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# LEARNING TO BE PATIENT: EMERGENCY ROOM WAIT TIMES KEEP RISING DESPITE PROMISES

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The government of Quebec has made a new tool available to the population that allows for the evaluation (and estimation) of wait times in the province’s emergency rooms.<sup>1</sup> While this is a welcome tool, it only provides a snapshot of the current situation. To correctly evaluate performance in terms of emergency care, a historical perspective is required. Looking at the evolution of the medium length of stay (MLS) in emergency rooms over the past five years, it is clear that the situation is getting worse,<sup>2</sup> a trend that precedes the pandemic.

## LONGER AND LONGER EMERGENCY ROOM WAIT TIMES

In 2018, the median length of stay<sup>3</sup> in Quebec emergency rooms was 4 hours and 31 minutes. In 2022, it had risen to 5 hours and 11 minutes (see Figure 1). This is a 40-minute increase in four years, or nearly 15%.<sup>4</sup> For patients on stretchers, the increase was 2 hours and 8 minutes, or 23.2%.

The MLS for ambulatory patients in emergency rooms<sup>5</sup> fell somewhat in 2020, since at the heart of the pandemic, few people were going to emergency rooms, hence the reduced wait for less severe cases. The MLS subsequently resumed its upward trajectory.

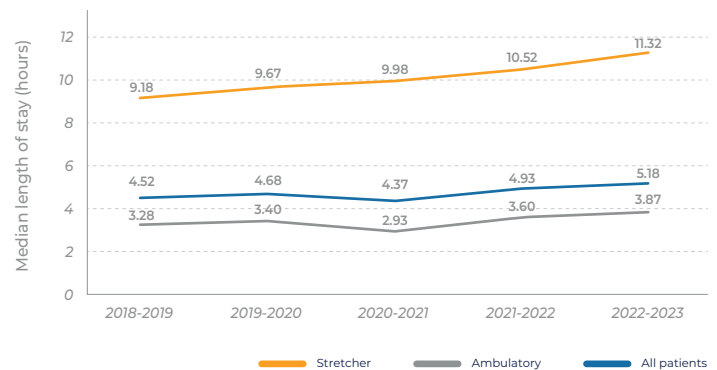
In the Annex to this Viewpoint is a ranking of the regions of the province by MLS, as well as a list of the emergency rooms with the longest MLS in each region.<sup>6</sup>

## STRETCHERS: ONE IN FOUR PATIENTS WAITS OVER 24 HOURS

Another statistic is just as shocking: the proportion of patients on stretchers who wait a long time in the province’s emergency rooms. In 2018, 16.6% spent more than 24 hours in ER. In 2022,

Figure 1

### Evolution of the length of stay in emergency rooms across Quebec



Source: Quebec Department of Health and Social Services, request for access to information, January 2023.

this was up to nearly one patient in four, or almost 210,000 patients (see Table 1). This represents an increase of nearly 50%.<sup>7</sup>

As for the proportion of patients having spent more than 48 hours in an emergency room, it increased by over 200%. This is a clear failure considering the political promises that made headlines back in 1980 guaranteeing that no patient would have to remain in an ER for 48 hours.<sup>8</sup>

The problem, however, is not just due to the inefficiency of emergency rooms. It is a consequence of the generalized inefficiency of the hospital system. Indeed, many patients remain on stretchers in an ER while waiting to be transferred to different hospital departments, even though they are stable enough that they no longer require emergency care.<sup>9</sup>

Table 1

Patients on stretchers, the province of Quebec						
	Stretchers		Stays of 24 hours or +		Stays of 48 hours or +	
	n	MLS	n	%	n	%
2018	958,182	9:11	159,161	16.6%	22,744	2.4%
2019	953,443	9:40	183,365	19.2%	37,876	4.0%
2020	742,145	9:59	147,565	19.2%	35,936	4.8%
2021	837,090	10:31	181,463	21.7%	47,702	5.7%
2022	861,808	11:19	209,153	24.3%	64,214	7.5%

**Note:** The data for the 2022-2023 fiscal year are not complete, since the request for access to information was received before the end of this period. Nonetheless, the MLS and the percentages should not move much, even though the final counts will be higher.

**Source:** Quebec Department of Health and Social Services, request for access to information, January 2023.

## THE GOVERNMENT IS MOVING IN THE RIGHT DIRECTION

These observations demonstrate that the system is inefficient and does not manage to provide the care patients need. It is therefore important to provide Quebecers with other options for front-line care.

For now, patients have two main options to avoid emergency rooms: see their family doctor or call 8-1-1. The 776,708 Quebecers who have put their names on the waiting list through the Québec Family Doctor Finder (GAMF)<sup>10</sup> can also go through the Primary Care Access Point to make an appointment.<sup>11</sup> These options remain complicated, though, and do not really succeed in efficiently replacing ERs.

Telemedicine can also provide front-line care. Certain group insurance plans now cover these kinds of appointments.<sup>12</sup> This is an efficient option both for orphan patients and for those who are followed by a family doctor in cases of minor problems or to get referrals or prescriptions.

Finally, the private mini-hospitals planned by the Legault government could help reduce ER congestion. These would include family medicine groups, emergency rooms for minor cases, ambulatory surgery rooms, and pharmaceutical

and imaging services, among other hospital services.<sup>13</sup> These centres already coexist with hospitals in numerous countries, including France and Sweden, for instance.

If we want to stop the degradation of care quality and reverse current trends, the hospital system needs to be reimagined, and we have to allow an opening for development and innovation when it comes to primary health care.

## REFERENCES

1. Government of Quebec, Santé, Système et services de santé, Organisation des services, Données, Situation dans les urgences au Québec, February 23, 2023.
2. Quebec Department of Health and Social Services, request for access to information, January 2023.
3. We use median length of stay rather than average length of stay. The median, which is the midpoint of a sample, is more representative of patients' actual situation, as it is less affected by extreme values. Patrick Déry, "Quebec Hospitals Require Entrepreneurship," MEI, Viewpoint, July 2018, p. 1.
4. Author's calculations. Quebec Department of Health and Social Services, *op. cit.*, endnote 2.
5. An ambulatory patient does not need to be put on a stretcher. Quebec Department of Health and Social Services, Gestion clinique de l'épisode de soins, Critères d'orientation des usagers, Aire ambulatoire, consulted on February 23, 2023.
6. Quebec Department of Health and Social Services, *op. cit.*, endnote 2.
7. *Idem*.
8. Patrick Déry, *op. cit.*, endnote 3, p. 1.
9. Héloïse Archambault, "Trois fois plus de patients attendent des jours sur une civière à l'urgence," *Le Journal de Montréal*, March 21, 2022.
10. Régie de l'assurance maladie du Québec, "Évolution du nombre de personnes inscrites au Guichet d'accès à un médecin de famille (GAMF) selon leur statut en 2023," updated February 3, 2023.
11. Government of Quebec, Health, Getting a medical consultation with a health professional if you do not have a family doctor, updated February 23, 2023.
12. Government of Quebec, "Partie 2 : Lois et règlements," *Gazette officielle du Québec*, December 14, 2022, p. 6835.
13. Coalition Avenir Québec, "Nouveaux centres médicaux privés au service des Québécois," September 3, 2022.



This Viewpoint was prepared by **Emmanuelle B. Faubert**, Economist at the MEI. The MEI's Health Policy Series aims to examine the extent to which freedom of choice and entrepreneurship lead to improvements in the quality and efficiency of health care services for all patients.

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