

CAN ARRIVAL RATES BE MODELLED BY SINE WAVES?

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INTRODUCTION

BACKGROUND

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- Emergency departments:
 - Capacity and staffing plans require a good understanding of patient arrival patterns.
 - Poor forecasting of demand can rob patients of timely critical care.
- Many other examples where accurate models for arrivals are critical to managers



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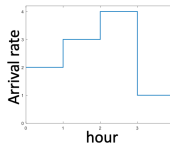
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 - Specify a period (say, a week) such that the arrival pattern repeats itself judged from experience
 - Specify a bucket size (say, an hour) and count the arrivals in each bucket
 - Average the bucket counts across periods
 - (Optional) fit the piecewise constant curve by a function

Time of arrival (hr)

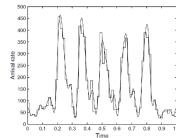
0.34
0.45
1.2
1.8
1.88
2.04
2.05
2.08
2.5
3.6

Hr **Arr. per hr**

1st 2
2nd 3
3rd 4
4th 1



Example Simple piecewise constant fit



Example Email arrivals over a wk – smooth fit using 50 functions

STRENGTHS AND WEAKNESSES

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 - Robust
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 - Efficient to compute

STRENGTHS AND WEAKNESSES

- Strengths
 - Robust
 - No need to specify a model (nonparametric)
 - Efficient to compute
- Weaknesses
 - Prior knowledge of the frequency
 - Cannot deal with multiple periodicity
 - Not easy to interpret

OUR PROPOSAL

- An alternative formulation

$$\lambda(t) = \sum_{k=0}^p c_k \cos(\nu_k t + \phi_k),$$

frequencies ν_k , amplitudes c_k , phases ϕ_k .

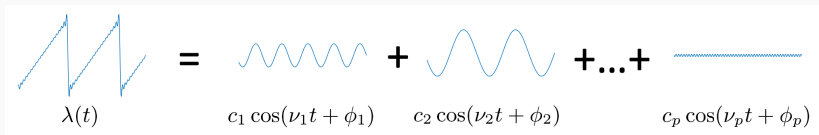
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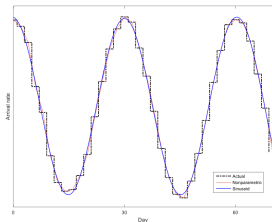
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- Flexibility: any periodic or non-periodic functions can be approximated (Fourier analysis)



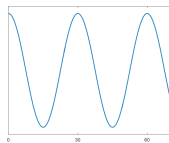
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- Interpretability



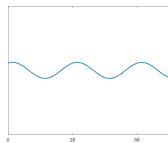
Example (Ed Kaplan) Strong monthly arrivals cycle
Nonparametric and sinusoids fit equally well

=



monthly cycle

+

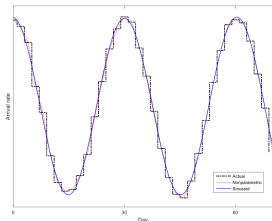


lunar cycle

...but sinusoids also reveal hidden frequency components in arrival patterns

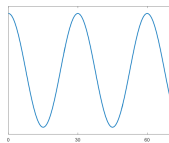
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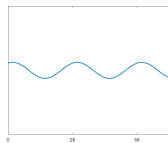
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- May open ways to tractable analysis [Eick et al., 1993]

ESTIMATION

ESTIMATING ARRIVAL RATES FROM THE DATA

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- To estimate the frequencies, use spectral (Fourier) analysis
- To estimate the amplitudes and phases, use least square estimators

FREQUENCY IDENTIFICATION

- Discrete Fourier transform:

$$\begin{aligned}\tilde{N}(v) &\triangleq \frac{1}{T} \left| \int_0^T e^{-2\pi i vt} dN(t) \right| \\ &= \frac{1}{T} \left| \sum_{i=1}^N e^{-2\pi i vt_i} \right|\end{aligned}$$

to approximate

$$\tilde{\lambda}(v) = \frac{1}{T} \left| \int_0^T e^{-2\pi i vt} \lambda(t) dt \right|.$$

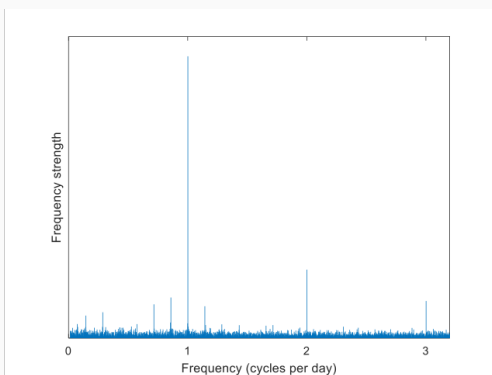
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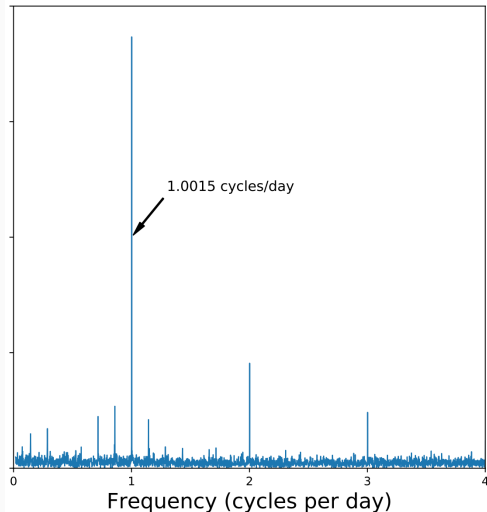
$$\tilde{\lambda}(v) = \frac{1}{T} \left| \int_0^T e^{-2\pi i vt} \lambda(t) dt \right|.$$



- Ideally we should see the right

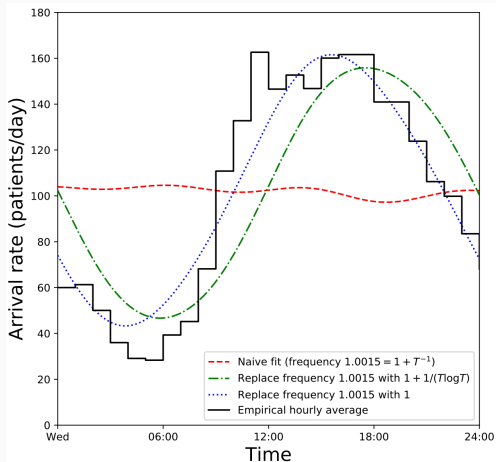
BUT...

- In fact, because of the noise in $N(t)$, and the leakage (finite T), we are more likely to see



NOT A BIG DEAL? OR...

- Frequency estimation error cannot be larger than $O(1/T)$ for consistent amplitude recovery



THE SOLUTION

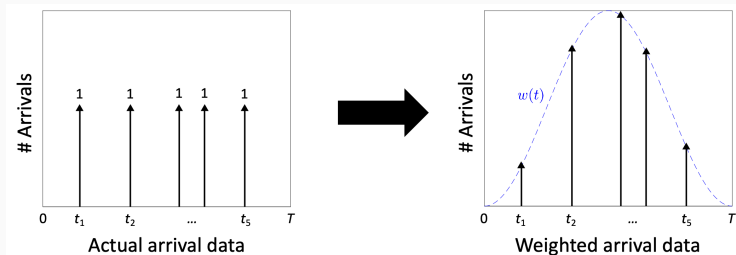
- **Our innovation:** Weight the number of arrivals at time t with a window function $w(t)$.

$$\tilde{N}^w(\nu) \triangleq \frac{1}{T} \left| \sum_{i=1}^N w(t_i) e^{-2\pi i \nu t_i} \right|$$

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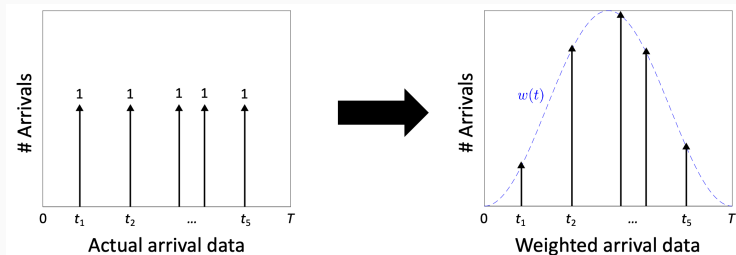
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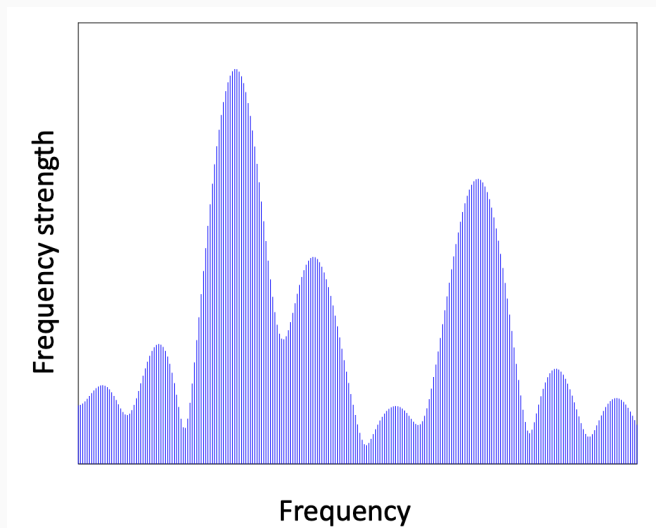
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- Looks biased, but works: $\|\hat{\nu}_k - \nu_k\| = O(1/T)$ even when ν_k and ν_{k+1} are $O(1/T)$ close.

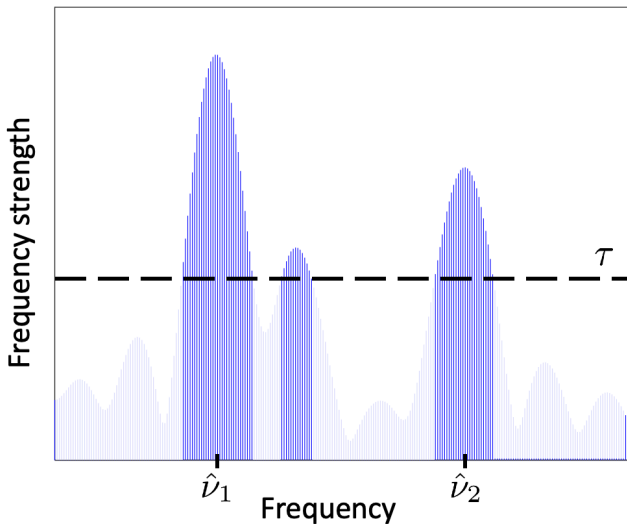
THE PROPOSED PROCEDURE

1. Compute the windowed DFT:



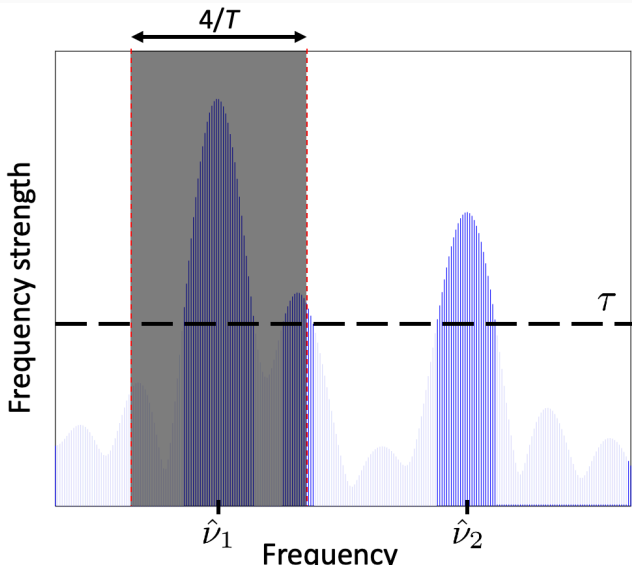
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2. Compute a data-driven threshold τ :



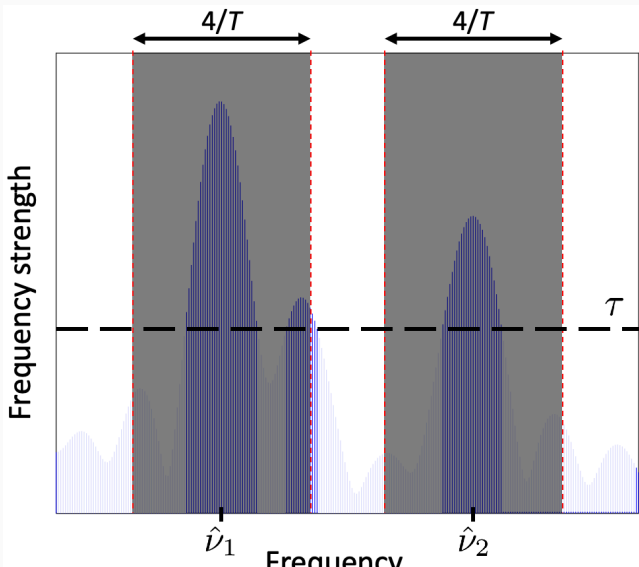
THE PROPOSED PROCEDURE

3. Pick peaks above τ , remove a neighborhood:



THE PROPOSED PROCEDURE

- Repeat until no peaks are above τ :



THE PROPOSED PROCEDURE

5. Based on the estimated frequencies $\hat{\nu}_k$, we can proceed to estimate the amplitudes and phases by the least squares.
 - We can reorganize the observations into buckets of width dt : $[0, dt]$, $[dt, 2dt]$, \dots , $[T - dt, T]$.
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minimizes the MSE of the T/dt observations. The same as linear regression.

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- If $dt \rightarrow 0$, then $(X^T X)^{-1} X^T Y$ has a closed form.

EMPIRICAL STUDY

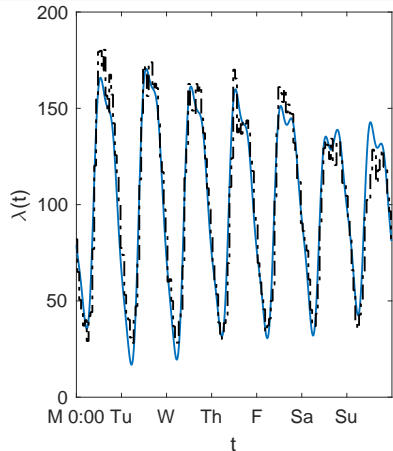
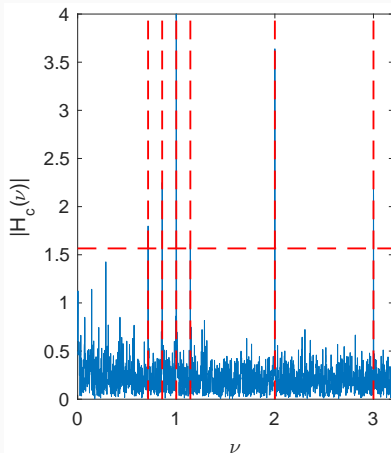
ARRIVAL DATA FROM AN EMERGENCY DEPARTMENT

Data characteristics:

- Time stamps of 168,392 patient arrivals from 2014 Jan to 2015 Sept ($T = 652$ days)
- Emergency Severity Index (ESI) level of each patient
 - Level 1 most severe (e.g., cardiac disease); level 5 least severe (e.g., rash)
- We analyze ESI level 2 and level 3 to 5 separately (level 2 are treated in a separate ward)

ESI LEVEL 2

- 66,240 patient arrivals
- Estimated frequencies: $\hat{\nu}_1 = 1.00$, $\hat{\nu}_2 = 2.00$, $\hat{\nu}_3 = 3.00$,
 $\hat{\nu}_4 = 0.714$, $\hat{\nu}_5 = 0.857$, $\hat{\nu}_6 = 1.143$



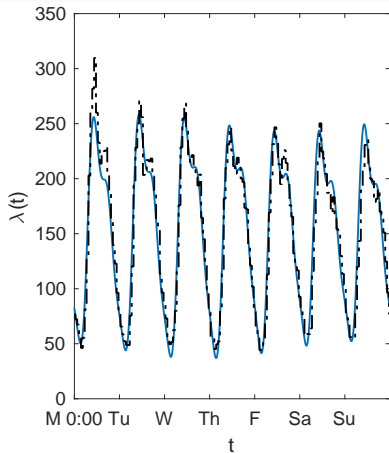
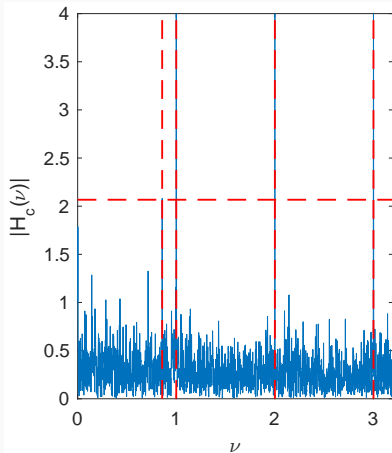
- $\hat{v}_1 = 1.00$, $\hat{v}_2 = 2.00$, $\hat{v}_3 = 3.00$ make up the daily cycle.
- $\hat{v}_4 = 0.714$ ($5/7$), $\hat{v}_5 = 0.857$ ($6/7$), $\hat{v}_6 = 1.143$ ($8/7$) make up the weekly cycle.

INTERPRETATION

- $\hat{v}_1 = 1.00$, $\hat{v}_2 = 2.00$, $\hat{v}_3 = 3.00$ make up the daily cycle.
- $\hat{v}_4 = 0.714$ (5/7), $\hat{v}_5 = 0.857$ (6/7), $\hat{v}_6 = 1.143$ (8/7) make up the weekly cycle.
- There are two peaks in a day; the intensity of arrivals fade steadily into the weekend.

ESI LEVEL 3 TO 5

- 99,205 patient arrivals
- Estimated frequencies: $\hat{\nu}_1 = 1.00$, $\hat{\nu}_2 = 2.00$, $\hat{\nu}_3 = 3.00$, $\hat{\nu}_4 = 0.857$



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- Unable to capture the localized spikes on Monday, will need more weekly cycles
- In both cases
 - No monthly cycles are identified
 - No seasonal cycles are identified, probably because T is not large enough

SUMMARY

We propose a sine-wave-based approach to the modeling and estimation of non-stationary arrival processes. Compared to the common approach:

- Not requiring prior knowledge of periods
- Can handle conflated multiple periodicity
- Much sparser ($3p$ vs. hundreds of parameters)
- May provide interpretable insights

- Computation is not straightforward
- Sensitive to the threshold
- May miss localized spikes