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Opening Victoria ER no cure for wait times



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OPINION

Converting the urgent-care centre at Victoria General Hospital into a full-fledged emergency department might fulfil a campaign promise for Premier Wab Kinew. Don't expect it to do much to reduce Manitoba's record-high emergency-room wait times.

First reported by the *Free Press* Tuesday morning, the NDP government officially announced the conversion in the speech from the throne, saying the new Victoria General Hospital emergency department is expected to open this summer. It's a politically attractive announcement for a government that campaigned in 2023 on restoring emergency services at Victoria, which the former Progressive Conservative government converted to an urgent care centre in 2017.

There's a fundamental problem with the government's approach: adding more emergency-room capacity isn't going to address what's driving record wait times in ERs and urgent care centres.

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Ruth Bonneville / Free Press Files
The entrance to the urgent-care centre at Victoria General Hospital which the province is converting into a full-fledged emergency department, fulfilling a campaign promise made by Premier Wab Kinew.

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The NDP has been in office for three years and emergency-room wait times have deteriorated significantly during that period. Manitobans are waiting longer than ever for treatment, despite the government's promises to fix a health-care system it says was broken by the previous government.

Median wait times at ERs and urgent care centres in Winnipeg are now twice as long as they were prior to the pandemic. They hit record highs this year.

The problem isn't a shortage of emergency rooms. It's a shortage of available hospital beds for patients who need to be admitted and a shortage of alternative care in the community for those who no longer need acute hospital treatment.

To understand why converting Victoria's urgent-care centre into an ER won't do much — if anything — to reduce wait times, it's important to understand how emergency departments prioritize patients.

Patients are assessed according to the severity of their medical condition. The most acute cases, classified as level 1 and level 2, receive priority treatment. These are patients with life-threatening or potentially life-threatening conditions who require immediate medical attention.

They aren't sitting in waiting rooms for hours while less serious cases are treated ahead of them. They're moved to the front of the line because their conditions demand it.

The bigger problem is with level 3 patients, who generally have less immediate but still potentially serious medical conditions. Many of those patients are sick enough to require hospital admission but

can’t get a medical bed because there are none available.

“The problem isn’t a shortage of emergency rooms. It’s a shortage of available hospital beds for patients who need to be admitted.”

So they often wait 10 to 12 hours in a waiting room and another two or three days in an ER treatment area — sometimes in hallways. That backs up the entire system and is the main driver behind growing wait times.

It’s a problem that won’t disappear simply because Victoria has an emergency department that will be able to treat higher-acuity patients. Timely access for higher-acuity patients is not the problem.

The problem is that many patients who have already received acute medical treatment in hospital, and are medically ready to leave, can’t be discharged because there is nowhere appropriate for them to go.

Some are waiting for personal care home placements. Others need

transitional care, supportive housing, rehabilitation, home care or other community-based services.

Those patients occupy hospital beds, sometimes for weeks or months, that are needed for people requiring acute medical treatment.

It creates a bottleneck throughout the system. When hospitals can't discharge patients, they can't admit new ones. When they can't admit new patients, emergency departments become overcrowded, ambulance offload times increase and patients requiring hospital treatment wait longer.

That's where the NDP government should be concentrating its attention, not cutting a ribbon on a new emergency department.

Manitoba needs more alternative-care beds outside acute-care hospitals, including personal care home spaces, transitional-care beds and supportive housing. It also needs better access to home care and community services so patients can leave hospitals when they no longer require acute medical treatment.

Getting those patients into more appropriate settings would free up hospital beds for people waiting in emergency departments who actually need them.

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