

$$M = \frac{60}{10+37+17} = 1,937 \frac{\text{people}}{\text{hr}}$$

$$P = \frac{8}{8 \cdot 1,937} = 1,06 \checkmark$$

22/25

(6)

2. RNs are bottleneck ✓ + 5
MDs over subscribed ✓

Do we want to use queuing formula?

- random when actually arrive for RN

Patient waiting time each step

Like how much time waiting to check in if someone already at checking desk

So need to do Build-up diagrams yes ✓

Is it predictable variability

- appointment, yes

- inter service time no

So is queuing theory?

- but will $\uparrow \infty$ since over capacity

Let's just try in RN

$$L = \frac{1,14 \sqrt{2(5+1)}}{1-1,14} + \frac{1^2 + \left(\frac{21}{43}\right)^2}{2}$$

$$= \sim 6.9641$$

Not accurate, so don't use ✓

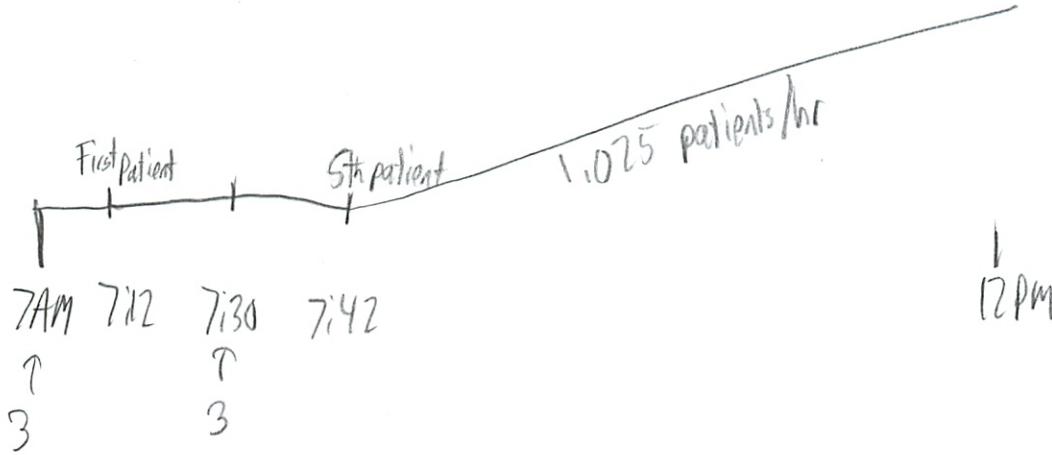
⑦

How many patients can RN serve per hr?

$$1,395 \div 5 = 6.975 \text{ patients}$$

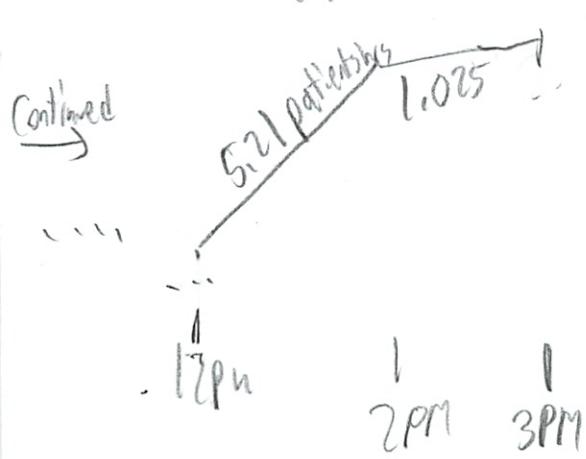
$$8 - 6.975 = 1.025 \text{ patients extra}$$

... Continue

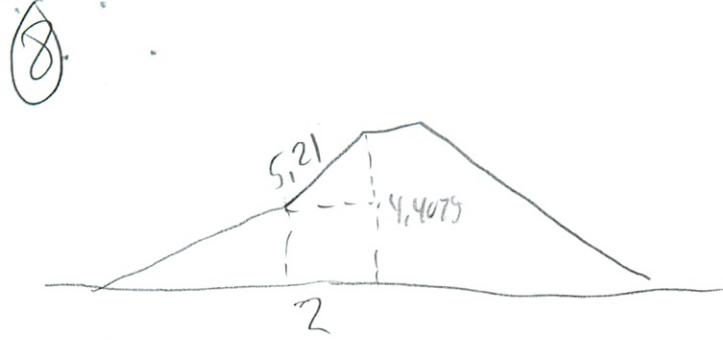


$$1,395 \div 2 = 2,79$$

$$8 - 2.79 = 5.21$$

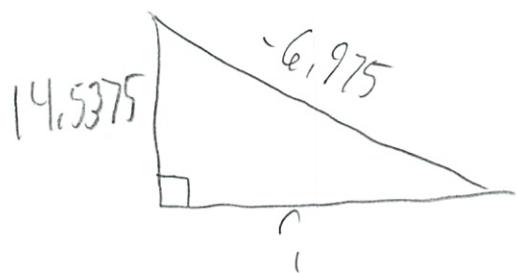


$$\text{Open-12PM} \quad \left\{ \begin{array}{l} 12PM \\ 7:42AM \\ \frac{7:42}{60} \end{array} \right. \quad 1.025 = \left\{ \begin{array}{l} 4.3 \\ 6 \end{array} \right. 1.025 \times = 4,4075$$



(2-2PM) $\frac{1}{2} \cdot 5,21 \cdot 2 + 4,4075 \cdot 2 = 14,025$

2-3PM $14,025 + \frac{1}{2} \cdot 1,025 = 14,5375$



3-Close ~~$\sqrt{(6,975)^2 - (14,5375)^2} =$~~

$$\frac{14,5375}{6,975} = 2,08423 \text{ hrs after close}$$

How long do patients wait?

- depends on time of day at arrival

$$U = \lambda \cdot W$$

$$14,5375 = 8 \cdot W$$

$$W = 1,75 \text{ hrs at } 3 \text{ PM}$$

Peak hr

+ 20 | 20

(9)

3. Nursing Director

- She does not mean last patients start at 6
- She means pay staff extra hr
- 45min window is a 50% ↓ in Volume
 - no wait times
 - even less patients - 50% patients

Medical Director

- add nurses - the bottle neck, correct ✓ +3
- add a MD too once that bottleneck ✓

OR MD

- good suggestions
- That's always the best thing
- Can you do it? is the problem

A. []
The ~~recommendations~~ recommendations you needed to evaluate.

- not enough rooms
- not enough time between apps

(WWD)

3 | 15

(10)

4. Essentially where are variations not 0

Patient arrival - fine patients showing up late
- may not work so well

Lab work - Not a significant source of variability

Charge nurse not checking stuff off
- automate that system (EMR, Lights)

Chart review - lots of variation

Politically bad to force lower chart times
Have all forms ready

Patient RN interview - shorten forms

make sure have right info
pre fill out form

MD - phone calls

disorganized charts - have forms ready

Consult w/ colleagues - not much can do

RN - long medical histories

many medications

translator

missing diagnostics - have forms ready

"talker" patients

) not much can do

✓ (15/15)

(11)

5. EMR for doctors

- tablet PC
- or assistant enters forms into PC

Light indicator - who is where, empty rooms, etc

Shorter forms

Pre fill form w/ pertinent info

Make sure have pre-recs before appointment

? Can you do fewer steps

More RNs + MDs

Gets vitals + EKG from referring physician, if available

Fix missing charts/ etc problem

PATA should charge separately for services so economic value is realized

At 20

clarity and presentation (15/20)

PATA Case Review
Feedback
from TA

Understanding Fine

More effort
presentation

3 recs laid out

- answered diff things
- did not directly answer qu

More numerical

Why is that the best think

Write stuff out more

- no b/w line

Put the data back again

Make sure ans qu asked

Announcements

1. PATA case report is due now
2. No recitations this week
3. Next week: Process improvement and innovation
4. Reminder: The Goal report is due April 7; start reading!

MGH Pre-Admission Testing Area

1. PATA – Stakeholders views
2. Capacity analysis
3. Evaluation of task force recommendations
4. What would you do to improve PATA?

Question from audience: What is the capacity?

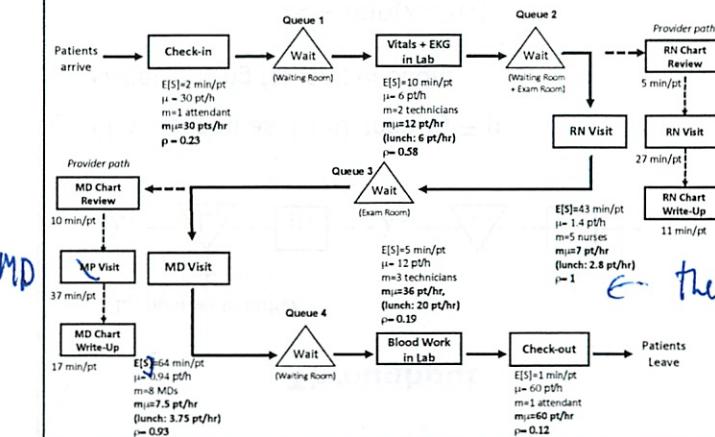
Stakeholder Issues with PATA

- Too many patients
- Too many providers
- Too many waiting rooms
- Too many waiting times
- Too many patients
- Too many providers
- Too many waiting rooms
- Too many waiting times

Question from audience: What is the capacity?

Question from audience: What is the capacity?

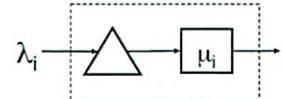
PATA Process Flow Diagram



This capacity is weighted for lunch

E - they got slightly diff # as I did

Step 2: Demand/Capacity Analysis

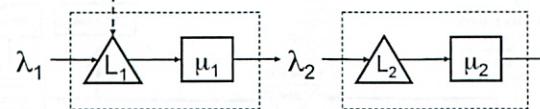


For each process step i , determine:

- λ_i : demand or input rate (in units of work per unit of time)
 - μ_i : realistic maximum service rate, assuming no idle time (in units of work per unit of time)
- ↓ ↓
- $\rho_i = \lambda_i / \mu_i$: capacity utilization $\lambda_i - \mu_i$: build-up rate

Throughput

L_1 : number in buffer



- For as long as $L_1 > 0$, then $\lambda_2 = \mu_1$
- After waiting for long enough:

$$\lambda_2 = \min(\lambda_1, \mu_1)$$

Congestion Analysis Queue 2

- $\lambda < \mu$
- $\lambda > \mu$ → $L_q > 0$ (queueing)
- $\lambda = \mu$ → $L_q = 0$ (no queueing)
- $\lambda < \mu$ → $L_q = 0$ (no queueing)
- $\lambda > \mu$ → $L_q > 0$ (queueing)

G/G/N Queuing Formula

Approximation with an infinite buffer size:

$$L = \frac{\rho}{1 - \rho} \times \frac{C_A^2 + C_S^2}{2}$$

- | | |
|--------|---|
| L | average number waiting |
| ρ | capacity utilization ($= \lambda / N\mu$) |
| C_A | coefficient of variation: inter-arrival times |
| C_S | coefficient of variation: service times |
| N | number of servers |

Congestion Analysis Queue 1,3,4

Vitals+EKG: wait 6.1 min, activity 10 min
RN: wait 40 + 5 min, activity 27 min
MD: wait 8.6 + 10 min, activity 37 min
Blood work: wait 0 min, activity 5 min

Total: wait 70 min, activity 79 min
(Total visit length 149 min= 2.5 h)

Recommendation 1: Spreading Patient Arrivals

$\lambda=4 \text{ pt}/0.5\text{hr}=8 \text{ pt/hr}$ 7-12 and 2-3
 $\lambda=2 \text{ pt}/0.5\text{hr}=4 \text{ pt/hr}$ 12-2 (lunch) 

$\lambda=4 \text{ pt}/0.75\text{hr}=6 \text{ pt/hr}$ 7-12 and 2-5
 $\lambda=2 \text{ pt}/0.75\text{hr}=3 \text{ pt/hr}$ 12-2 (lunch)

Pros:

Cons:

Recommendation 2: More Rooms

Additional rooms would reduce wait times.

Recommendation 3: More Physicians

More physicians would reduce wait times.
However, it would increase costs.

More staff required.

PATA Improvement Recommendations

Recommendations for PATA

1. Capacity problems require systemic and quantitative analysis: remember the extra room and extra physician requests
2. PFD → utilization analysis → congestion analysis → financial/impact analysis
3. Process analysis and reengineering opportunities in health care
4. Management of change is a major challenge

Additional questions? Please right

MGH PATA Wrap-Up

1. Capacity problems require systemic and quantitative analysis: remember the extra room and extra physician requests
2. PFD → utilization analysis → congestion analysis → financial/impact analysis
3. Process analysis and reengineering opportunities in health care
4. Management of change is a major challenge

Additional questions? Please right

2/24

(5,76)

PATA case due

MW 1 4.1/5 avg

In folders

The Goal reading due April 7

No recitation due today

PATA / MGH

- Video
- First anesthesiologist
- PATA

Stakeholders

- Patients

- multiple qu
- wait fine

- Nurses

- long hrs
- uncertain hrs
- duplicate info

- Charge Nurse

- lots of info
- more control of info

②

Hospital

- satisfaction
- so don't lose referrals
- cost center
- want more patients
- only 65%
- face of hospital

Surgery

- want stuff done in PATA
- or delays their time

MDs

- time

How to fix

1. Gather data

- to see where bottleneck is

~~Analyze~~

Look at other hospitals

Analyze

- i) Should have looked at 55 people/day
Not 8 hr

③

Plus he assigned more resources ~~to~~ (lab techs)
than to shorter process

And he did not pool resources

From a patient point of view

- So don't consider rooms
- So are we missing stuff
- Prof. consider later

Oh and less patients arrive during lunch

- Opps we missed

One student thinks this is the bottleneck
So our diagram

And hospitals can't add rooms easily.

- so don't look at it this way

Nurses are the bottleneck

(Is his p too low?)

- You cap at 1

↳ (so ~~me~~ I'm guessing show bigger than 1)
(But in queuing formula use 1 as max)

(4)

How define bottleneck

- the highest utilization

^ unless have info about utilization

Zoom into nurse process

(Why do the HW before being taught)

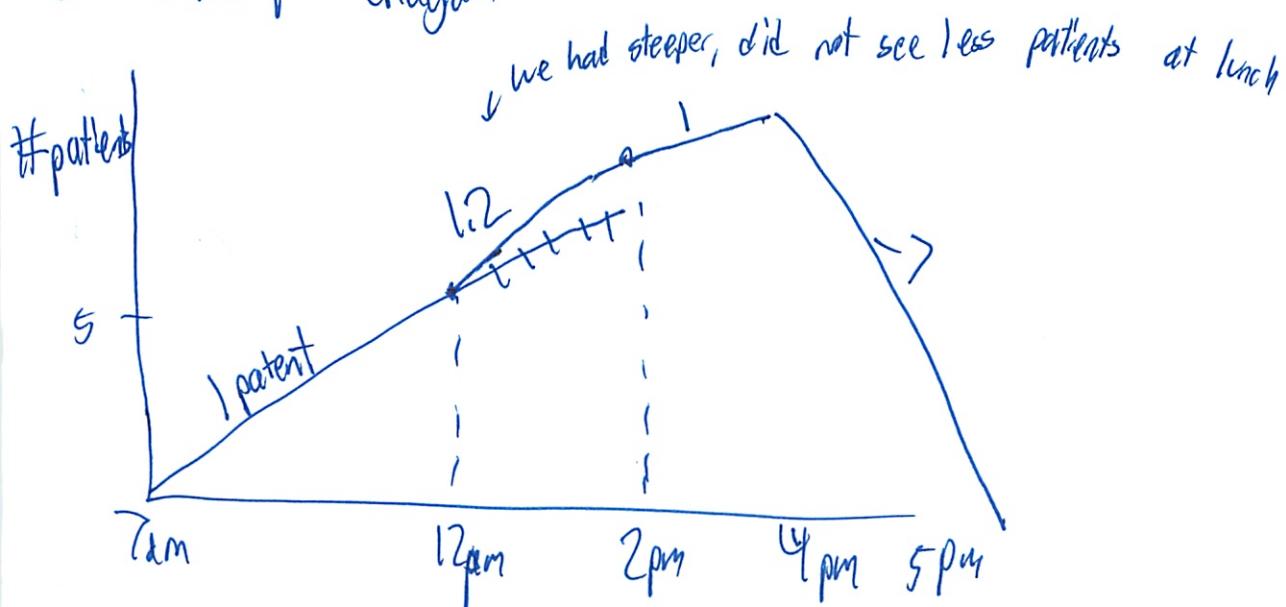
Buildup rate $\lambda - \mu$

- don't think we used

Throughput from one to other

- so input on other ~~page~~ later steps not 8
 - but I think he used

with 66N ρ must be < 1 and its not, so can't use
 So buildup diagram



? Can start at ~7:45 am - just shifts ans - same qualitative

(5)

Assumed $\lambda = 8$

- third process
- but no bottleneck before this
- (we messed this up too)
for bottlenecks after this

Now calc wait time

~~Area~~ of triangle = # of patients in queue
height

area = patients' cumulative wait time

avg wait time = $\frac{\text{area}}{\text{height}} = L = \text{avg } \# \text{ in queue}$

$W = \frac{L}{\lambda} = \text{avg wait time} = \frac{\text{cumulative wait time}}{\# \text{ patients}}$

(Nice way to think about)

$$\text{area} = \frac{5.5}{2} + \frac{5+7.4}{2} + \frac{7.4+8.4}{2} + \frac{8.4+1.2}{2} = 37.8$$

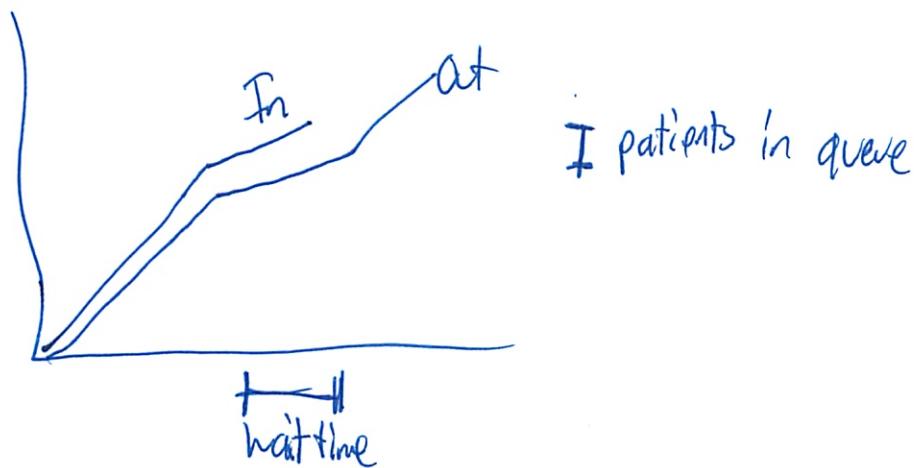
$$L = \frac{37.8}{9.2}$$

$$\lambda = \frac{6.8 + 4.2}{9.2}$$

$$W = \frac{L}{\lambda} = 40 \text{ min} \quad (\text{we did not do this})$$

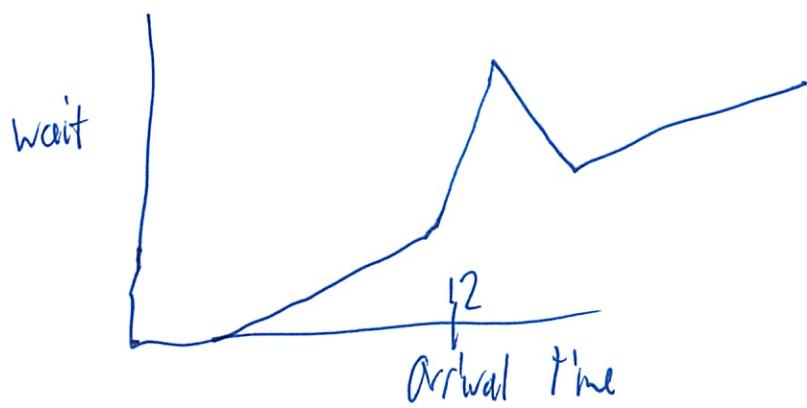
(e)

- Can plot cumulative
- do time step
- Plot inflow + outflow



(Learn, study, use this graph!)

So plot wait line as fn arrival time



Under or over estimating?

- Under since no variability
- Over since less than 8 people hr
and people may not show up

⑦

Now look at bigger process

Can use GCN formula to calc wait times b/w steps
 (we should have done this!)

Vitals	6.1	\leftarrow GCN	Process	60
RN	4.0	\leftarrow +5 Build-up	27	
MD	8.6	\leftarrow +10 pre chart	37	
Blood	8	\leftarrow GCN	5	
				<hr/>
	70	wait	74	

Total visit length $\frac{74}{\text{min}} = 2.5 \text{ hrs}$

(Nice chart - should have done better job realizing
 had to do this calculation)

What they suggest

45 min

$$4 \text{ pt} / .75 \text{ hrs} = 6 \text{ pt/hr}$$

$$2 \text{ pt} / .75 = 3 \text{ pt/hr} \quad \text{lunch}$$

Could drop aveve

But less hrs

⑧

Cut processing capacity in half:

$8 \rightarrow 6$ pt/hr

~~or~~ or $8 \rightarrow 4$

(I think I miscounted)

Correct

Staff works to 6 anyway

Would certainty to 6 be better than 6 variability

But can show costs in surgery

Not best solution

More Rooms

Before not had to have patient switch rooms

- Improved psychology

Or not enough rooms to providers

- really don't want providers to wait for rooms

(we did not look at current room scenarios)

- just idea - that patients only in room when matters

Not the change they made

(9)

Assume that RNs are not the bottleneck

Activity time for rooms $27 + 15 + 37 + 10 = 79$

M Processing rate $\frac{60}{79} = .76$

Capacity $12 \cdot .76 = 9.1$

Util $.76 - .87$ depends on which λ

- ~~depends on~~

- high

- but not bottleneck

Rec 3 More providers

MD

If n nurses, then, bottleneck at MDs
93% will have issue

- GCN queuing

(It seems so straightforward when have ans!)

Nurse

Of course add

Take a technician for a nurse

Charge Nurse - make her job easier

- IT, automation

⑩

Will help cut variability
But not eliminate

Provider variability chart

- Look at their avg, variability, min, max
(But lots of political danger in this)

Best practices, standardization

One student tried changing σ in GCN model
- did not make much of a difference

⑪ IT

Paperless

Monitoring

Incentives

Some charge nurses better

Recs

Paperless

Switch RN \rightarrow NP/M.D.

Team/coor division

Standardize

Continuous monitoring

(1)

Need to manage changes

Scanning system

Simulation results

- (How do you run these?)

- (Just write program to generate RVs I guess)
(Tweak parameters)

Sensitivity analysis on parameter/s

He just assumed paperless will take stuff out

- not add

- (Risky I think)

I liked this case - learned stuff

Just wish was not graded till after learned

Email was before after I did for CS
Did not look at peak arrivals

after I did

- was it because deterministic

Quite off in terms of # of servers

$$85 \text{ calls/} \frac{\text{hr}}{\text{half hr}} = 17 \text{ servers needed}$$

170 calls/hr & did not show up to 170 peak
- only up to 110

Limitation of linear staffing rule

- no variability b/c CS problem

But must assume some variability

Benefits of centralizing

- add calls

- call patterns different - smoothing demand

Clear that understand

Case Reading Reengineering Work

2/28

Very interesting how Ford blew all assumptions out of the water when reengineering its processes

Did not realize such shocking change was possible

Think about ~~bbt~~ buying a Sprint phone

- Complete + offer mess

Based on old tech + assumptions that no longer hold

Quality + innovation more important than control

More about ~~high~~ high quality people

- than adequate clerks

But Ford lost some stuff

- Pushing back AP

- But personnel savings made up for it!

Organize around outcomes, not tasks

Put decision point where work is performed

Basically trust your workers to do more than 1 task

Manager supports + facilitates not controls + supervises

Gives new responsibilities to people

Treat vendors more as partners

Might have to change HR policies like promotion

②

(It does not say anything about potential downsides)

Culture: doing work more important than supervising

(Military does not do this at all)

Hard to do b/c lots of cynics

Front line does not want to see change

Announcements

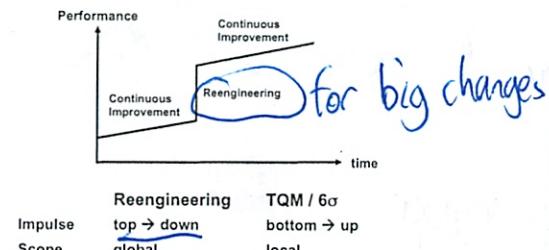
1. Recitation this week on the PATA case
2. Guest lecture Gavin DeNyse from HP on April 13,
11:30-1, E51- 345

CVS Pharmacy Service Improvement

1. What is the existing fulfillment process and what are the problems?
2. Proposed process and IT changes?

Process Design (Reengineering)

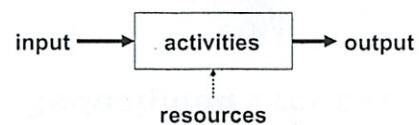
- Focus on the organization of work, not its substance
- Reengineering can yield dramatic performance improvement



Note: Many slides and examples in this lecture are derived from material initially developed by Dr. Michael Hammer

OM Definition: The Process View

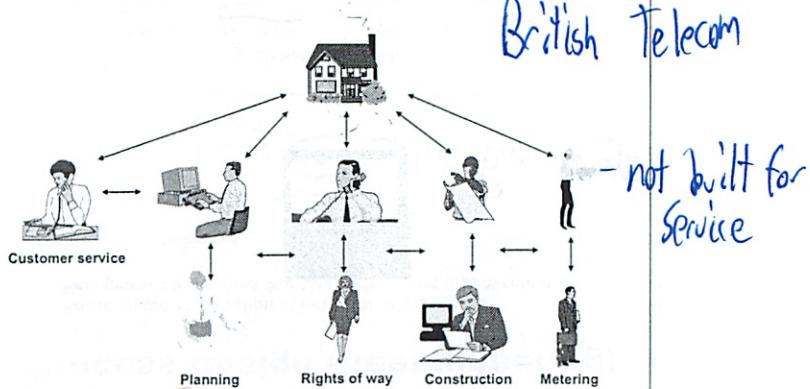
- *Operations Management* is the activity of designing and managing processes in order to achieve results of value to the various stakeholders of an enterprise
- A *Process* is a set of coordinated activities relying on various resources to transform inputs into outputs



1
1/2
1/2
1/2

Called "assembly line"

Old Phone Connection Process

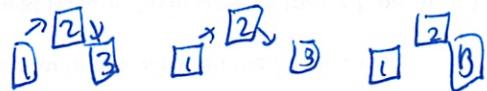


each person does a specialized narrow task

Redesigned Process



End-to-End Principle



Rationale?

End-to-End Principle Cont'd

Limitations?

- Involves significant coordination overhead

* key

The Reengineering Revolution

	Industrial Revolution	Reengineering Revolution
Labor market	Unskilled labor Tight class barriers	Skilled labor Permeable class barriers
Market goals	Standardized Volume	Customized Response Time
Organization	Scalable	Integrated
Management	Control Reports / Audits	Support Customer Feedback
Design principles	Division of Labor Simple Tasks Complex processes	End-to-end work Complex Tasks Simple processes
Symbol	Line worker	Case worker

Process Design Levers / Variables

Process design is not about what (input) you do, but how you do it:

Design Lever	Example
Who	
When	
Where	
Whether	do we even have to do this?
What order	
What frequency (how often)	

G/G/N Queuing Formula

Approximation with an infinite buffer size:

$$L = \frac{\rho}{1 - \rho} \times \frac{C_A^2 + C_S^2}{2}$$

Changing N does not change process

L average number waiting

ρ capacity utilization ($= \lambda / N\mu$)

C_A coefficient of variation: inter-arrival times

C_S coefficient of variation: service times

N number of servers

Process Design Principles 1990

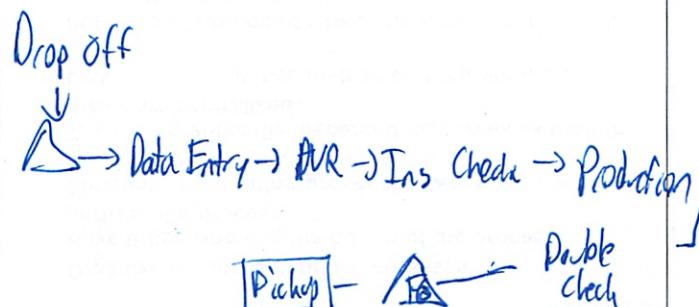
- Organize around outcomes, not tasks
- Have those who use the output of the process perform the process
- Subsume information-processing work into the real work that produces the information
- Treat geographically dispersed resources as though they were centralized
- Link parallel activities instead of integrating their results
- Put the decision point where the work is performed, and build control into the process
- Capture information once and at the source

from the reading

Process Design Principles 2000

- Work should be done by whoever is in the best position to do it
- A process should be performed by as few people as possible
- Do work at the best time for it to be done
- Location is a variable, not a given
- Strive for simplicity
- Structure in terms of alternatives rather than exceptions
- Consider the context when performing work
- Control must be subjected to cost-benefit analysis, just like everything else

CVS- Flow Diagram



CVS- New Process

Work Assignment Principle

→ Have those who use the output of the process perform the process

Examples: HP Procurement, ABP, Customer repair, Shouldice hospital

Rationale?

Limitations?

2000: Work should be done by whoever is in the best position to do it

Re Captcha

ESP game for labeling pictures

Information Principles

1990: *Subsume information-processing work into the real work that produces the information*
Capture information once and at the source

Examples: Ford A/P, Hospital vitals

Rationale: Simplify, reduce interface, reduce NVA

Limitations: Incentives, Constraint management

process info when
you got it

Time & Location Principles

2000: *Do work at the best time for it to be done*
Location is a variable, not a given

Examples: Building Inspector, Insurance Processing

Rationale: reduce NVA, increase motivation, hierarchy inertia

Limitations: Capacity requirements

Control Principles

1990: *Put decision point where work is performed, build control into process*
2000: *Control must be subjected to cost-benefit analysis, just like everything else*

Examples: Progressive Insurance, Ford A/P, Newspaper vending machines, Toyota Poka-Yoke, Hertz Gold Club

Rationale?

Limitations?

Is control
cost effective?

Don't over
control

Parallel Tasks Principle

1990: *Link parallel activities instead of integrating their results*

Examples: Multiple bank divisions, Product Development

Rationale?

Limitations?

Successful Reengineering Guidelines

- Clean sheet thinking
- Nothing off-limits
- Surface and challenge all underlying assumptions
- Creative use of IT
- Start with customer and see what happens (no organizational restrictions)

Reengineering Project Steps

Top Ways to Fail at Reengineering

1. Don't focus on processes
2. Spend a lot of time analyzing the current situation
3. Proceed without strong executive leadership
4. Be timid in redesign
5. Go directly from conceptual design to implementation
6. Reengineer slowly
7. Place some aspects of the business off-limits
8. Ignore the concerns of your people

Process Design Wrap-Up

1. Industrial revolution Vs. Reengineering
2. Design principles: examples, rationale, limitations
3. Reengineering execution: steps and pitfalls

Recommended follow-up readings:

Reengineering the Corporation by M. Hammer and J. Champy
The Reengineering Revolution Handbook by M. Hammer and S. Stanton

15.761 Reengineering + CVS

8/1

Sometimes can dramatically change process

? Looking for volume

? Pop up employment ?

Redesigned

- no relearn
- field info much more upfront
- cust knows where is in process
- single point of contact
- fewer workers
- less specialized
- IT

Called end-to-end principle

- end outcomes not tasks
- what cust needs

Disadvantages - Scale

- need better trained employees
- sharing best practices
- lost of consistency
- less controls

②

CVS

- cust service
- high error rate
 - bad for customers
 - bad ~~for~~ for employees
- lots of reasons why
 - drug to drug interaction
 - insurance
 - over paying charging b/c insurance
 - out of stock
 - out of refills

Problems

- bad service

Suggestions

- Enter data immediately

- Lab tech as case manager?

(I don't know -shifts

- may not be right

- but topic of day)

- Collect info at drop off

- Pharmacists at drop off

(3)

Cust as

We tell cust when prescription is ready

Call in both checks at once

Don't fill prescriptions if Rx fail

Do checks when cust are there w/ data entry

- when cust are in place

Can we ~~see~~ have people wait for drop off?

- look at arrival rates

Do FIFO - not one hr before

Solution Dropoff, Data entry Ins check in one

Online + Phone Entry

- saves errors

Inventory check

- now done in production

Have doctors send prescriptions online

As Solution, PUR + QA same

- after production

Very low IT investment

Also do production right after drop-off

- ④ Also have to convince people to use new process
Not easy to convince workers
Get them involved
-

Principles

- get ~~people~~ to do process for you
Customer
- quick service restaurants
- idea build yourself furniture
- self check out
- online banking
- e-ticket
- or kiosk to check in
- you do this for free
- but psychology for queuing
- some people did not like it
- them having to do more work
- quality may suffer
- fraud
- elderly don't want to do it

⑤

- ~~shorten~~
Onide ~~do~~ less errors

Don't over control

Announcements

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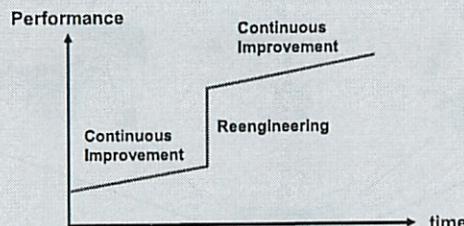
CVS Pharmacy Service Improvement

1. What is the existing fulfillment process and what are the problems?
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Solutions

Process Design (Reengineering)

- Focus on the organization of work, not its substance
- Reengineering can yield dramatic performance improvement

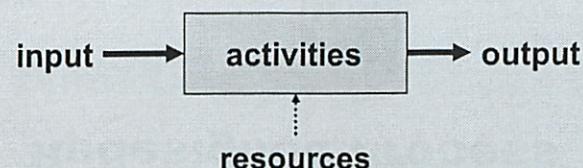


Impulse	Reengineering	TQM / 6σ
Scope	top → down global	bottom → up local

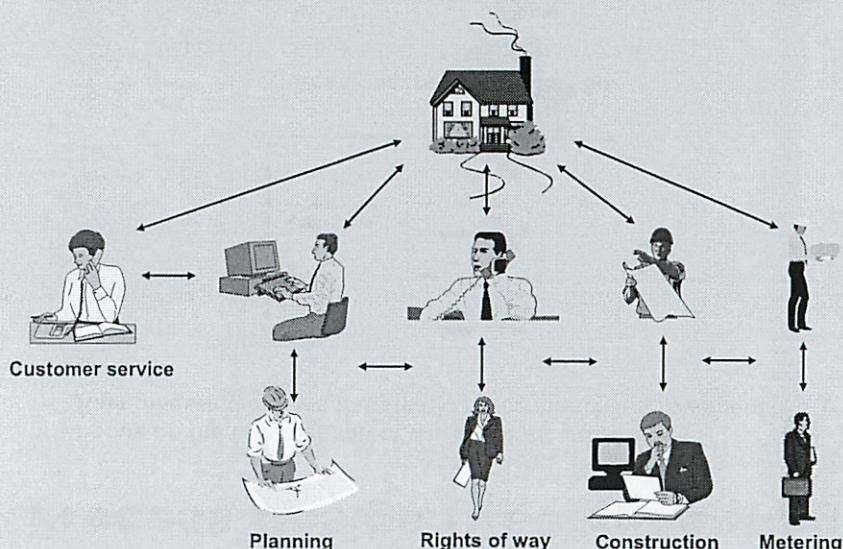
Note: Many slides and examples in this lecture are derived from material initially developed by Dr. Michael Hammer

OM Definition: The Process View

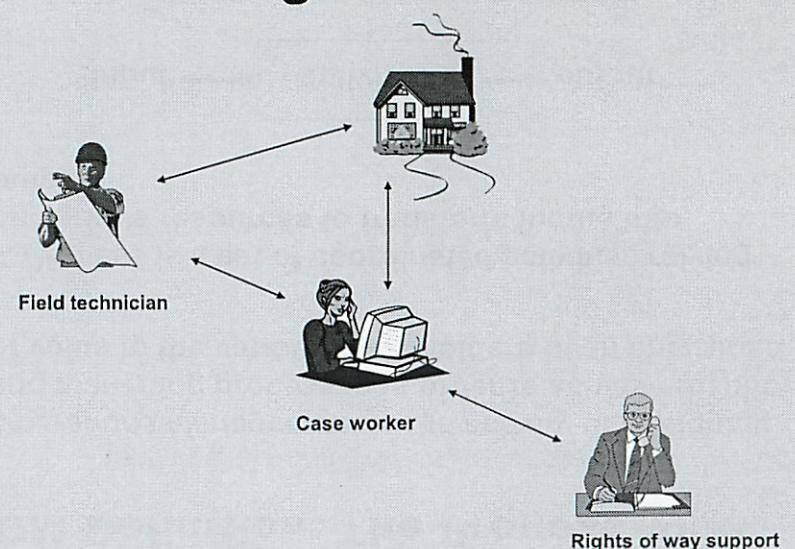
- *Operations Management* is the activity of designing and managing processes in order to achieve results of value to the various stakeholders of an enterprise
- A *Process* is a set of coordinated activities relying on various resources to transform inputs into outputs



Old Phone Connection Process

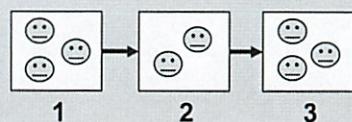


Redesigned Process

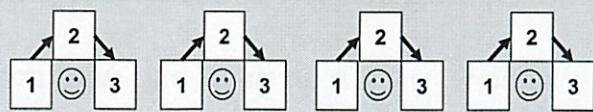


End-to-End Principle

→ Organize around outcomes, not tasks



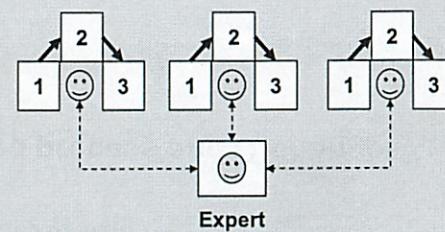
Vs.



Rationale?

End-to-End Principle Cont'd

Limitations?



The Reengineering Revolution

	Industrial Revolution	Reengineering Revolution
Labor market	Unskilled labor Tight class barriers	Skilled labor Permeable class barriers
Market goals	Standardized Volume	Customized Response Time
Organization	Scalable	Integrated
Management	Control Reports / Audits	Support Customer Feedback
Design principles	Division of Labor Simple Tasks Complex processes	End-to-end work Complex Tasks Simple processes
Symbol	Line worker	Case worker

Process Design Levers / Variables

<i>Process design is not about what (input) you do, but how you do it:</i>		
	Design Lever	Example
	Who	
	When	
	Where	
	Whether	
	What order	
	What frequency (how often)	

G/G/N Queuing Formula

Approximation with an infinite buffer size:

$$L = \frac{\rho^{\sqrt{2(N+1)}}}{1-\rho} \times \frac{C_A^2 + C_S^2}{2}$$

- L average number waiting
- ρ capacity utilization ($= \lambda / N\mu$)
- C_A coefficient of variation: inter-arrival times
- C_S coefficient of variation: service times
- N number of servers

Process Design Principles 1990

- Organize around outcomes, not tasks
- Have those who use the output of the process perform the process
- Subsume information-processing work into the real work that produces the information
- Treat geographically dispersed resources as though they were centralized
- Link parallel activities instead of integrating their results
- Put the decision point where the work is performed, and build control into the process
- Capture information once and at the source

Process Design Principles 2000

- Work should be done by whoever is in the best position to do it
- A process should be performed by as few people as possible
- Do work at the best time for it to be done
- Location is a variable, not a given
- Strive for simplicity
- Structure in terms of alternatives rather than exceptions
- Consider the context when performing work
- Control must be subjected to cost-benefit analysis, just like everything else

Work Assignment Principle

→ *Have those who use the output of the process perform the process*

Examples: HP Procurement, ABP, Customer repair, Shouldice hospital

Rationale?

Limitations?

2000: *Work should be done by whoever is in the best position to do it*

Information Principles

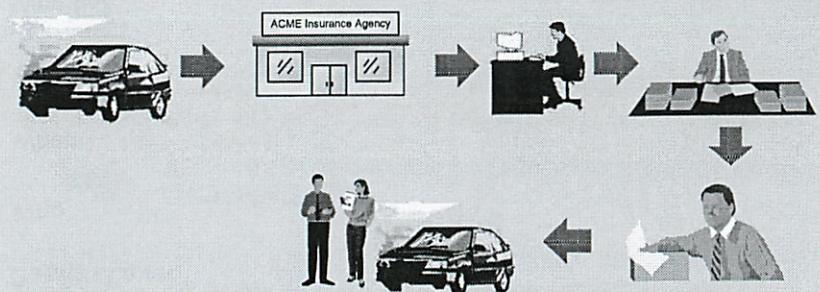
1990:
Subsume information-processing work into the real work that produces the information
Capture information once and at the source

Examples: Ford A/P, Hospital vitals

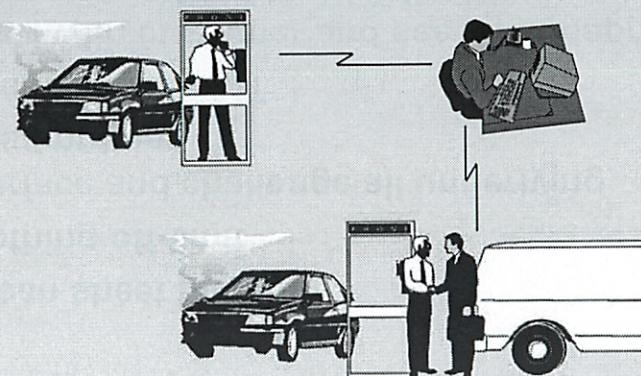
Rationale: Simplify, reduce interface, reduce NVA

Limitations: Incentives, Constraint management

Insurance Claims Processing



Insurance Claims Processing



McGraw-Hill/Irwin
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Time & Location Principles

2000: *Do work at the best time for it to be done
Location is a variable, not a given*

Examples: Building Inspector, Insurance Processing

Rationale: reduce NVA, increase motivation, hierarchy inertia

Limitations: Capacity requirements

Control Principles

1990: *Put decision point where work is performed, build control into process*

2000: *Control must be subjected to cost-benefit analysis, just like everything else*

Examples: Progressive Insurance, Ford A/P, Newspaper vending machines, Toyota Poka-Yoke, Hertz Gold Club

Rationale?

Limitations?

Parallel Tasks Principle

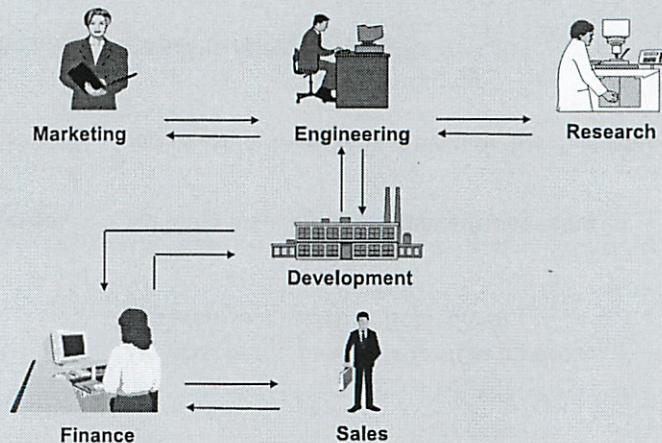
1990: *Link parallel activities instead of integrating their results*

Examples: Multiple bank divisions, Product Development

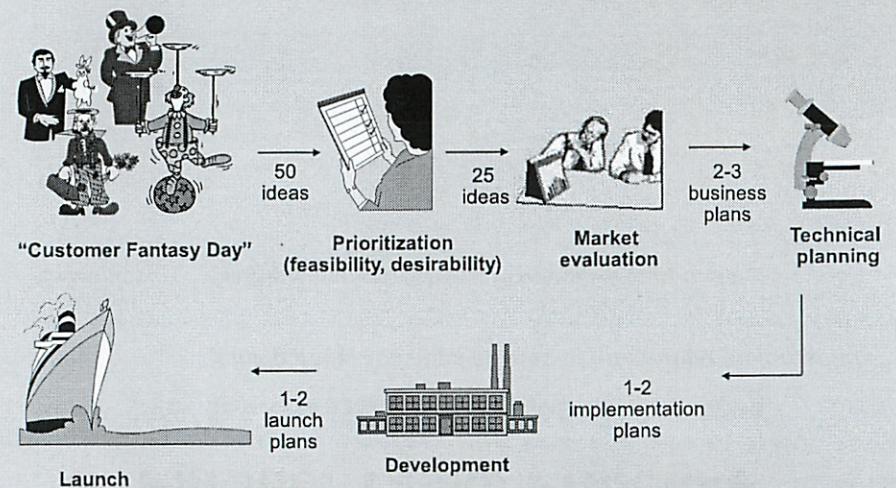
Rationale?

Limitations?

Traditional Product Development



3M Product Development



Successful Reengineering Guidelines

- Clean sheet thinking
- Nothing off-limits
- Surface and challenge all underlying assumptions
- Creative use of IT
- Start with customer and see what happens (no organizational restrictions)

Reengineering Project Steps

Top Ways to Fail at Reengineering

1. Don't focus on processes
2. Spend a lot of time analyzing the current situation
3. Proceed without strong executive leadership
4. Be timid in redesign
5. Go directly from conceptual design to implementation
6. Reengineer slowly
7. Place some aspects of the business off-limits
8. Ignore the concerns of your people

Process Design Wrap-Up

1. Industrial revolution Vs. Reengineering
2. Design principles: examples, rationale, limitations
3. Reengineering execution: steps and pitfalls

Recommended follow-up readings:

Reengineering the Corporation by M. Hammer and J. Champy
The Reengineering Revolution Handbook by M. Hammer and S. Stanton

Reading

↳ Sigma - nice persuasive article about why
- good use of #s

Big campaign

Aimed at the workers

Toyota

lots of slogans + sayings

lots of training

How can this complex ops be in a case?

Largely about people

Male defects stand-out

lots of sales forecasting

Switch over b/w modes seamlessly

Physical order sheets for parts; kanbans

Small repair clinic

Focus on low cost suppliers, not low-price

Find their fair cost data

Just in time seats

- 30 min drive

- ~~over~~ 1 truck load staging area

multiple-vendor policy

②

Seat variation too large

build rest of car in meanwhile

but why seat errors?

- lots of possibilities

KFS big part of responsibility

Missing part or material flaw

Toyota DNA

- many failed to recreate
- not cultural: Honda has not copied
- ~~looks~~ looks strict
 - but actually very flexible
 - rigorous problem solving method
 - scientific method
 - learning org
- ~~measure~~ very detailed instruction steps
- help measure to the second
- Socratic: ask emp what they are doing
(Is strictly specifying everything worth it?)
- more direct connection w/ supplier

③

Employees incentived to ask for help

↳ Others encourage employees to solve problem on own

Get to root of problem + solve it

No forks or loops in supply chain

↳ (other case said opposite)

Parts flow to a specific point

Designated people to assist

And designated ~~names~~ backups

Training for suppliers

andon cards are "countermeasures" not "solutions"

↳ if something better comes up, they switch

keep inventory separate for diff reasons

safety stock - machine downlines

batch - changeover takes fine

volatility of cust demand - buffer stock

and try to reduce need for each

Org styles not standardized

↳ What fleet needs best

target batches of 1

④

Does bend rules if warranted

These rules allow flexibility

15.761 Toyota

happy customers
 green + sustainable image

Video

don't lift heavy stuff

everyone has their task

- not rushing, but steady pace

manifest w/ options

Principles

continuous improvement

waste reduction

identify problems rapidly

rapid problem solving + escalation - jidoka

Everything is specified

4 rules

- | | |
|-----------------------------|--------------------|
| 1. Standardization of Tasks | project discipline |
| 2. " Communication | |
| 3. " Process | |
| 4. " Continuous Improvement | |

(2)

Also in process

- standard

- like fulfilment at Amazon

Processes are continuously designed

Toyota chose to be highly process-centered

- other companies hero-centered, ~~aka~~ Firefighting

Process-centered - no heroes,

people never written up

process + team centered

Culture of problem solving + improvement

- high level of employee involvement

Go + see problem

- not solved sitting behind your computer

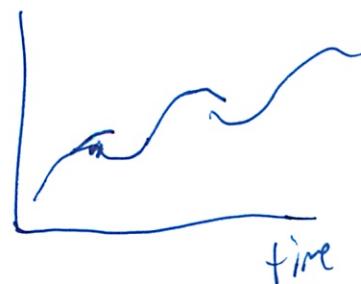
~~Just in time~~

Scientific model

Creativity + innovation through the process

- so innovation is incremental

Performance



Cell phones radical innovations
reg phones incremental

③

Have not seen next 5

- Zipcar
- Better Place
- Nano

Just in Time

3 principles of forecasting

1. The forecast is always wrong

Toyota is the strong Maestro in this supply chain

- Some don't have any Maestros

Toyota shares supply chain plans w/ all suppliers

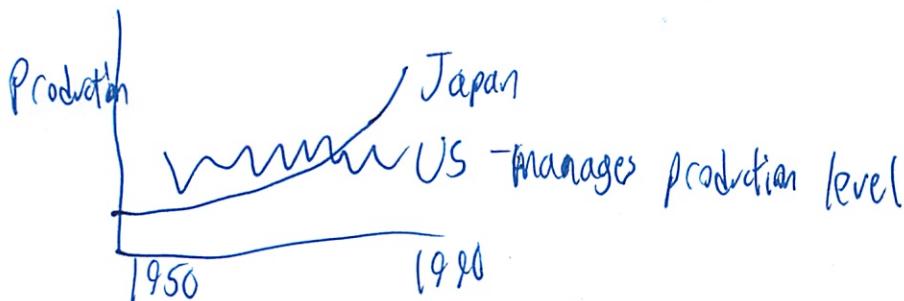
Forecasting is always wrong - but constantly upgraded

A pull system

- only produce when they get an order

Toyota tries to manage demand

"Machine That Will Change the World"



①

Most cars are bought off the lot

80-90%

BMW in Germany mostly made to order

Several weeks for made to order

~2 months

Demand management

- restrict supply so some excess demand
- long term sustainable growth
 - to build trust w/ employers + suppliers

Respect for people is also part of TPS

Heijunka - smoothing

Dell - price you paid was based on what was in stock

Five Whys - finding root cause → solution

Need trust so people don't hide things

- blame system not people

Toyota careful for selection + training

- attitude

- train skills

Had to engineer for changeover time

Or all options in - just disabled

- ~~the~~ production costs lower than putting unused stuff in

(5)

Other companies do this

McD

Q How can a small company do this?

Walmart squeezes suppliers

Perhaps go in and make a deal, be nice

2 ways to low cost

- Squeeze
 - Collaborate
-

Seat Problem

What is the seat problem or problems?

increased complexity → more defects?

transition

learning - can't find pattern

learning cost

more places to go wrong

hook damaged

big backlog of cars to be fixed

replacements not coming in right

order form hard to read

⑥

Usually stop the line

- cognitive dissonance

Diff ways to solve each

TPS - can we afford to stop line?

- financial analysis has not been talked about at all

Process

- how design engineering request lost in shuffle

- global manufacturing is harder

- same problem in last year

Prof: you can't pick + choose feature

- it's an integrated system

- other companies fit ~~these~~ parts together in a diff system

- not Toyota Production Attributes

Want to fix things ASAP

Send a runner back + forth

Sent an engineer

Littlefield Debrief

3/3

Littlefield

GCAN to make decision

Was in recitation

No bottle neck

Prioritizing step - only when constrained
^{2 vs 4}

- 4 to get staff out by lead time

(can ~~skip~~ jump jobs in 2nd situations)

MSD Chap 7 Variability Reading

3/6

- Waiting is visible + annoying

① Occurs when demand temporarily > supply

- Utilization > 100

② Or if variability

- On average utilization < 100

- but the variability causes lines sometimes

(This seems to be the key focus of the lecture part of the class)

- Variability is secondary effect from capacity problem for ①

- " is main effect in ②

7.1 Unrealistic Call Center

Say calls take 4 min

Arrive call every 5 min

So should be no wait time!

Flow rate = 12 calls per hr

~~So can't assign 2 operators~~

Capacity = 15 calls per hr

$$J = \frac{\text{flow rate}}{\text{Capacity}} = \frac{12}{15} = 80\%$$

No one ever has to wait!

②

But of course it's not that simple!

Arrival patterns random

Calls take different lengths of time

So many calls do have to wait

↳ while many ~~seats~~ minutes CSR is idle

Plus calls build up on hold

- takes a while to go back down

- and meanwhile people have had to hold for some time

Saw in chap 6 → buffer or suffer

↳ but here calls get buffered

↳ and thus suffer

7.2 Variability: Sources + Measurement

(oh no; not this again!)

- Variability from inflow of customers

- Variability in activity times

↳ guests who check in may have problems
resources not always available

- random rating ~~at~~

↳ (I guess when looking at overall "total" process)

- Coefficient of variation = $CV = \frac{\sigma}{\mu}$

- so know how important variation is

(3)

7.3 Analyzing an Arrival Process

Arrival times = AT_i

Interarrival times = $IA_i = AT_{i+1} - AT_i$

Do data analysis to make sure they are of high quality

Is the process stationary - or will it change?

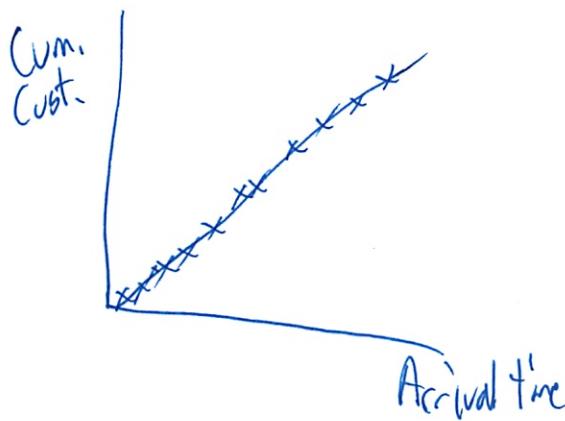
Are arrivals exponentially (Poisson) distributed?

For all a call center - arrival rate is "seasonal" by hour

Know diff. due to seasonality - reflects a pattern

Variability - simple random

Plot the arrival times



If follows straight line - is stationary

If are curved, is seasonal

Break into smaller pieces till line is straight

↳ stationary at the micro-level

(4)

Interarrival times often follow an exponential dist.

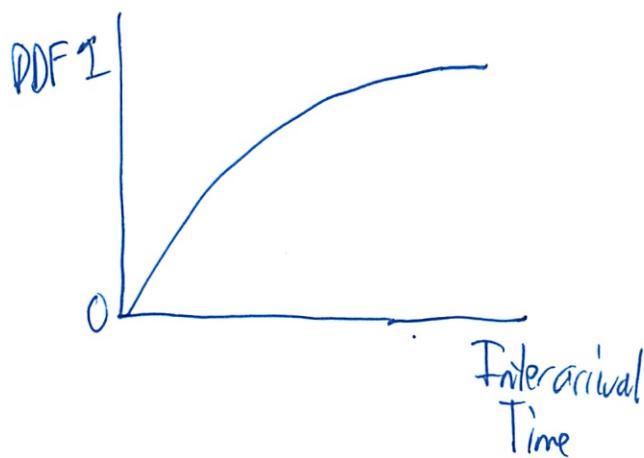
$$\text{Prob } (IA \leq t) = 1 - e^{-\frac{t}{a}}$$

$a = \text{avg inter-arrival time}$

"Poisson"

fits empirically

Memoryless - does not matter what happened in past



$$CV = \frac{\sigma_{IA}}{\mu_{IA}} = 1$$

Sometimes not exponential

- like if scheduled every hour

$$CV_a = \frac{\overline{\sigma_{IA}}}{\overline{\mu_{IA}}}$$

(5)

7.4 Service Time Variability

Actual duration of call is random as well

mean + std. dev capture the variation

Calc CV_p

7.5 Predicting Waiting Time | Resource

- Inputs: inventory, flow rate, flow time

- One resource

- unlimited buffer space

$$\text{Utilization} = \frac{\text{flow rate}}{\text{Capacity}} = \frac{1/a}{1/p} = \frac{p}{a} < 100$$

a = avg arrival rate

p = avg service time

Over all

$$\left\{ \begin{array}{l} \text{Flow time} = \text{Time in Queue} + \text{Activity time} \\ \qquad \qquad \qquad T_q + p \end{array} \right.$$

$$\left\{ \begin{array}{l} \text{Inventory} = \text{Inventory in Queue} + \text{Inventory in Process} \\ \qquad \qquad \qquad I_q + I_p \end{array} \right.$$

With only 1 server I_{qp} is 1 if in service

Prob that server is busy = Utilization here

$$\text{Time in queue} = \text{Activity time} \cdot \frac{\text{Utilization}}{1 - \text{Utilization}} \cdot \frac{CV_a^2 + CV_p^2}{2}$$

If dist are not exponential, then this is approx.

Waiting time is a multiple of activity time

Utilization must be < 100%

Waiting time grows w/ variability

This is avg time in queue!

This is for steady-state systems

First few patients when system opens will have lower ^{wait} wait times

Use Little's Law to compute inventory from this

$$I_q = \lambda/a \cdot T_q \quad \leftarrow \text{only for wait line as mini-process}$$

$I_p = \text{prob of } \cancel{\text{either being}} \text{ server being used (since only 1)}$

7.6 Predicting Wait Time - Multiple Resources

Now have identical, parallel servers

$$\text{Utilization} = \frac{\text{Flow Rate}}{\text{Capacity}} = \frac{1/\text{Interarrival Time}}{(\# \text{resources}/\text{Activity Time})}$$

$$= \frac{1/a}{m/p} = \frac{p}{a \cdot m}$$

7

Avg

$$\text{Time in Queue} = \frac{\text{Activity time}}{m} \cdot \frac{\text{Utilization}^{\sqrt{2(m+1)} - 1}}{1 - \text{Utilization}} \cdot \frac{CV_a^2 + CV_p^2}{2}$$

m = # of servers

here ~~wait~~ wait time is an approximation

Works best if v/m is high

$$I_p = m \cdot U$$

$$U = \frac{P}{\alpha \cdot m}$$

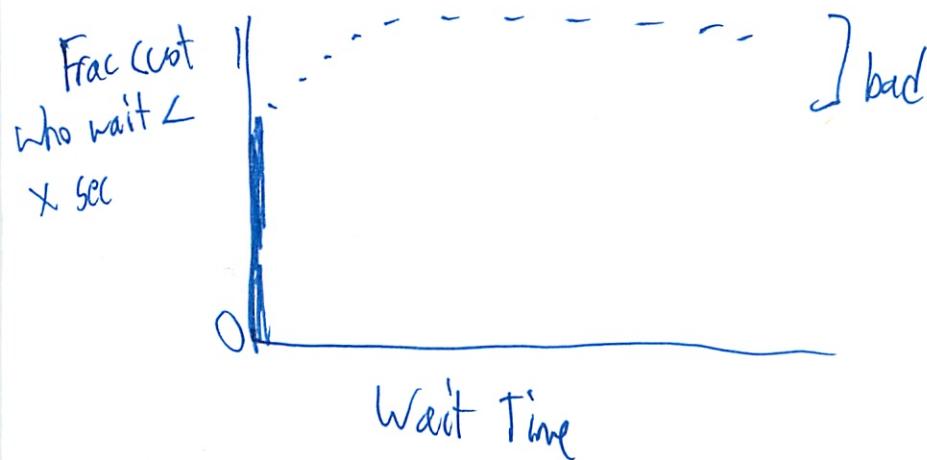
~~Their~~

7.7 Service Level Problems

But custs don't care about avg service time - only them

Want # calls > target wait time (T_{WT})

$$\text{Service level} = P(\text{Wait time} \leq T_{WT})$$



8) 7.8 Economic Implications + Staffing Plan

Trade off service level + costs

880 # hold time cost @ ~0.05 cents/min

Service cost from CSR

$$\text{Cost of direct labor} = \frac{\text{total wages}}{\text{flow rate}}$$

If seasonal arrival rate - do for each "season"

More complex since breaks + length of work periods

7.9 Pooling: Econ of Scale

Avg utilization does not change

but waiting time ↓

Since at about ~85% util, wait time can go though

the cost as queue builds

But with less more servers - at same avg utilization is 70%

is much lower wait times
But if lines not independent as costs auto go to shortest line
in supermarket → little if any effect

- Operators need a higher rate of skill since do multiple things
- Expert for complex cases, lot of time getting up to speed

9

Could make things worse if some clerks assigned for complex processes

7.10 Priority Rules in Waiting Lines

Prioritize priorities in a triage

Service Time / Shortest Processing Time

If you know tasks that will go fast, doing them first will ↓ avg wait time

Service Time Independent

« (I do that for hw!)

hard to know how long service time will ~~be~~ be

So First-Come First Serve

Or ~~A seek~~ priority based on urgency (emergency room)

or how good a cust you are

Avg wait time does not change

Even Last In First Out avg still the same
- but unfair

7.11 Reducing Variability

Variability is enemy of ops

Reduce arrival variability w/ appointments

↳ but many people late/skip

best custs often arrive late

but may still have to wait for appointment
↳ does not change underlying demand

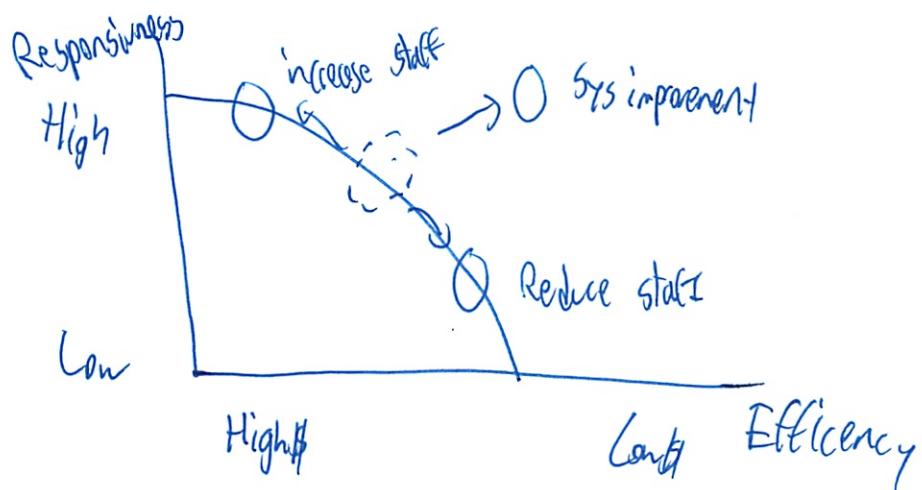
⑩

So incentives based on time
- early bird specials

also internal operators not on avg
- training + technology
- know what to say when
reducing involvement of cost

? Underlying quality problems?

7.12 Summary



Can do less-time critical work

- like Outbound calls
- reports

(pooling is like bundling from 15,56,7)