

# Analytics for community first response

Dutch Optimization Seminar  
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**Caroline Jagtenberg**

Dept. of Operations Analytics, Vrije Universiteit

joint work with:



Shane Henderson



Pieter van den Berg



Maggie Li

Bridget Dicker



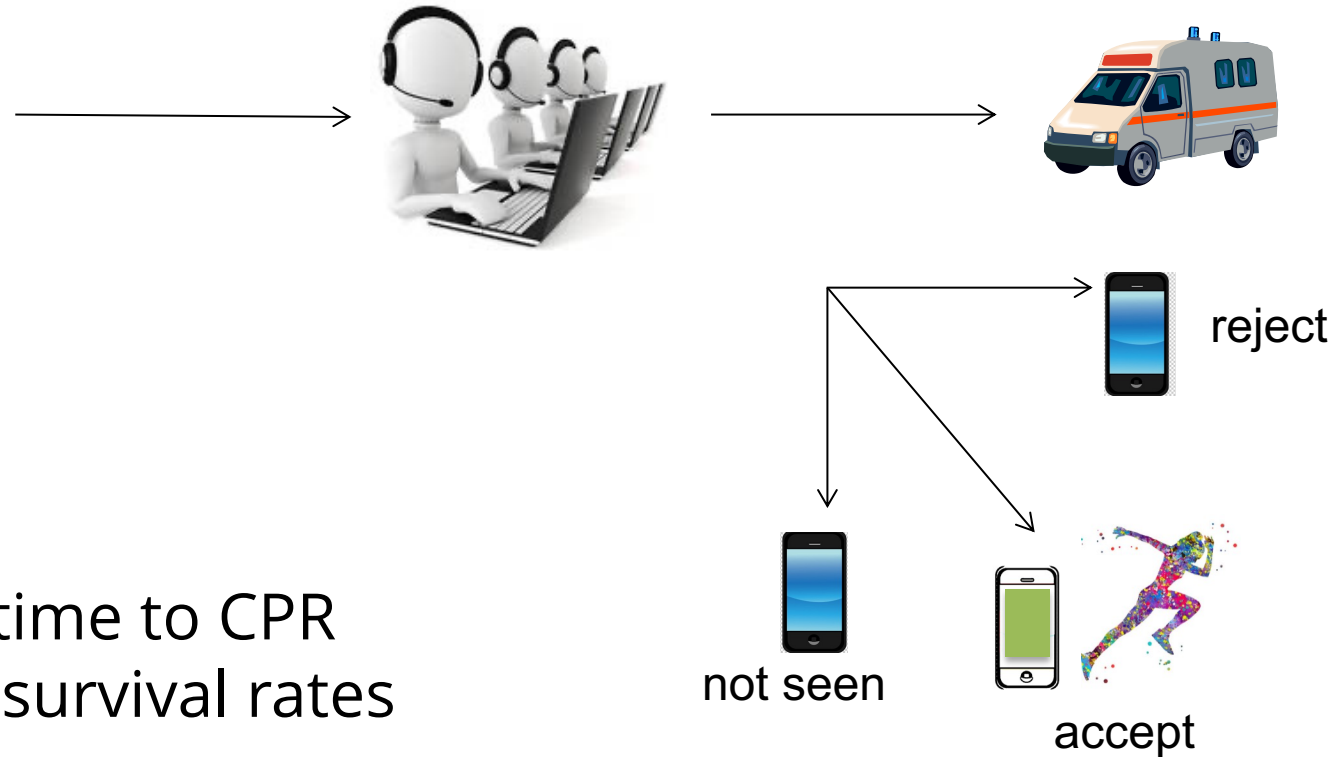
Océane Fourmentraux



# Community First Responder Systems



OHCA



## Goal:

- shorten time to CPR
- improve survival rates

# Community First Responder Systems



slagnu.nl

Log in op Mijn HartslagNu

Mijn HartslagNu is onze nieuwe app. Download hem nu!

## HartslagNu is het reanimatie oproepsysteem van Nederland

Elke dag krijgen 40 mensen in Nederland buiten het ziekenhuis een hartstilstand. De overlevingskans is het grootst als iemand binnen 6 minuten reanimeert en een AED aansluit. Als elke minuut telt, is snelle hulp van levensbelang. Ook jij kunt helpen!

[Ik word burgerhulpverlener](#)

[Ik meld een AED aan](#)

stjohn.org.nz

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### The GoodSAM (Good Smartphone Activated Medics) app

FIRST AID / GOODSAM APP

- FIRST AID COURSES
- COURSE INFORMATION
- AEDS - DEFIBRILLATORS
- FIRST AID KITS & SUPPLIES
- FIRST AID LIBRARY
- EMERGENCY SCENARIO
- CPR MOBILE APP
- GOODSAM APP**

**Promoting a community of lifesavers.**

**GoodSAM**

Download the poster for your workplace here.

The GoodSAM app is now available in New Zealand, supported by St John, Wellington Free Ambulance and the National Cardiac Network. Imagine you were off-duty and someone near to you suffered a cardiac arrest. You were in a position to respond and help, but just needed to be alerted. Wouldn't you want to know? Well, now you can.

Outcomes from cardiac arrest are best when the patient receives immediate CPR and defibrillation within the first five minutes. Emergency services can't always arrive within five minutes, but it is likely that someone who knows how to perform CPR and use an AED is nearby and just unaware that they are close to a patient in cardiac arrest.

**RAINBOW TICKET**

**The GoodSAM app**

The GoodSAM app is a free app that alerts people that a patient suspected to be in cardiac arrest is nearby, allowing them to possibly save a life by providing CPR and using an AED (if available) prior to emergency services arriving.

# Previous work

Common are **retrospective** studies.

Uncommon are studies **proactively** investigating a system.  
What if:

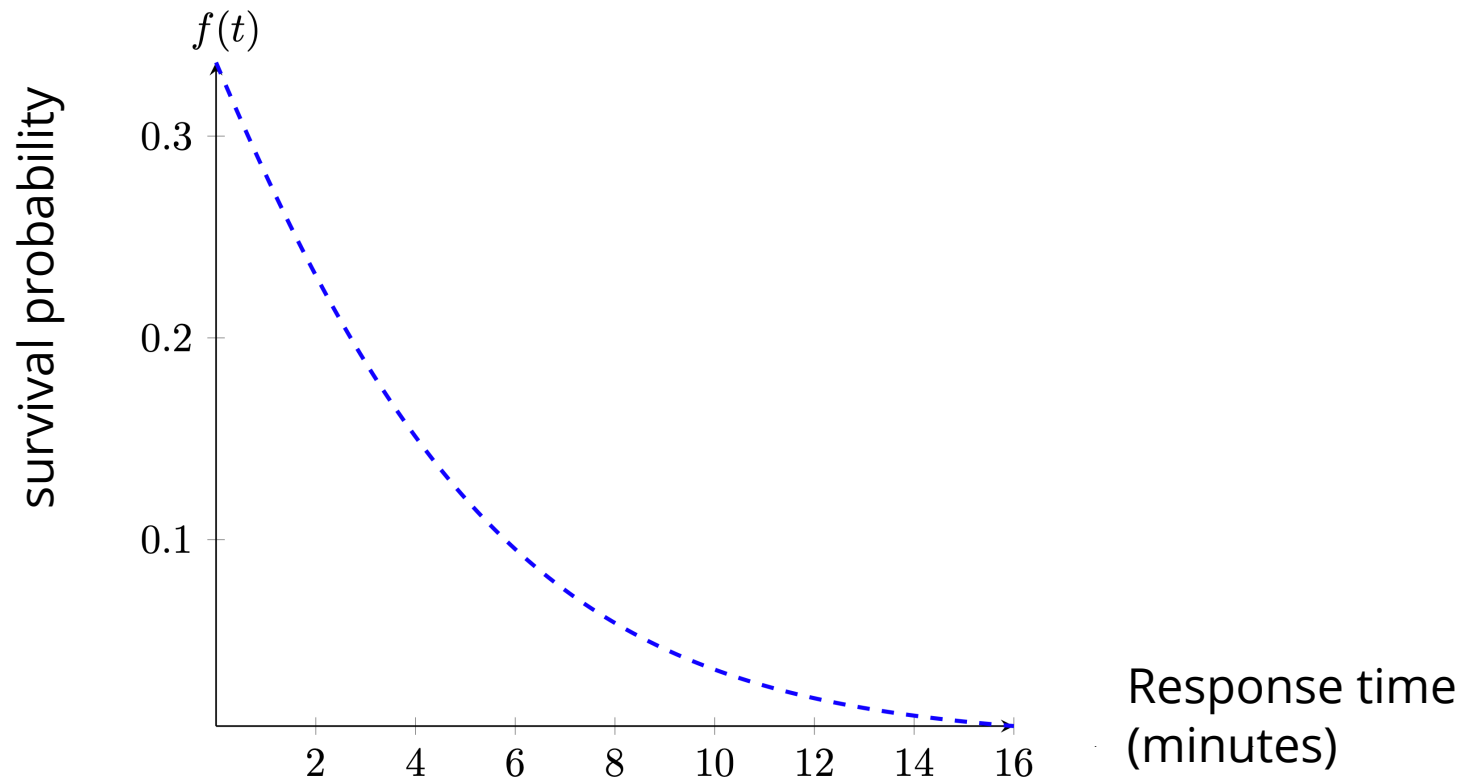
- we recruit more volunteers?
- we optimizing system's alerting settings?

# Volunteer recruitment

How to quantify the impact of  $n$  volunteers on patient survival?

- What is the **arrival-time distribution** of the first-arriving responder?

# OHCA survival function



# Approach

We'll model the locations of volunteers as a Poisson Point Process.

It may have a different  $\mu$  in different parts of the city, though.

And recruiting would influence the  $\mu$ .





Tolhuistuin

IJPLEIN

STAATSLIEDENBUURT

S100

S116

Kattensloot

S100

FREDERIK HENDRIKBUURT

Sexmuseum Amsterdam

S100

Marnixstraat

Anne Frank Huis

S100

S105

JORDAAN

Singel

De Oude Kerk

NEMO Science Museum

S100

Rozengracht

NIEUWMARKT EN LASTAGE

S100

De 9 Straatjes

Begijnhof

DE WINTEN

Het Scheepvaartmuseum

DA COSTABUURT

museum Rembrandthuis

KADIJKEN

Billegracht

M

M

OOSTELI EILANDEN KADIJK

OUD-WEST

GRACHTENGORDEL

H'ART Museum

Hortus Botanicus Amsterdam

ARTIS - Micropia

Holland Casino Amsterdam

Foam

citizenM Amsterdam Best beoordeeld

ARTIS Plantage Middenlaan

Wereldmuseum Amsterdam

VONDELPARKBUURT

Rijksmuseum

M

Lijnbaansgracht

S112

OOSTERPARKBUURT

Oosterpark

S



DE WINTEN

Sexmuseum Amsterdam

De Oude Kerk

Anne Frank Huis

De 9 Straatjes

Begijnhof

museum Rembrandthuis

KADIJKEN

ARTIS - Micropia

ARTIS

GRACHTENGORDEL

H'ART Museum

Holland Casino Amsterdam

citizenM Amstel Amsterdam  
Best beoordeeld

Wereldmuseum Amsterdam

Rijksmuseum

Oosterpark

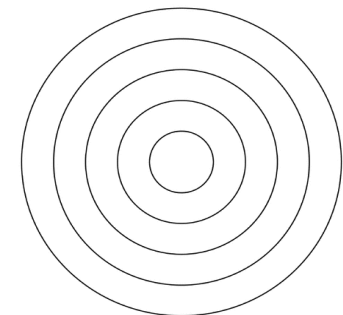
OOSTERPARKBUURT

# Response-time distribution

Consider a patient at location  $l$ . Let  $R$  be the (random) response time of the closest available volunteer.

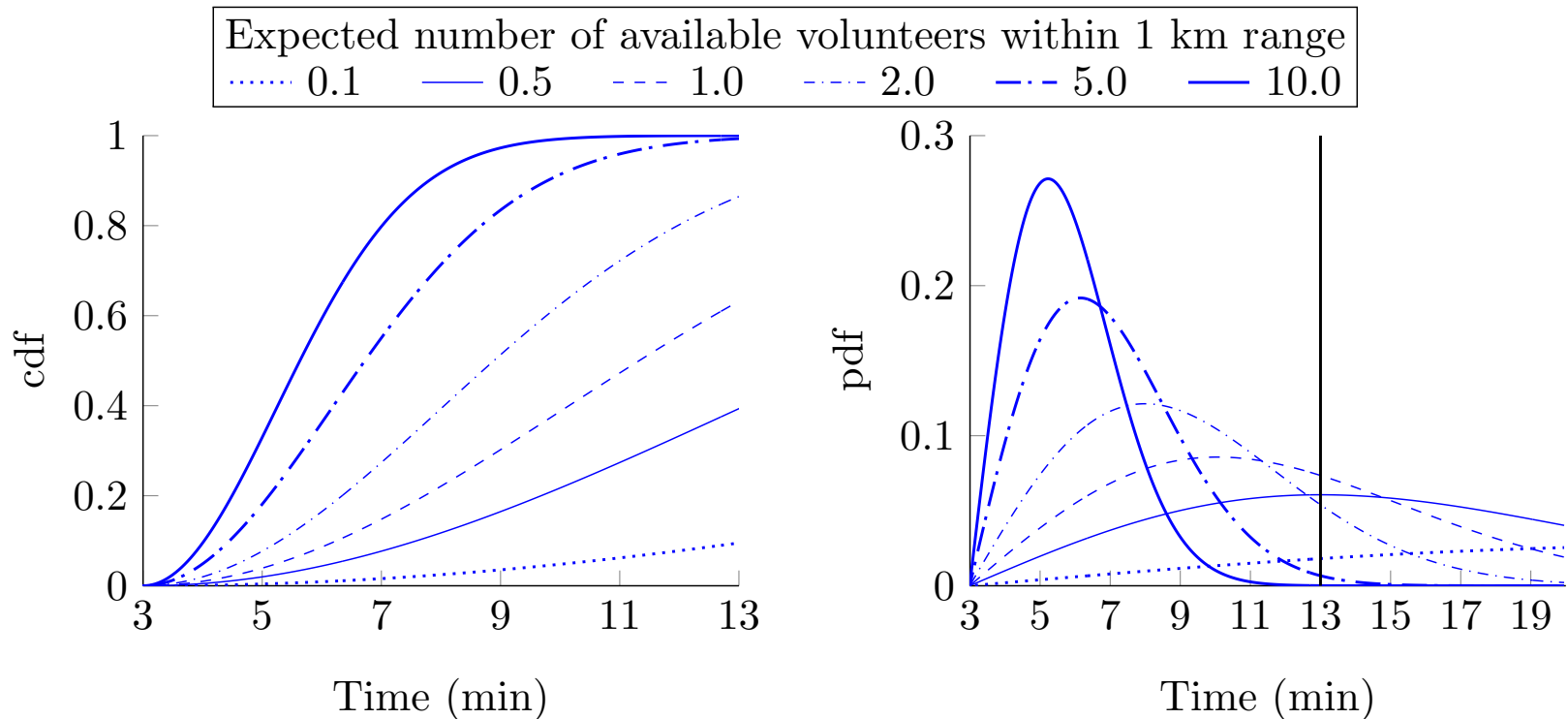
$$\begin{aligned} P(R > t \text{ minutes}) &= \\ P(0 \text{ volunteers within distance } d_t) &= \\ &= e^{-\mu(B(l,t))} \\ &= \exp(-\text{density}_l \pi d_t^2) \end{aligned}$$

↑  
density of *accepting*  
volunteers (so after  
thinning) around location  $l$



# Response time distribution

Assuming volunteers walk at 6 km/h, we obtain an exact expression for the on-foot response time of closest volunteer:



# First result

Required density of available volunteers  
(per km<sup>2</sup>) to meet targets

		Response-time target (minutes)									
		3	4	5	6	7	8	9	10	11	12
Cov.	0.5	22.06	5.52	2.45	1.38	0.88	0.61	0.45	0.34	0.27	0.22
	0.7	38.32	9.58	4.26	2.40	1.53	1.06	0.78	0.60	0.47	0.38
	0.9	73.29	18.32	8.14	4.58	2.93	2.04	1.50	1.15	0.90	0.73

But remember: we have more than just response-time goals.  
We have survival goals.

So we'll have to integrate the survival function against our obtained response-time PDF, to get probability of survival.

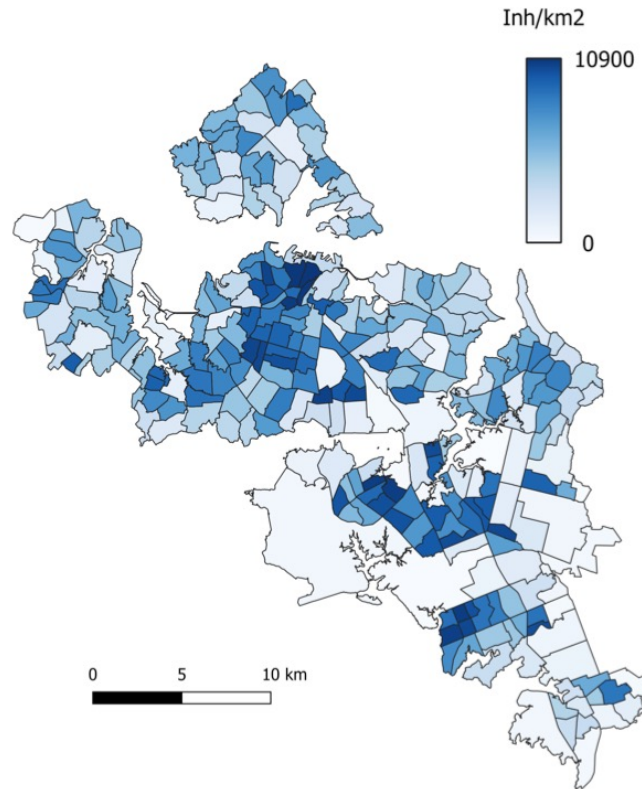
# Extend to a heterogeneous area (e.g. city)

Partition the city into regions indexed by  $l \in \{1, \dots, L\}$ .

- Let  $\lambda_l$  be the OHCA rate of region  $l$  (input).
- Let  $\nu_l$  be the probability of finding a volunteer in region  $l$ . (Unknown, but at least  $\sum_{l=1}^L \nu_l = 1$ .)
- Assume volunteer density is uniform within a region.

# Case study

We consider an urban area of **Auckland, New Zealand** that is discretized into 287 so-called area units.



# Extending to a heterogeneous area (e.g. city)

$$\mathbb{P}(T > \tau) = \sum_l \lambda_l \mathbb{P}(T(l) > \tau) = \sum_{l \in \mathcal{L}} \lambda_l \exp\left(-\pi d_\tau^2 \overbrace{n \alpha \nu_l}^{\text{density}} / a_l\right)$$

We have good estimates for  $\lambda_l$ , but not for  $\nu_l$

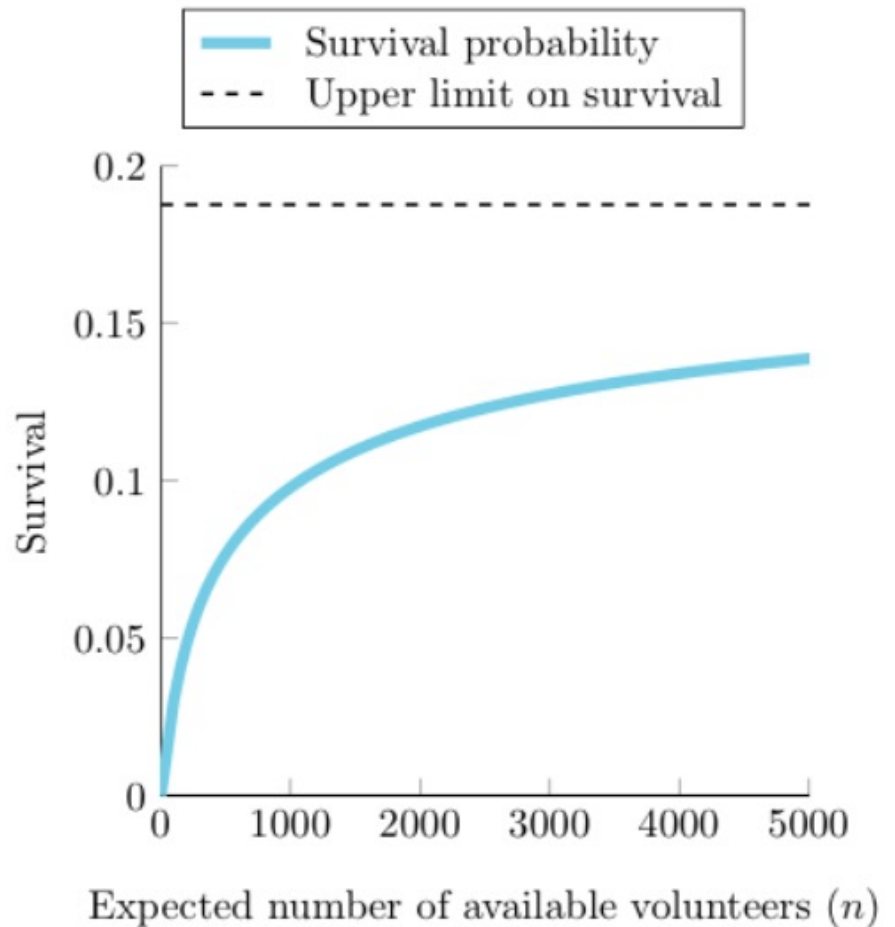
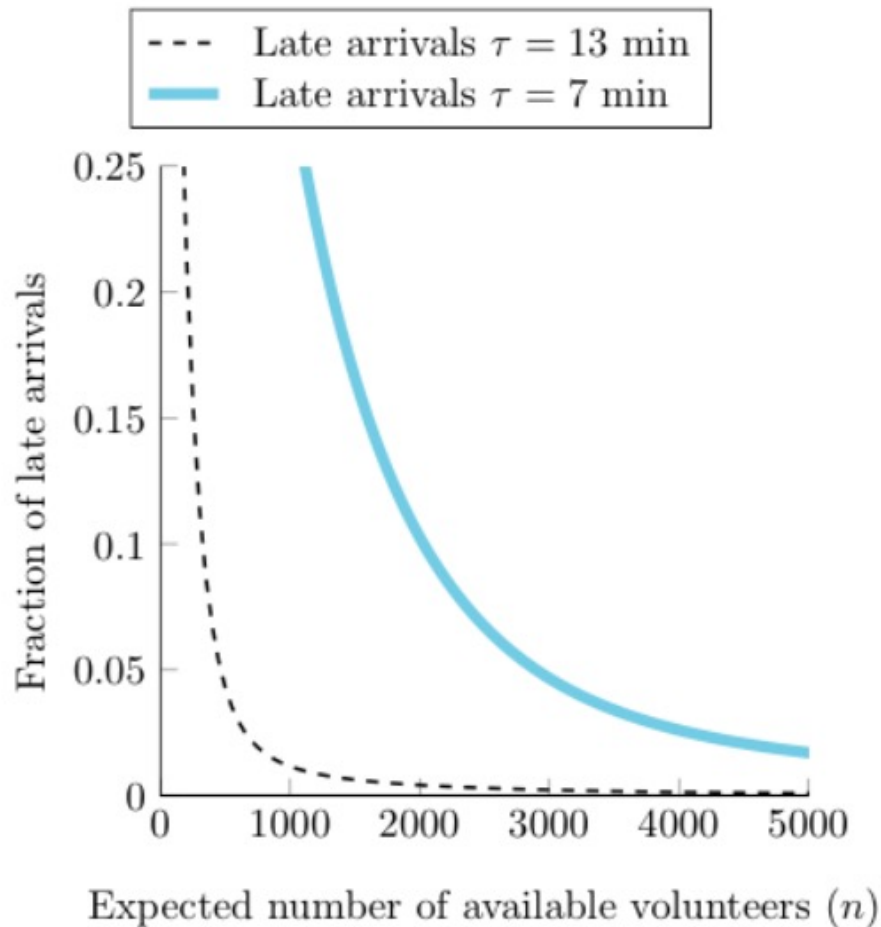
We can make some assumptions on  $\nu_l$ , for example:

- proportional to inhabitants of location  $l$

and evaluate this function above. Also transforming this to survival probabilities is no problem.



# Auckland, $\nu_l$ proportional to inhabitants



# How to choose $v_l$

Let's turn this into an optimization question:

What location measure  $v$  gives the best survival over the whole city?

- This provides a bounds on what can be achieved with  $n$  volunteers.
- Can also guide recruitment efforts.

# Optimizing where volunteers are in the city

$$\mathbb{P}(T > \tau) = \sum_l \lambda_l \mathbb{P}(T(l) > \tau) = \sum_{l \in \mathcal{L}} \lambda_l \exp\left(-\pi d_\tau^2 n \alpha \nu_l / a_l\right)$$

Diagram annotations:  
- "input" with a downward arrow pointing to  $\lambda_l$   
- "density" with a bracket above  $n \alpha \nu_l / a_l$   
- "variables" with an upward arrow pointing to  $\nu_l$

**Proposition:** This function is convex in the probabilities  $\nu_l$

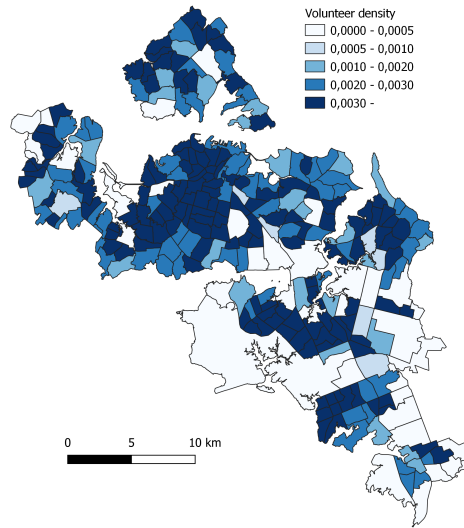
→ Can use convex optimization methods to

minimize  $\mathbb{P}(T > \tau)$

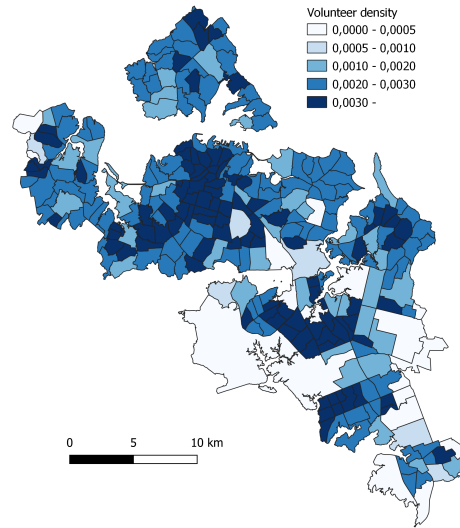
maximize survival

← can even do this exact

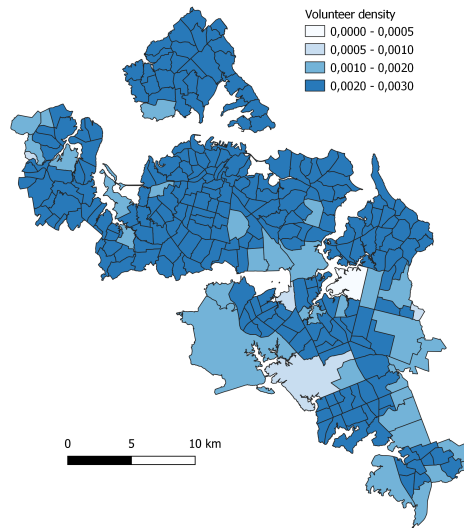
← exact up to step size  $\varepsilon$



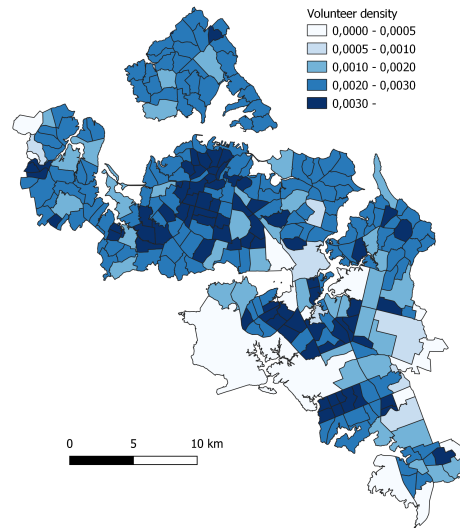
(a) Late arrival,  $n = 500$



(b) Survival,  $n = 500$



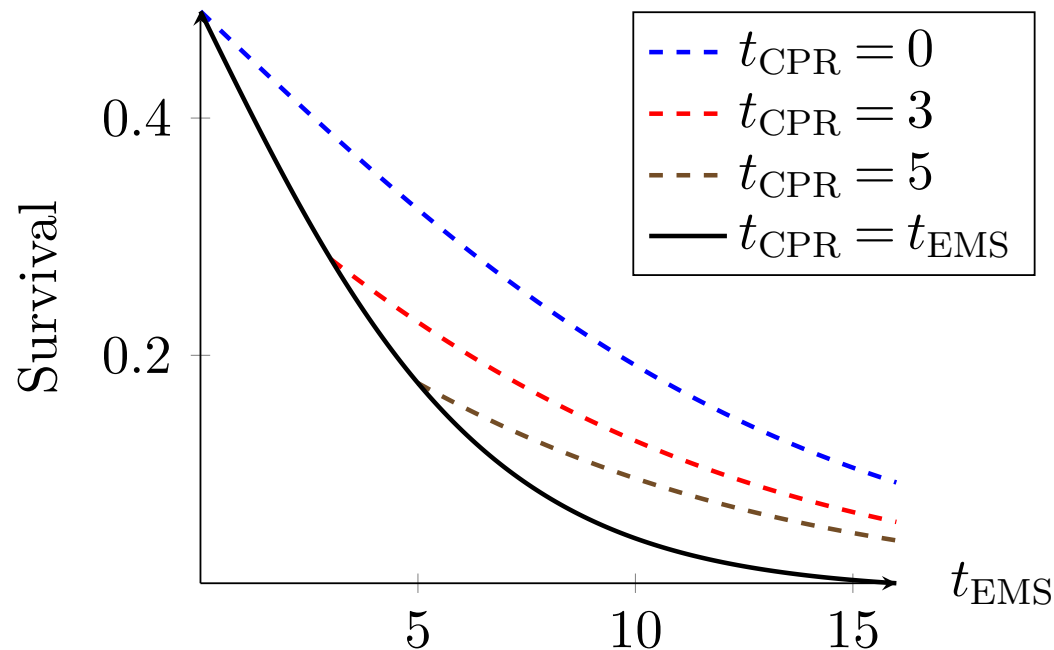
(d) Late arrival,  $n = 5000$



(e) Survival,  $n = 5000$

# Ambulances + volunteers

$$s(t_{\text{CPR}}, t_{\text{EMS}}) = (1 + e^{0.04 + 0.3t_{\text{CPR}} + 0.14(t_{\text{EMS}} - t_{\text{CPR}})})^{-1}$$



# Ambulances + volunteers

Input:

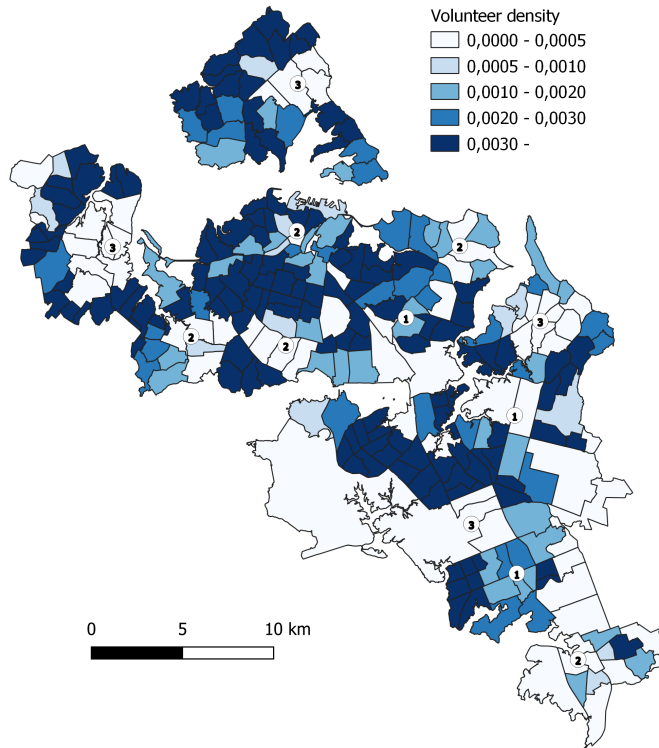
- Ambulance response-time distribution per area unit
- Total number of volunteers in the city ( $n$ )

Variables: how the  $n$  volunteers are distributed over the area units.

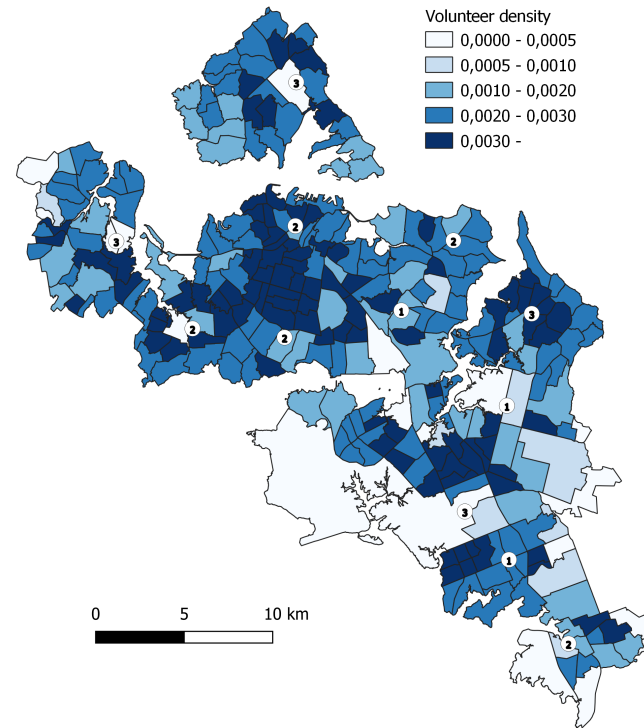
Objective: maximize survival.

→ Still convex!

# Auckland: 25 ambulances



Survival,  $n = 500$



Survival,  $n = 5000$

# Operational planning

Until now we have discussed *strategic* planning.

Let's talk about what we can optimize  
for a CFR system in *real time*.



# Phased alerting

## Problem definition

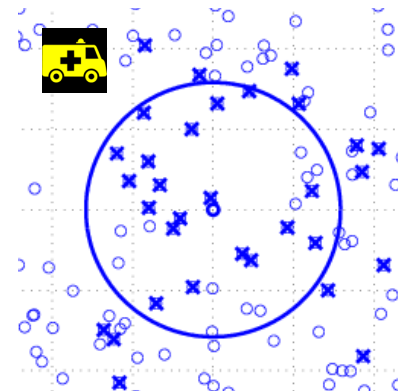
Which volunteers should be alerted (and when)?

Given a single patient, observe:

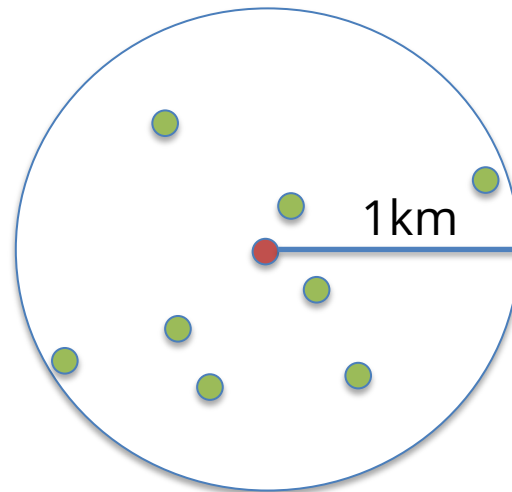
- Response time of the ambulance
- Locations of nearby volunteers

Goal: maximize survival

Avoid multiple volunteers arriving on site



# GoodSAM NZ's current dispatch policy

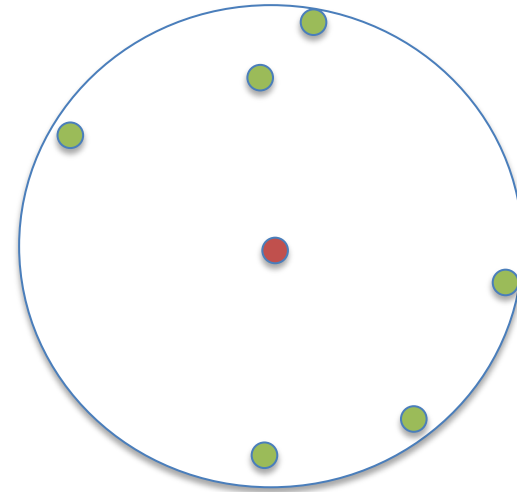
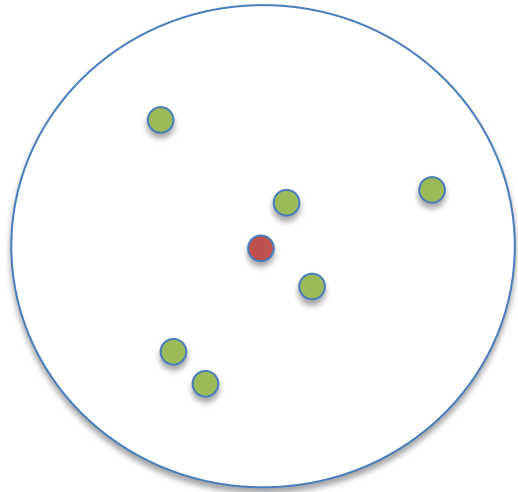


Alert in batches of 3

- ✓ with 30-second time lags
- ✓ until someone has accepted

Never retract alerts

# Phased alerting



$$\text{Response time} = \min (\text{alert time}_v + \text{acceptance delay}_v + \text{travel time}_v)$$

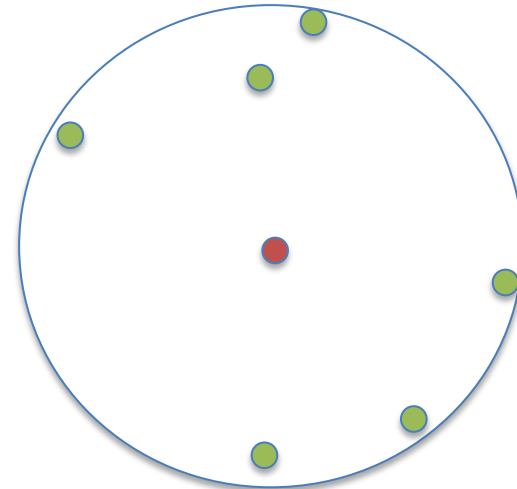
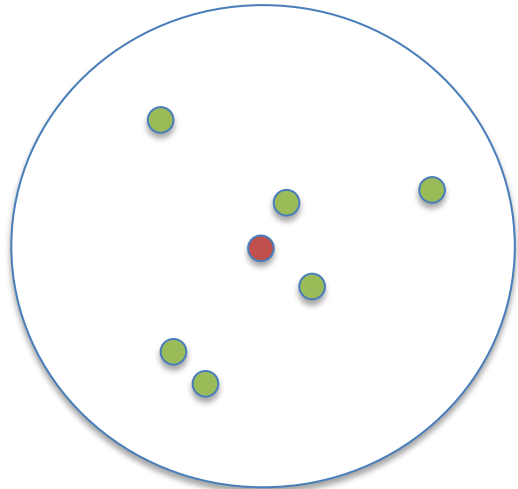
v in volts

decide

stochastic

deterministic

# Phased alerting



Response time =  $\min$  (alert time<sub>v</sub> + acceptance delay<sub>v</sub> + travel time<sub>v</sub>)

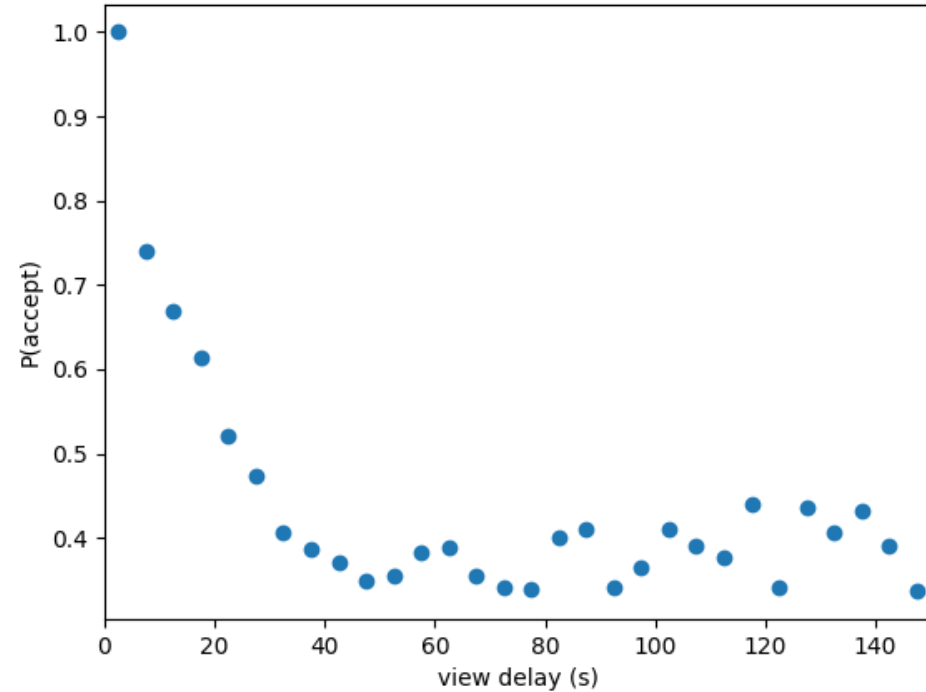
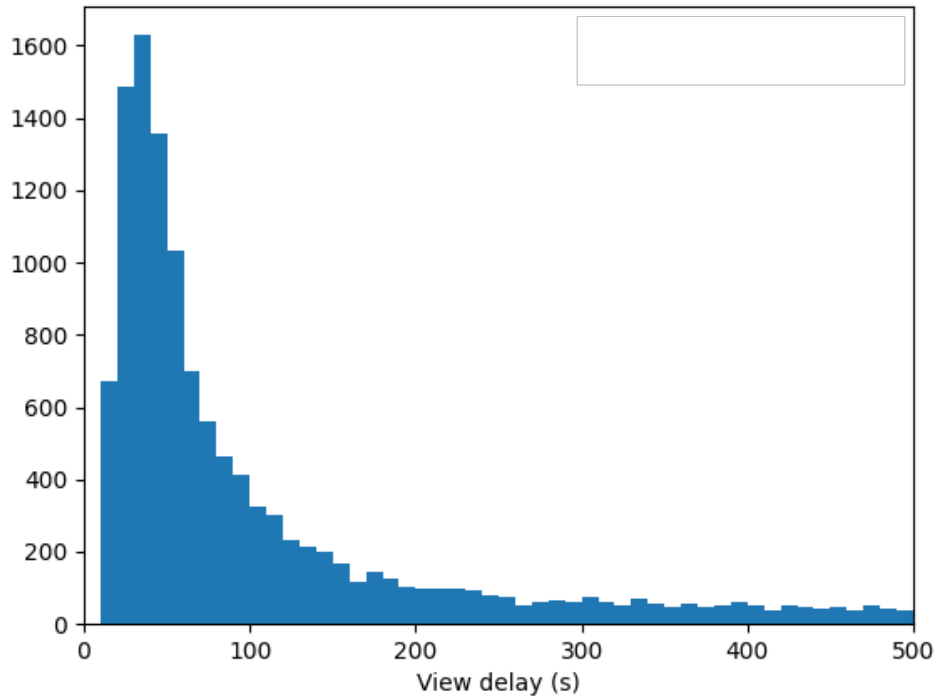
v in accepting volts

Strategy may be adaptive: depending on real-time information (accepts/rejects).

Example: New Zealand's current policy is adaptive.

But we can imagine even more situation-specific policies.

# Volunteer reactions from empirical data



Time between the alert and the reaction (accept/reject).  
Based on 12,591 observations from GoodSam NZ.

# Monte Carlo Simulation

Compare a number of policies:

- Send all at time 0
- Send n at time 0
- Keep-n-active
- NZ current policy

Generate distances by drawing volunteer locations uniformly at random in a 1-km circle around the patient.

Sample from GoodSAM data: view delays and accept/rejects, distance-dependent travel speed.

Fix EMS time at 12 minutes.

Simulate (often enough to reduce confidence intervals to almost zero).

# Monte Carlo Simulation

Shows trade-offs between three metrics (for 10 volunteers in the circle):

Policy	Survivors per year	Redundant arrivals
Send all at time 0.	191	0.918
Keep 6 alerts active.	178	0.453
Keep 7 alerts active.	184	0.587
Keep 8 alerts active.	188	0.718
Keep 9 alerts active.	190	0.834
Keep 10 alerts active.	191	0.918
Send 7 alerts at time 0.	179	0.498
Send 8 alerts at time 0.	184	0.630
Send 9 alerts at time 0.	188	0.771
Send 10 alerts at time 0.	191	0.918
NZ current strategy.	181	0.574

# Monte Carlo Simulation

Shows trade-offs between three metrics (for 100 volunteers in the circle):

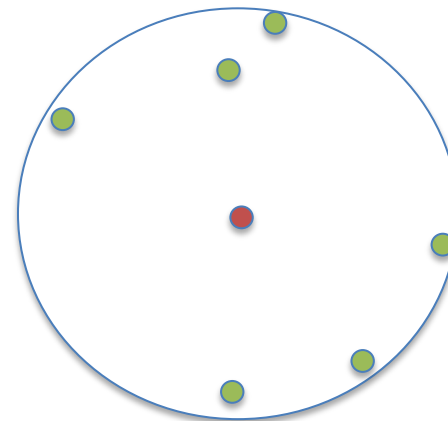
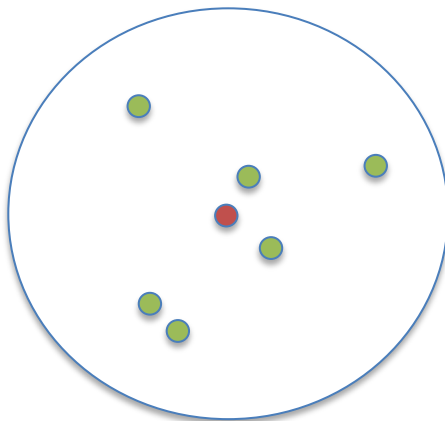
<b>Policy</b>	<b>Survivors per year</b>	<b>Redundant arrivals</b>
Send all at time 0.	259	16.768
Keep 7 alerts active.	222	0.595
Keep 8 alerts active.	228	0.743
Keep 9 alerts active.	233	0.897
Keep 10 alerts active.	237	1.056
Send 1 alerts at time 0.	129	0.000
Send 5 alerts at time 0.	196	0.265
Send 10 alerts at time 0.	231	0.918
Send 15 alerts at time 0.	246	1.718
NZ current strategy.	229	1.021



# Insight

You can choose your favorite policy from this list and always do that.

But, you may also do something more clever: decide your policy after having observed where the volunteers are.



# Machine Learning

Pre-define a list of 40 dispatch strategies, e.g.:

- *Send all*
- *Send  $n$*
- *Keep  $n$  active*

For various  $n$ .

Objective: patient survival –  $w$  \* redundant arrivals

Generate lots of scenarios (e.g. [55, 129, 300, 499, 540, 588]), simulate all strategies. Store the best strategy.

Example: [55, 129, 300, 499, 540, 588] , #37  
[71, 120, 136, 377, 520, 578] , #21  
[32, 129, 300, 499, 540, 588] , #4  
[85, 190, 298, 360, 387, 440] , #1  
[55, 182, 209, 361, 405, 540] , #37

Build a tree that predicts which of the 40 strategies is best, depending on scenario. (Multiclass classification)

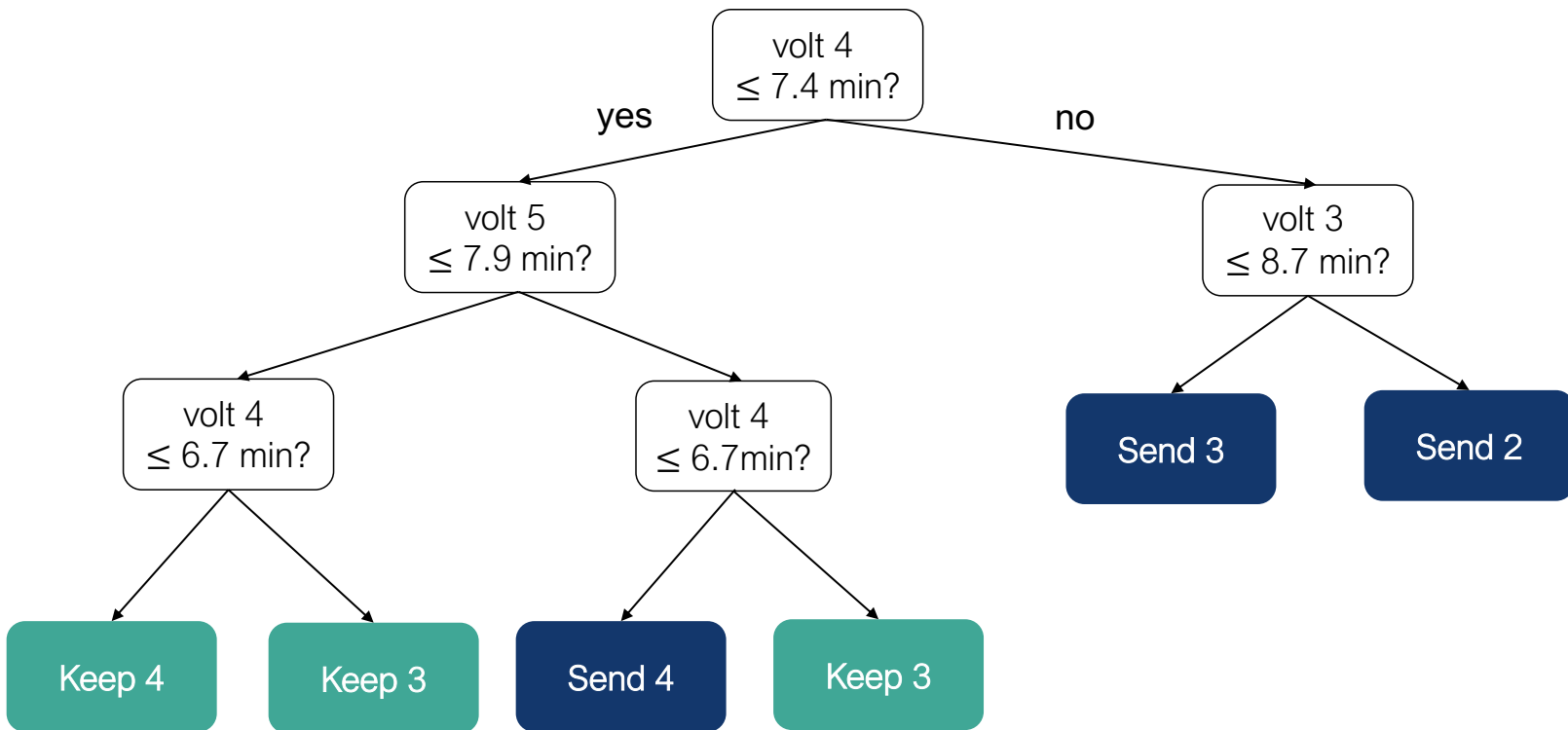
# Small case study

Let's keep it simple: study the process when we have **exactly 6 volunteers** in the circle.

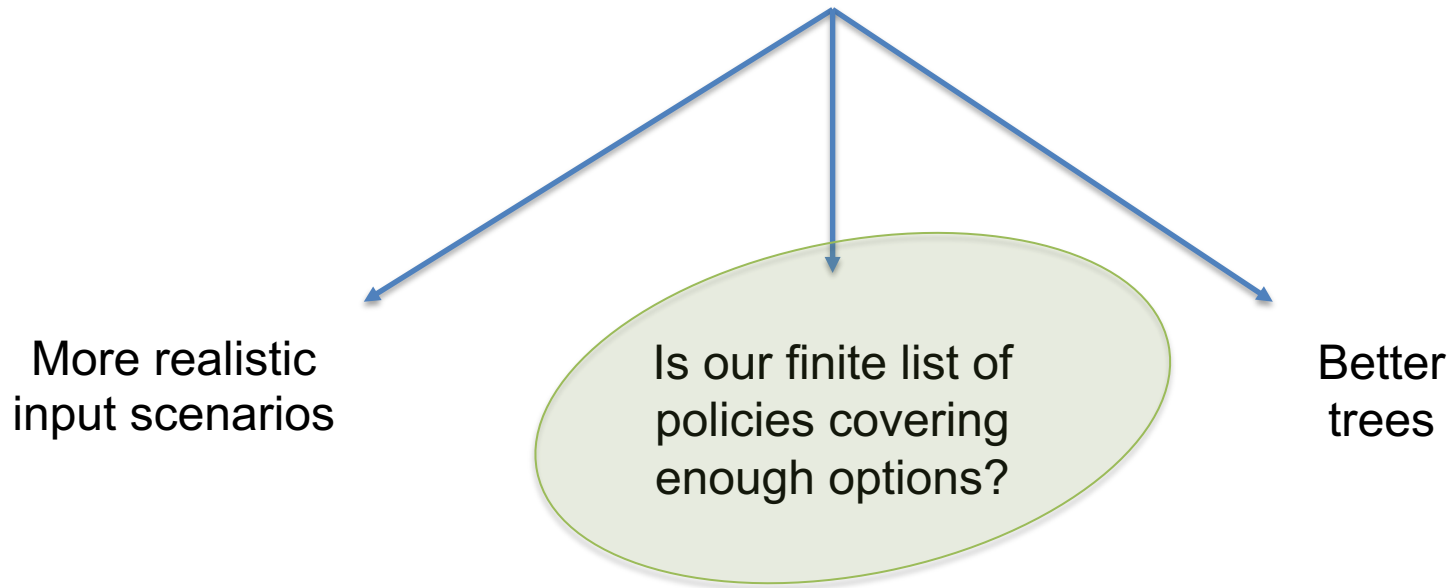
Step	Runtime
Generate 500 random scenarios	microseconds
For each scenario, evaluate each alerting strategy by simulating it 10.000 times	20 mins
Store the strategy that performed best.	-
Build tree (Python sklearn)	seconds

# Small case study

Result:



# THREE WAYS FORWARD



# Compare against Dynamic Programming

How many volunteers to alert when, is a (stochastic) optimization problem.

Formulate it as a finite-horizon Markov Decision Problem.

5-second time epochs.

To allow a smaller state space, pretend the duration until a volunteer replies yes/no is memoryless.

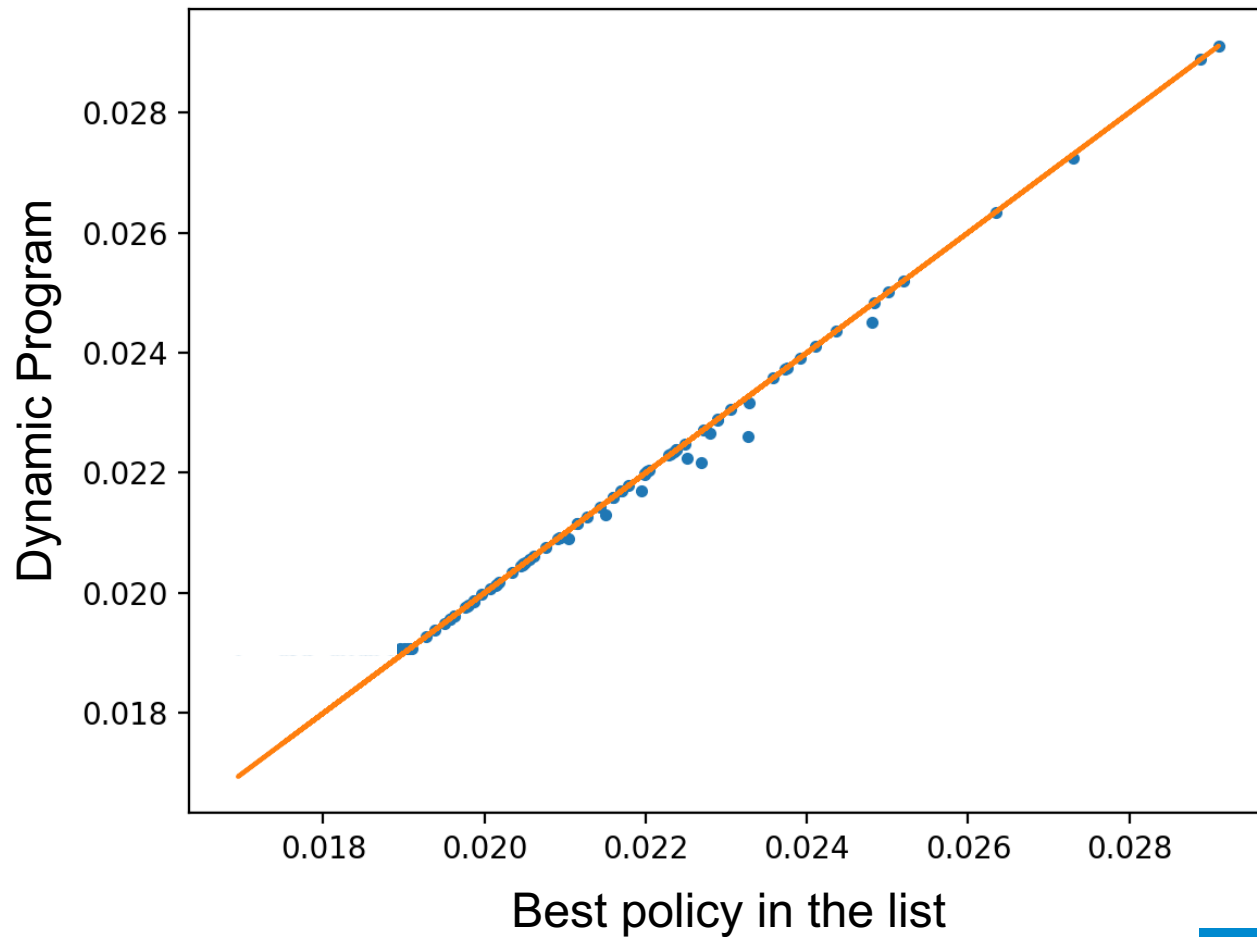
Actions are how many volunteers to alert (assumed always choose the next-closest one).

**Solve by dynamic programming.**

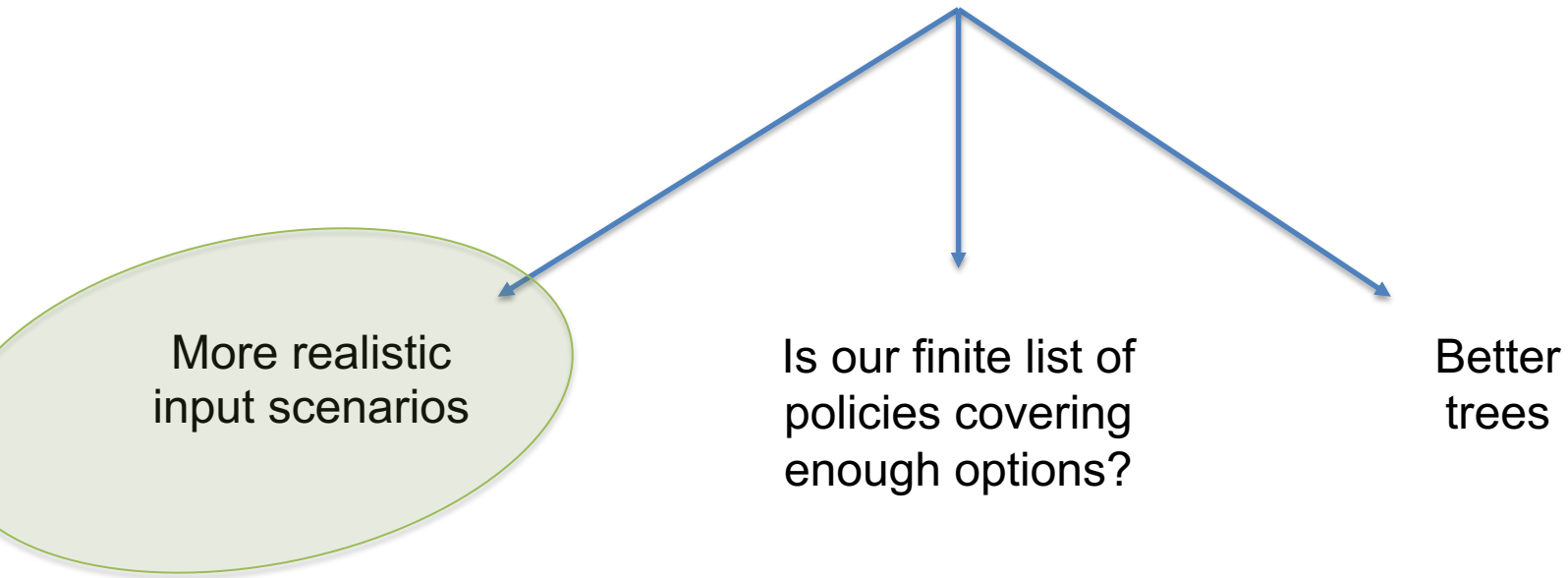


Slow: can handle just  
5 volunteers

# DP versus best-in-the-list



# THREE WAYS FORWARD





# More realistic input scenarios

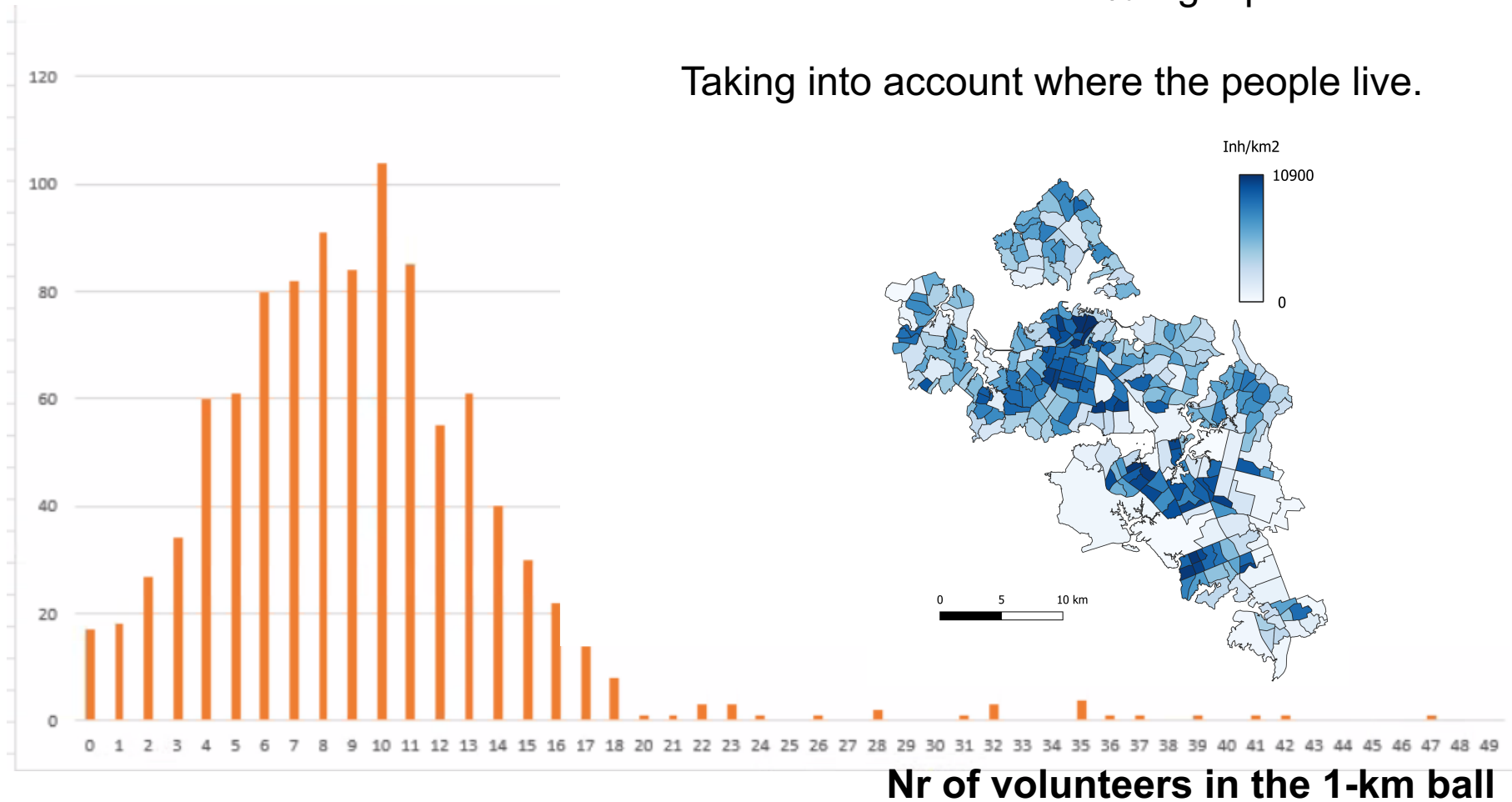
We don't always see exactly 6 people in the 1-km ball.

How to get a realistic estimate?

# More realistic input scenarios

Auckland with a 0.1% signup rate.

Taking into account where the people live.



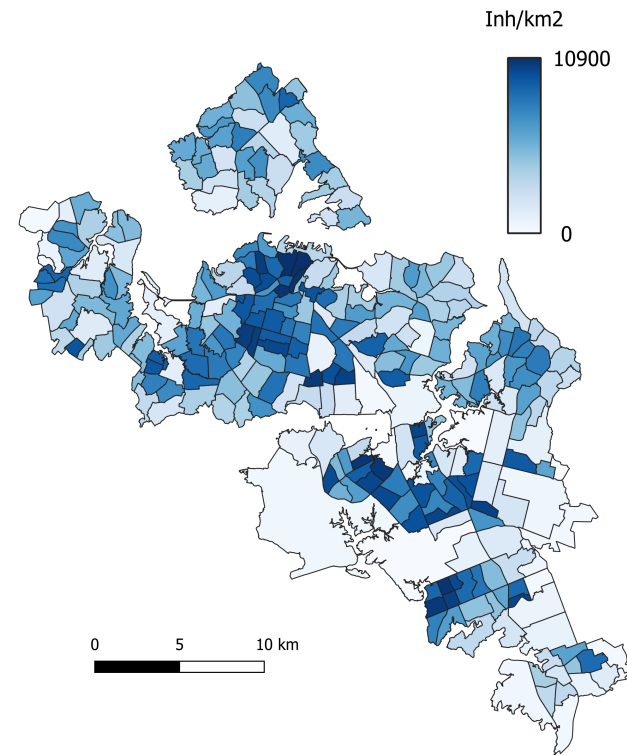
# Input now looks like this

Example: [55, 129, 300, 499, 540] , #37  
[55, 102, 225, 369, 499, 540, 588] , #4  
[75, 190] , #1  
[55, 187, 300, 477, 545] , #37

# Ambulance response times

Obviously, it's not always 12 minutes.

Use realistic estimates that vary across the region.



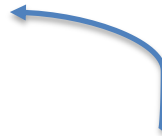
# Input now looks like this

Example: [55, 129, 300, 499, 540] , 672, #30  
[55, 102, 225, 369, 499, 540, 588] , 590, #4  
[75, 190] , 274, #2  
[55, 187, 300, 477, 545] , 588, #37

Volunteers

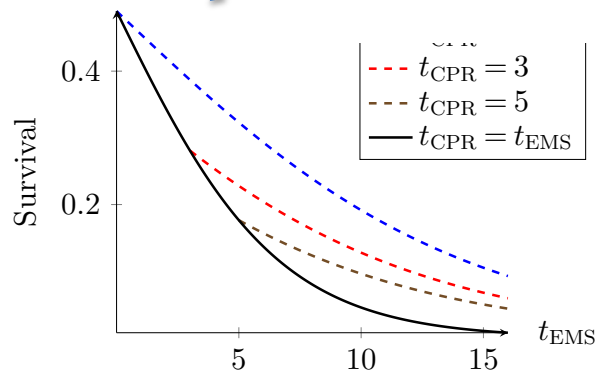
EMS time

best policy



# Triage time affects survival

By the time you send the alert, you know how long you've triaged!

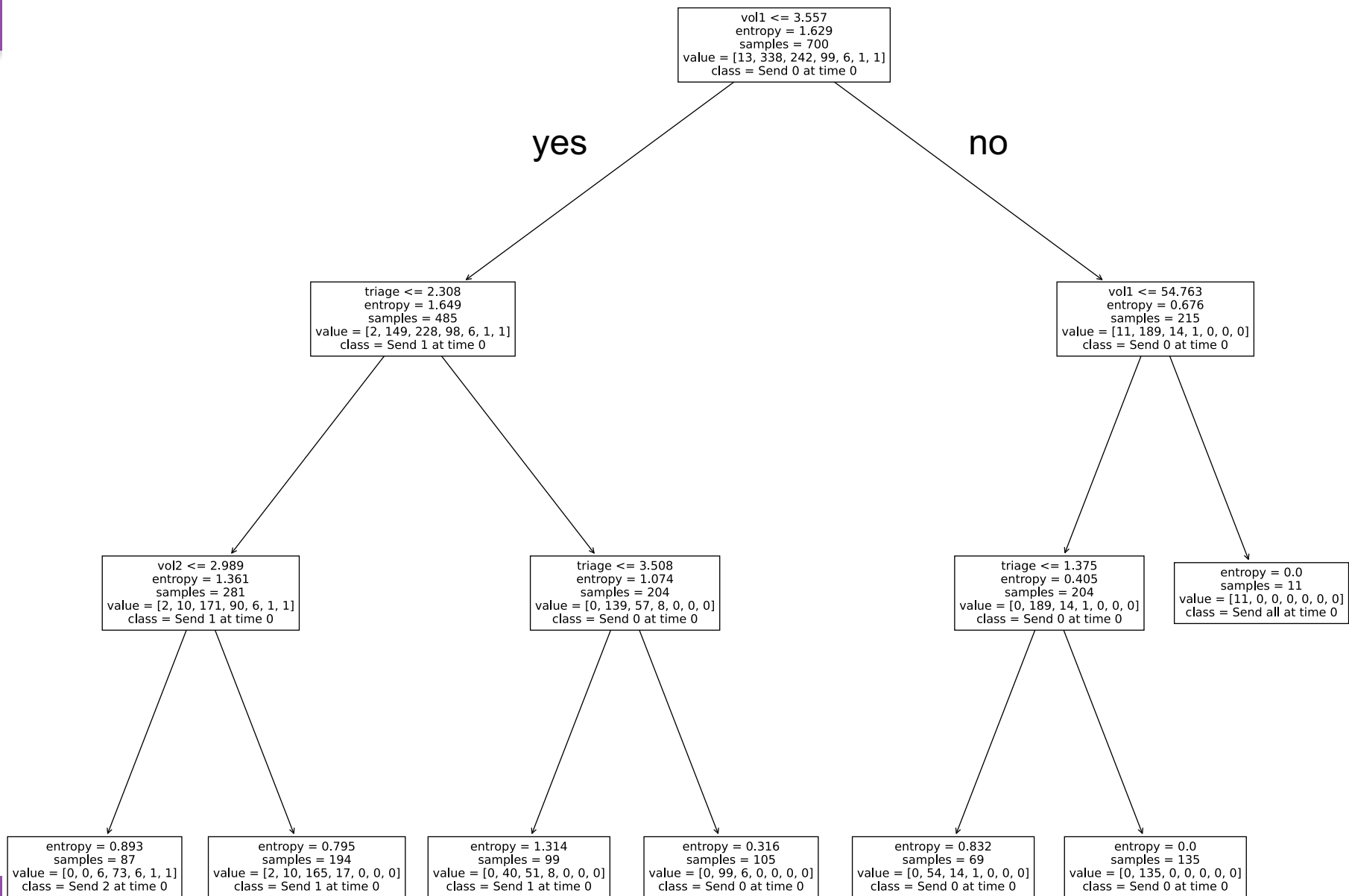


# Input now looks like this

Example: [55, 129, 300, 499, 540] , 601, 45, #19  
[55, 102, 225, 369, 499, 540, 588] , 590, 77, #24  
[75, 190] , 274, 126, #3  
[55, 187, 300, 477, 545] , 588, 189, #25

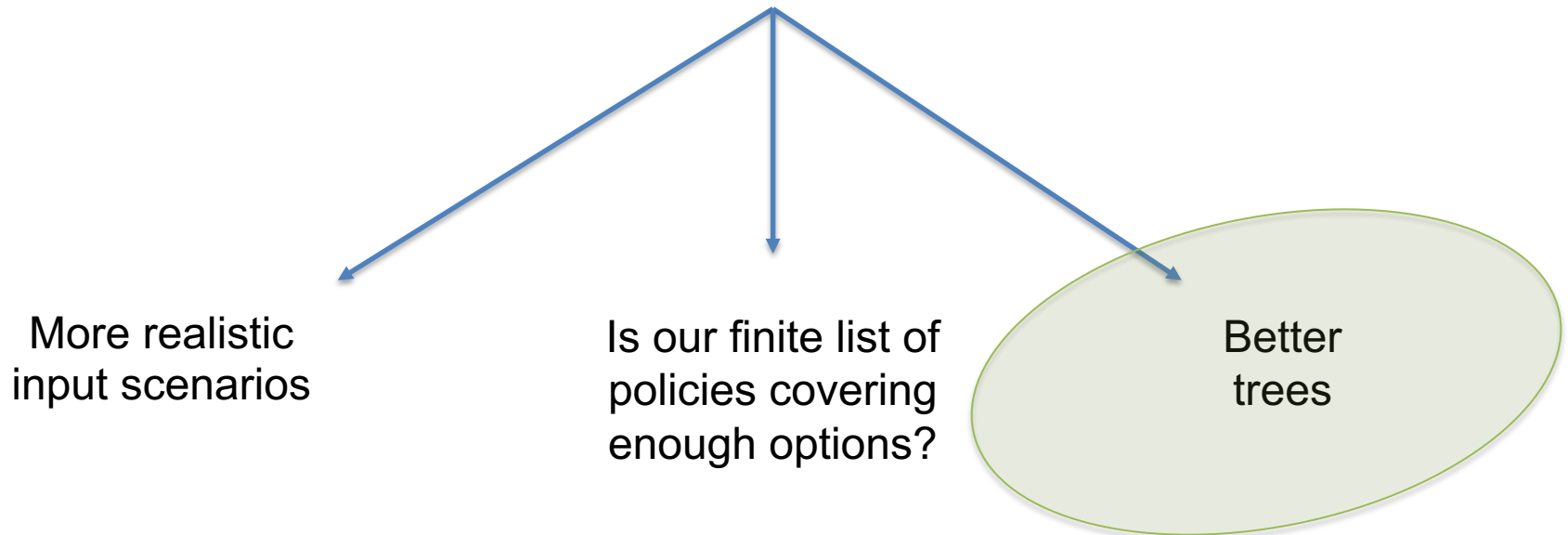


# Result (accuracy 0.83)





# THREE WAYS FORWARD



# Optimal Trees

## Who is familiar with *Optimal trees* by Dimitris Bertsimas & Jack Dunn?

“Classification and Regression Trees (CART) build the decision tree using a recursive approach based on a greedy heuristic. We study the benefits of an optimal decision tree approach, which creates the entire decision tree at once using Mixed Integer Optimization”.

### Benefits:

- A better performing tree (at least true in-sample, hopefully also out-of-sample)
- Allows complex error functions (more than just the % of misclassifications)
- Allows hyperplane splits  $4x + 7y - 8z < 17.5$

# Optimal trees

- Cool? Yes
- Easy? No
- Not quick to solve, even using commercial MIP solvers
- Tips:
  - Generate a bunch of potentially decent trees using conventional ML packages
  - Use these as warm-starts for the MIP solver
  - Terminate while there is still an optimality gap
  - End with a local search around the best-found solution

# Four papers

recruitment

## Volunteer recruitment

- Modeling the Impact of Community First Responders

Management  
Science 2024

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## The alerting question

- Alerting in batches with time lags in between?

Queueing  
Systems 2022

## Simulation

- Phased alerting of community first responders for cardiac arrest.

Submitted to  
Annals of Emergency  
Medicine

## Optimization

- DP & ML

Work in progress

alerting

# Future work

- Modeling AED pickups
- Or....



- CFR beyond the scope of cardiac arrest

Thank you!

Questions ?