



NATIONAL CONFERENCE
CONFÉRENCE NATIONALE

EDMONTON, AB
JUNE 15-17, 2025

CONCURRENT SESSION #9

Relieving the strain on hospital resources by implementing an Admission Discharge Unit

Monday, June 16, 2025

13:45 - 15:15

CANADIAN COLLEGE OF
HEALTH LEADERS



COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

TITLE
SPONSOR

sodexo

CONFLICTS OF INTEREST

WE HAVE NO CONFLICTS OF
INTEREST TO DECLARE.

Erie Shores HealthCare

Canadian College of Health
Leaders National Conference 2025



PRESENTERS

HOLLY KETTLE



Holly is a dedicated registered nurse for 20 years, has progressed from a frontline nursing role to leadership positions in hospital operations. Previously served as an Operations Manager in the Emergency Department and now holds the position of Clinical Director. Holly has a strong commitment to advancing patient care and has contributed to research. Her extensive experience and leadership continue to drive improvements in clinical practice and patient outcomes.

PATTI FIELDS



Patti is a registered nurse and clinical teacher at the University of Windsor, is passionate about patient flow and optimizing healthcare efficiency. With a strong dedication to education, she is committed to mentoring and guiding nursing students as they develop their skills and advance in their careers. Patti's enthusiasm for both clinical excellence and teaching ensures that future nurses are well-prepared to provide high-quality patient care.

KRISTIN SPICER



Kristin is an experienced RPN, who has played an integral role as frontline staff in the successful execution of the Admission-Discharge Unit (ADU). Her dedication, adaptability, and hands-on approach have been essential in ensuring smooth patient transitions and optimizing hospital flow. Kristin's commitment to patient care and teamwork has been recognized as Nurse of the Year at ESHC. She has made a significant impact on the ADU's effectiveness in improving hospital efficiency and patient outcomes.

BACKGROUND

ERIE SHORES HEALTHCARE (ESHC)

- 72-bed acute care community hospital in Leamington, Ontario
- Emergency Department: 36,000 annual visits

Growing Demand & Increased Pressures

- In 2019, collaboration with EMS expanded the service population from 79,000 to 165,000 residents
- External pressures, including the COVID - 19 pandemic, further strained resources
- Increased ED wait times, length of stay and delays in patient admissions

Solution

- To address the bottlenecks, the Admission Discharge Unit (ADU) was created -



PATIENT FLOW BARRIERS



ED Admission Overload

- Increased admissions lead to a backlog of admitted patients with no available inpatient beds.
- ED Rooms were occupied, preventing new patients from being seen.



Inpatient Discharge Delays

- Early discharge orders placed, but delays in:
 - Patient transportation
 - Family pick-ups
 - Nurse availability



RESULT

- Inpatient beds remained idle, blocking ED admissions from moving to an inpatient bed

PATIENT FLOW BARRIER RESULTS



Increased ED wait times &
congestion



Delayed patient transfers &
discharges

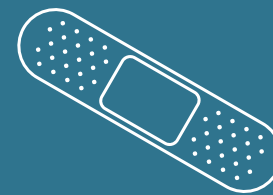


Reduced hospital efficiency

GOALS OF ADU



Reduce ED and Inpatient
bed idle times to free up
capacity



Enhance overall patient flow
to reduce overcrowding
and wait times



Create consistency in the
admission and discharge
process to ensure efficiency
standardization across
patient care

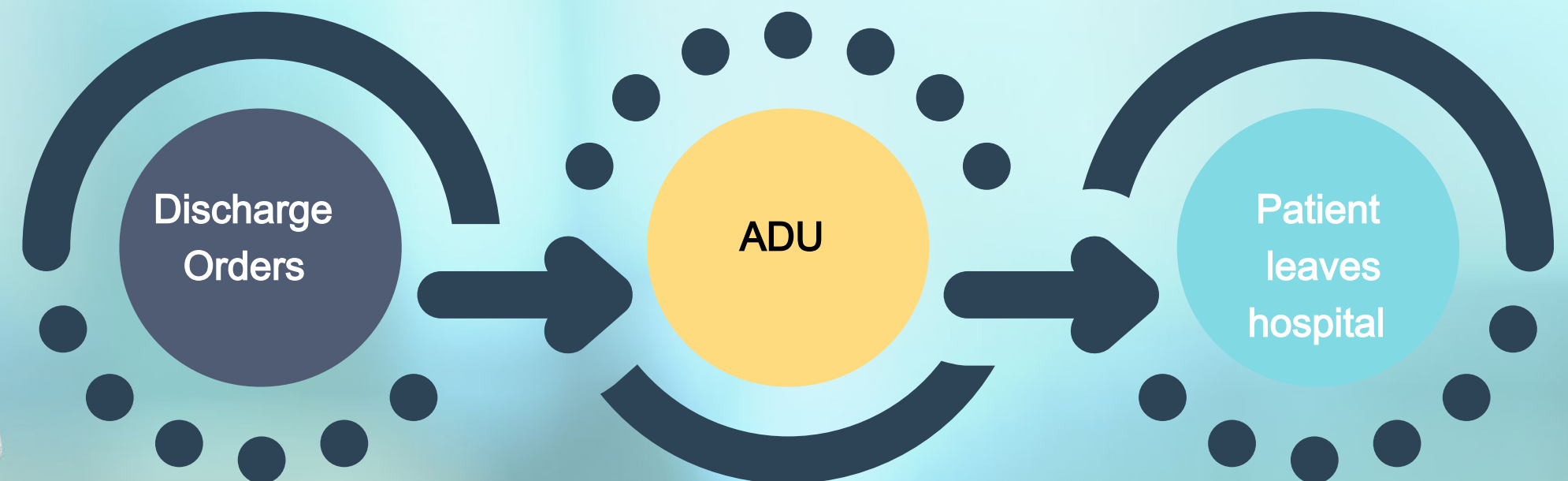
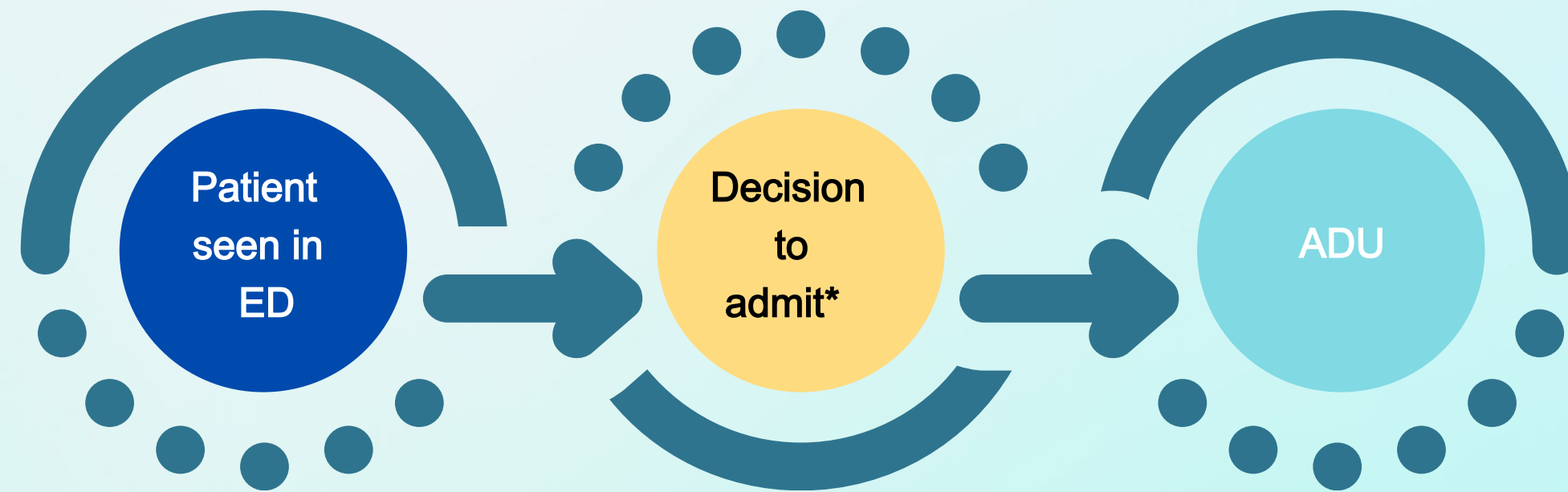


Improve patient transitions
between departments for
a smoother hospital
experience



Support timely admissions
and discharges to improve
hospital resource
utilization

PROCESS...



*specific admission criteria for ADU to be met

Inclusion/Exclusion Criteria



Admission INCLUSION Criteria	Admission EXCLUSION Criteria
Medical/Surgical Admission Service	NO Telemetry or ICU
Enhanced droplet/contact precautions	NO AOB, wandering or exit seeking behaviors
COVID (suspect, positive or resolved in RM 164/165)	NO CIWA/COWS/Controlled Opioid
Loose stool/C. diff - RM 164/165 with door & dedicated commode	NO complex post-op
MRSA, VRE, ESBL – RM 164/165 with door & dedicated commode	NO BIPAP
Simple post-op and scopes (Expected DC 24-48hrs)	NO Post-Partum or > 20 weeks gestational age*
Epidural or Heparin Infusion	
End of Life pts – PPS > 20% Review with Manager/AHA *	

Discharge INCLUSION Criteria	Discharge EXCLUSION Criteria
Medically cleared with dc order	NO wandering or exit seeking behaviors
Post-op day surgery waiting for ride	NO actively dying pts
Droplet precautions (Follow IPAC Guidelines and wear a mask)	NO Airborne
	NO loose stools/C. diff.



Erie Shores
HealthCare
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ADU FLOW



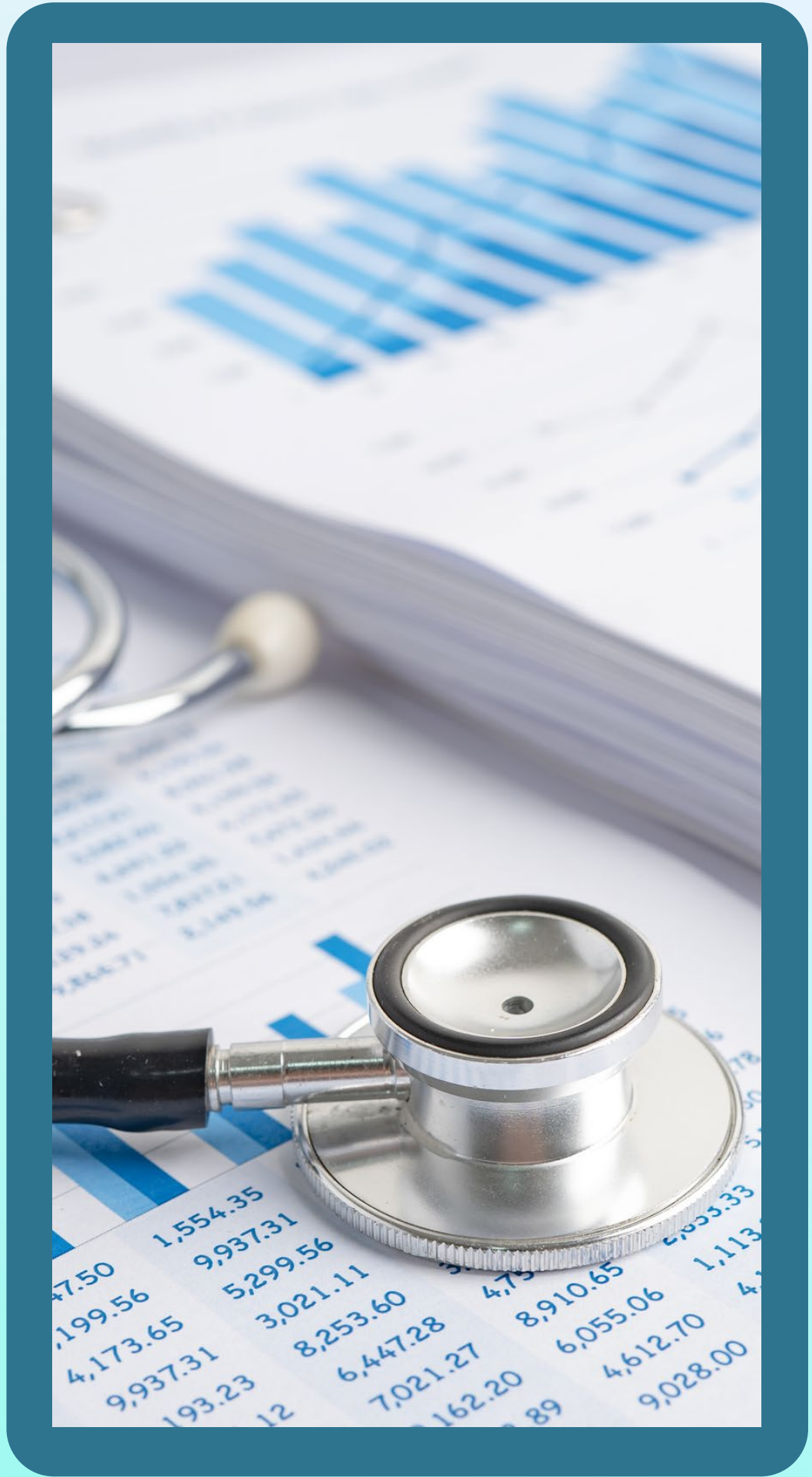
RESULTS

EMERGENCY DEPARTMENT STATISTICS

	Q3-22/23	Q3-23/24	Q3-24/25
ED Visits	7,247	7,556	8,326
ED Bed Idle Time	9 hours	6.3 hours	4.1 hours
Status	No ADU	Some ADU usage	ADU Fully Implemented

INPATIENT (IP) BED STATISTICS

	Q3-22/23	Q3-23/24	Q3-24/25
Admits	787	727	896
IP Bed Idle Time	3 hours	2.6 hours	1.3 hours
Status	No ADU	Some ADU usage	ADU Fully Implemented



SUMMARY

Enhance Emergency Department Efficiency

- ED visits increased 7,247 to 8, 326 (Q3 -22/23 to Q3 -24/25)
- ED bed idle time reduced: 9 hours to 4.1 hours

Improved Inpatient Bed Utilization

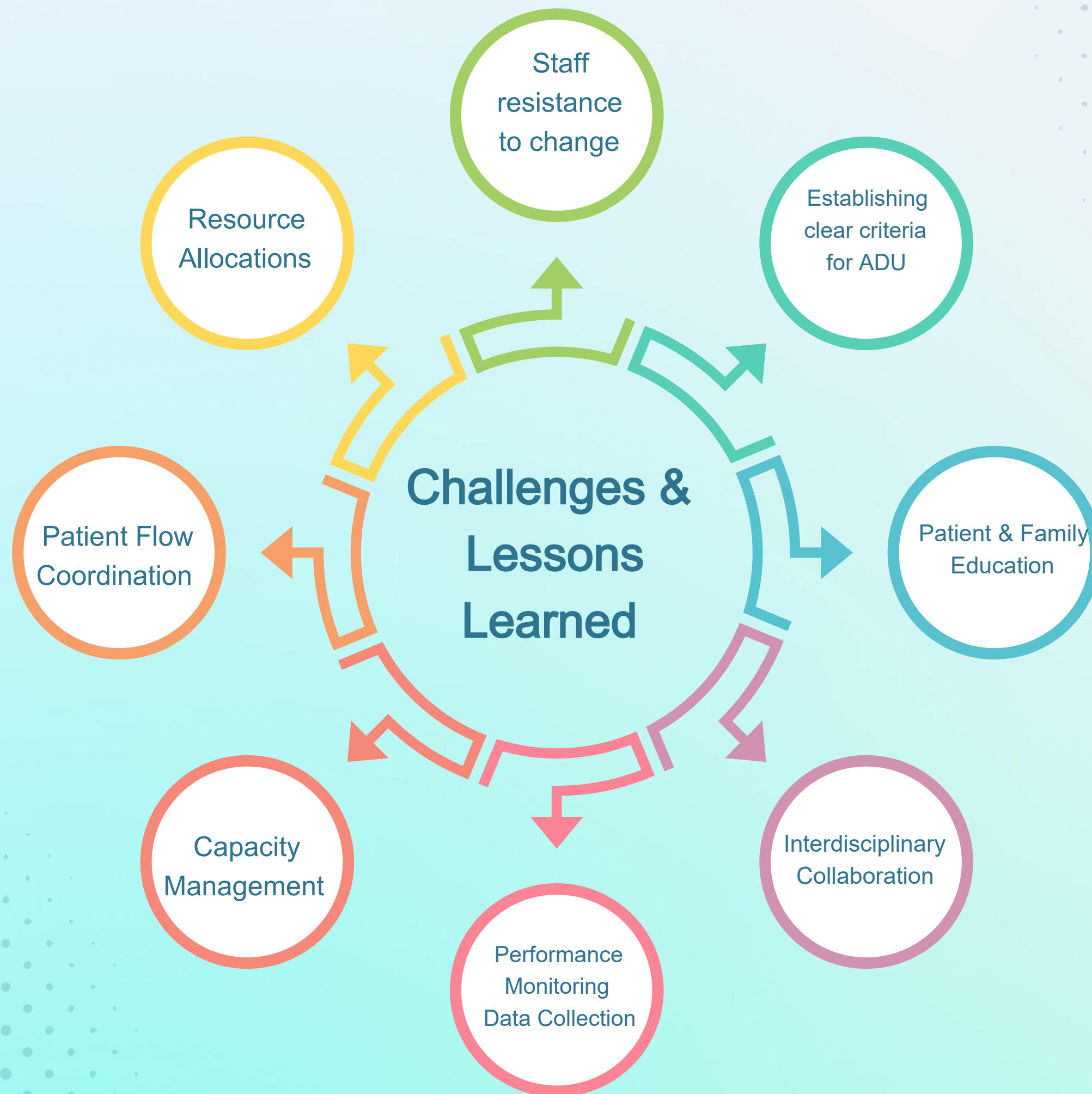
- Admissions increased 787 to 896
- Quicker admissions, optimized bed idle time reduced from 3 hours to 1.3 hours



RELATED RESULTS

- Maintained an Ambulance Offload Time of less than **25 minutes** since Q4 23/24
- Decreased Admit No Beds at 0800 by **2.4** from **3.9** (Q4) to **1.5** (Q3)
- Decreased Admitted Length of Stay by **8.7 hours** from Q4 23/24 to Q3 24/25
- Decreased Time to Inpatient Bed by **112 hours** from Q4 23/24 to Q3 24/25





Gain leadership & staff buy -in

Conduct a thorough needs
assessment

Optimize ADU location
& design

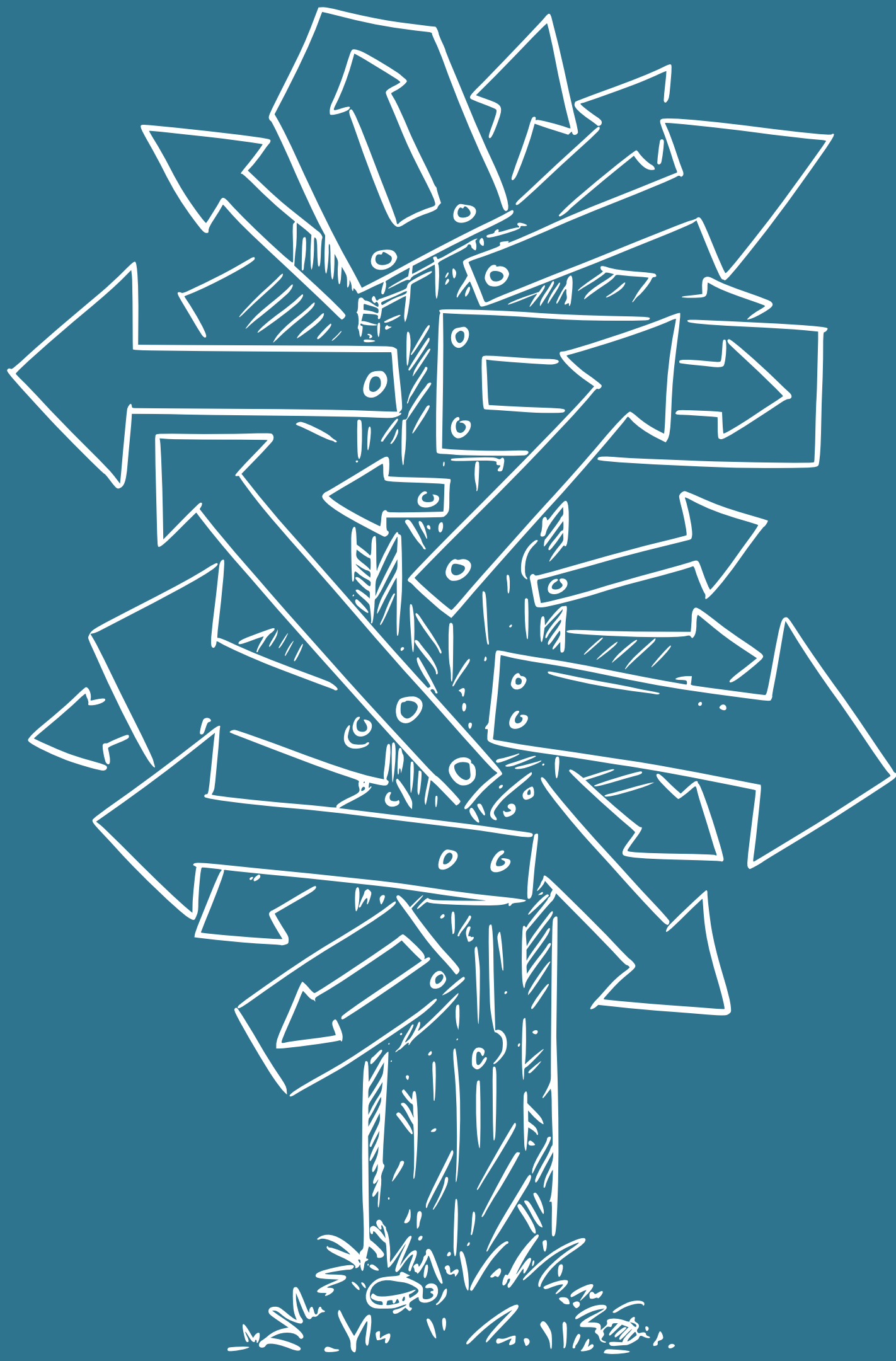
Implement strong
communication
& Coordination protocols

Ensure sufficient staffing &
training

Leverage technology for
efficiency

Develop clear admission &
discharge criteria

FUTURE DIRECTION



OVERALL...



Streamlined
Admissions &
Discharges



Reduced hospital
congestion & idle
bed time



Improved patient
care & efficiency



QUESTIONS

