

LOWER WAIT TIMES STRATEGY

**REBUILDING MANITOBA'S
EMERGENCY ROOM CARE**



Indigenous Land Acknowledgement

We acknowledge that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline and Nehethowuk Nations. We acknowledge Manitoba is located on the National Homeland of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

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Letter from the Minister

In 2023, Manitobans elected our government with a clear mandate: to rebuild our health care system and provide better care for Manitobans. After seven years of cuts and chaos, and a government that disrespected frontline staff and health experts, we know that rebuilding health care takes time and investments, and we must try new things and adapt quickly to changes and new demands – but we know that it is worth it every step of the way.

Our first two budgets have made historic investments in Manitoba's health care system: adding more beds, more hours of care and more doctors' appointments for families across the province. And our commitment to listening to frontline health care staff and changing the culture in health care is making a difference with 1,509 net new staff added to the frontlines. By retaining our dedicated staff with reinforcements to the frontline, we are ready to implement targeted measures that will start to lower wait times in our Emergency Rooms.

As the Minister responsible for Manitoba's health care system, and a former nurse myself, I know that when Manitobans show up at an Emergency Room it is one of the hardest, scariest moments of their lives. Whether you are worried about a sick child, an aging parent or experiencing extreme pain, you need the best care right away.

Unfortunately, the impacts of the previous government's cuts are still felt in our ERs. Nurses and other frontline staff are run off their feet as they work to care safely for everyone waiting. Compounding the problem of previous cuts to health care, is the addictions and homelessness crisis that ballooned under the previous government and adds to the strain on our ERs.

As a result of these cuts and neglect, ER wait times continue to rise. Families are waiting too long. And frontline staff are frustrated.

With a solid foundation of new health care staff, and ongoing targeted efforts to retain, train, and hire more staff, funding more staffed beds, and providing better primary care, we are working with health care leaders and staff across the system to lower ER waits.

Earlier this year, I assembled a team of physicians, nurses and other front line staff and process engineers and tasked them with the work of leading our government's ER Wait Times Strategy. With decades of experience between them, this team is hard-working, determined and committed to Manitobans. They each bring their own perspective, formed from their years working in distinct areas of the health care system, and together they are bringing fresh ideas to enact change in emergency rooms.

The initiatives outlined in this strategy were established by the Team after speaking with front line staff, assessing how our emergency departments currently function or don't function and looking to best practices in other jurisdictions.

Anyone who has been a patient in our system knows health care is often a cascade of decisions, with choices made at the outset of treatment creating a domino effect throughout the care plan. The strategy builds on this concept with initiatives that are hyper-targeted, with specific outcomes that will impact the next chain of decision-making in the patient's care to support a faster recovery, a better experience and more capacity in the system as a whole.

These initiatives are just the beginning of our targeted approach to lowering wait times so everyone in Manitoba can get the care they need and health care staff can feel good about the work they do to care for Manitobans in our ERs.

Change won't happen overnight but that won't stop us from doing everything we can today and tomorrow to make health care in Manitoba better for you.

The Lower Wait Times Team

To lower ER Wait Times, our government is turning to the frontline experts. We have convened the **Lower Wait Times and System Improvement Team** that will develop and implement system-wide initiatives to improve ED flow, reduce median “waiting to be seen” (WTBS) times, and decrease the rate of patients who leave before assessment (LWBS).

Mandate and Objectives

This initiative will reduce median Wait Time to Be Seen (WTBS) and the Left Without Being Seen (LWBS) rate, using the December 2023 upper-end thresholds as baselines that align with national reporting standards.

The team is co-chaired by Dr. Paul Ratana, Provincial Specialty Leader of Emergency Medicine and Dr. Kendiss Olafson, a critical care physician with experience as a leader in quality improvement within Winnipeg’s ICUs.



Leadership Team

The strategy is guided by a leadership team, along with clinical leadership within emergency departments at each site.

Physician Members:

Co-Chair, Dr. Paul Ratana

Co-Chair, Dr. Kendiss Olafson

Dr. Aleks Chochinov

Dr. Carmen Hrymak

Dr. Amanda Condon

Dr. Rachel Fainstein

Dr. Dan Roberts

Dr. Sheila Peters

Dr. Eric Jacobson

Dr. Chau Pham

Nurse Members:

Karen Samson

Erin Little

Process Engineers and
Project Management Specialists

Heidi Adamko, Improvement Lead

Alana Bergstrom, Project Management Lead



Dr. Paul Ratana – Co-chair

Dr. Ratana is the Provincial Specialty Lead for Emergency Medicine, having been named to that role in August 2022. Prior to taking on that position, Dr. Ratana served as Emergency Medicine Specialty Lead at the Winnipeg Regional Health Authority from 2020-2022 where he coordinated planning across three urgent care facilities and two emergency departments.

Dr. Kendiss Olafson - Co-chair

Dr. Olafson is an internal medicine and critical care physician. She is an assistant professor in the Max Rady College of Medicine and has a Master of Public Health. She has extensive research and quality improvement experience. Her research interests include critical illness epidemiology, resource utilization, and patient and family-centered care and health outcomes.

Dr. Alecs Chochinov – Physician Member

Dr. Chochinov is Professor of Emergency Medicine at the University of Manitoba and an emergency physician at St. Boniface Hospital in Winnipeg. He has previously served as Department Head & Specialty Lead for Emergency Medicine in Manitoba and has been deeply involved in research and policy development on ED operations and health systems.

Dr. Carmen Hrymak – Physician Member

Dr. Hrymak is the Director of Quality Improvement and Patient Safety and Standards for the Department of Emergency Medicine and the Critical Care Outcome Improvement Team Director. Dr. Hrymak works as an Emergency Physician at HSC and the Virtual Emergency Care and Transfer Resource Service, a Critical Care Physician, and an Organ Donation Physician.

Dr. Amanda Condon – Physician Member

Dr. Condon is the Department Head – Family Medicine, at the Max Rady College of Medicine, and Provincial Specialty Lead – Family Medicine with Shared Health. She has been practicing comprehensive family medicine since 2008 and has also held several leadership roles within clinical practices in the province.

Dr. Rachel Fainstein – Physician Member

Dr. Fainstein is an Internal Medicine physician at the Health Sciences Centre and Grace Hospital. She is the newly appointed Physician Lead for the HSC Medicine Program Quality Committee and established Quality Improvement Rounds for Internal Medicine residents.

Dr. Dan Roberts – Physician Member

Dr. Roberts is a professor of medicine and Head of Neurology at the University of Manitoba. Previously, he was Head of Critical Care and Head of the Department of Medicine with a specialty in internal medicine and critical care. He has been a strong advocate for quality improvement initiatives as well as a mentor to many colleagues with a shared focus on pushing for improvement in our health system.

Dr. Sheila Peters – Physician Member

Dr. Peters is an Indigenous physician who finished a 25-year career at the Health Sciences Centre Emergency Department in April 2023. She has also worked as a family physician serving her community members at the Access clinic in downtown Winnipeg and Northern Connections Medical Center for the last decade. She also works at VECTRS and is the Primary Care Physician to Stony Mountain Institute.

Dr. Eric Jacobsohn – Physician Member

Dr. Jacobsohn has worked as an anesthesiologist, intensive care physician and professor at the University of Manitoba's Max Rady College of Medicine throughout his extensive career in Manitoba's health care system. In 2024 he was named special advisor to Health Minister Uzoma Asagwara.

Dr. Chau Pham – Physician Member

As a leader in the field of emergency medicine, Dr. Pham has dedicated her career to advancing the use of point-of-care ultrasound and promoting physician sustainability and wellness. With a focus on gender equity in emergency departments, Dr. Pham's research aims to improve patient outcomes and enhance the overall quality of care in emergency settings.

Karen Samson – Nurse Member

A nurse with 37 years of experience, Karen has dedicated the majority of her career to working in various Emergency and Intensive Care settings throughout Northern Ontario and Manitoba. Karen has served as director of several programs as well as Director Health Services of the Emergency Department at St. Boniface Hospital where she was instrumental in supporting the planning of the new Emergency Department.

Erin Little – Nurse Member

Erin works as nurse in the Emergency Department at the Health Sciences Centre focusing on triage. She has also had roles within the bed utilization team throughout her career.

Heidi Adamko – Improvement Lead

With a background in engineering and change management and passion for project management and quality improvement, Heidi has been involved in several transformational projects within Manitoba's health care system including the implementation of the Emergency Department Information System (EDIS) to all Emergency Departments in the Winnipeg Regional Health Authority.

Alana Bergstrom – Project Management Lead

Alana is an experienced transformational leader with a proven history of facilitating individual and organizational change. She has more than 20 years of project and people leadership managing small- to large-scale projects in private and public healthcare environments as well as software/game development, including complex healthcare infrastructure projects.

Current Performance (to February 2025)

Waiting To Be Seen (WTBS)

The median Waiting To Be Seen (WTBS) time measures the time from registration upon arrival at an ED to the time of seeing a doctor or nurse practitioner. This measure uses National Ambulatory Care Reporting System (NACRS) data in alignment with the Canadian Institute for Health Information (CIHI) reporting.

Across Winnipeg's four emergency departments, including HSC Children's, and three urgent care centres, the WTBS time reached a high of 4.0 hours in December of 2023.

Left Without Being Seen (LWBS)

The Left Without Being Seen (LWBS) rate is a measure of patients who visit EDs but leave before assessment or treatment by a physician or nurse practitioner. The LWBS rate demonstrates the unmet need of patients and is an indicator of ED performance particularly excessively long wait times.

The region-wide LWBS rate at Winnipeg hospitals fluctuated between 14.2 and 17.3% in the 12 months leading up to March 2025.

Concurrent Strategic Initiatives

Lowering ED wait times is a multi-pronged effort throughout the three phases of a patient's healthcare experience—triage and admission, inpatient care, and outpatient treatment that allows patients to return home safely.

Beyond the individual ED wait time initiatives, our government's historic healthcare investments will improve health outcomes and ensure Manitobans receive the care they need before it becomes an emergency.

Rebuilding Manitoba's healthcare worker capacity is a critical requirement for any improvements to lower ED wait times. In less than a year, we have added 1,509 new health care staff added to the frontlines including nearly 600 nurses, 500 Health Care Aides, and more than 150 physicians. Recruitment and retention efforts remain unabated to rebuild our healthcare workforce.

Two new Extended Hours Primary Care Clinics (EHPCC) and two Minor Injury and Illness Clinics (MIIC), that provide alternative options for less acute care needs to alleviate demand on Urgent Care (UC) and Emergency Departments (ED), have seen 10,554 patients. Additional EHPCC sites will open during summer 2025, further lessening demand on strained ED and UC facilities.

Beds removed from the health care system by the previous government exacerbated the impact of their ER closures across the province. These closures caused immediate overcrowding in ERs and longer waits for patients in need. Since forming government, we have added 240 fully staffed beds to our health care system across the province to rebuild our capacity so that patients in the ER can be moved to a bed with the appropriate level of care.

Alongside these key investments, QDocs connects patients with doctors through video appointments. These virtual appointments provide patients with quick and easy access to doctors who can assess symptoms, write prescriptions, and order lab tests. And MediNav lets patients book appointments on line within minutes.

Rebuilding our severely damaged health care system requires time, investment, and sustained agile efforts across staffing, capacity, and facilities. The Lower Wait Times and Systems Improvement Team will build on this invested foundation, starting with the following initiatives that affect patients throughout their health care experience.

Triage and Admission

Revamping Health Links into Manitoba 811 and integrating the Virtual Emergency Care and Transfer Resource Service (VECTRS) to provide clinical guidance, improve system efficiency, and enhance patient satisfaction. Expanding existing phone and virtual health services will allow nurses to triage and redirect low-acuity cases away from EDs. Manitoba 811 connects patients with the most appropriate care without needlessly waiting in the ED.

Explore models like Reducing Access Block at Triage (RABAT) including coordination between triage nurse, assigning a Canadian Triage and Acuity Scale (CTAS) score, and an ED physician performing an initial screening, treatment, and testing. Models like RABAT add staffing to emergency departments, implement transitional care beds and create triage protocols to jumpstart patients' initial assessment and treatment process. Efforts will shorten the wait time between triage and physician assessment when the department is the most stretched.

Inpatient Care

Improve Inpatient Ward Efficiency through improving workflows and patient pathways including admission, proactive discharge planning, fostering high functioning workload teams and helping patients get moving earlier to promote faster healing. Improvements to Inpatient Ward Efficiency reduces unnecessarily long stays for patients in a hospital setting, allowing them to return to their familiar daily routines sooner.

Realign Endoscopy resources to align capacity with demand, reduce ED bed block, and increase the number of endoscopy procedures including weekend service expansion. Realigning resources allows more patients to have the necessary endoscopy procedures without experiencing excessive delays.

Adding Front Line Staff to support consistent, safe staffing levels in emergency departments and across the entire health care system, create better patient experiences and minimize disruptions and the use of overtime. Efforts to increase resources in emergency departments include adding more health care aides to support vitals assessments and unit clerks to increase overall ability to observe patients and recognize signs of deterioration.

Re-establish a Virtual Ward that was cut by the previous government, and expand home-based care teams to manage sub-acute patients in their home with ongoing therapies while their condition is improving. Providing oxygen therapy, IV infusions, and remote monitoring can reduce ED visits and inpatient days. Virtual Wards allow patients to receive ongoing care from specialists in the comfort of their own home, reducing the impact of stressors on individual's health and well-being.

Expand Community Intravenous Program (CIVP) for outpatient IV therapy to divert appropriate cases from emergencies and facilitate earlier discharge. Building on the good work of the CIVP we will expand their impact to allow more patients to recover in their home environment. With CIVP, patients receive necessary IV treatment while avoiding unnecessary time in an ED setting or using inpatient beds.

Communications and Stakeholder Engagement

The **Team** has been listening to front line staff, site visits, needs assessments, and consultations to integrate frontline feedback from medical wards and EDs. They have met with SDO and Site Leadership to discuss specific initiatives and visited specific sites to understand firsthand the challenges front line staff and patients experience in emergency departments.

The initiatives to reduce WTBS and LWBS involve a variety of staff and their unions. Across facilities, affected staff and their representatives will be engaged, consulted and supported so that they can fulfill their critical role in the sustained success of this project.

Conclusion

The Government of Manitoba aims to achieve pronounced reductions in ED wait times and LWBS rates through cross-system collaboration, coordinated initiatives, and enhanced system accountability. The **Lower Wait Times and Systems Improvement Team** serves as the central mechanism to drive these critical improvements in emergency care delivery and improving patient care.

