

**SEPTEMBER 2025**

TOO MANY CANADIANS ARE LEAVING EMERGENCY ROOMS UNTREATED

By Emmanuelle B. Faubert

Whether to find a family doctor, consult a specialist, or get emergency care, wait times in Canada are infamously long. When Canadians show up at an emergency room, it's often because they have no other options. Yet, in spite of this, hundreds of thousands of Canadians leave emergency rooms without being treated every year.

This phenomenon is one of the most worrisome symptoms of the lack of access to care in Canada. Below are Canadian data capturing this reality, presented and analyzed for the first time.

HOW MANY CANADIANS LEAVE ERS UNTREATED?

In order to sketch a picture of the situation in Canada, we collected data on the number of people who leave emergency rooms before having been treated in each Canadian province. We looked specifically at the proportion of patients who leave ERs untreated, compared to the total number of visits. This provides a telling indicator of access to emergency care: the less the health system is able to meet the needs of the population in terms of care, the higher this ratio will be.



Requests for access to information were sent to the provincial and regional health authorities of the ten provinces. At the time of publication, the data analyzed cover all provinces, with the exception of New Brunswick's francophone network, which was omitted for data quality reasons. The data nonetheless cover almost the entire Canadian population.¹

According to the data collected, out of 16,297,628 emergency room visits in 2024, 1,267,736 patients left without having been treated, which is 7.78% of the total, or around one in every 13 visits.² The situation varies

This Economic Note 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.

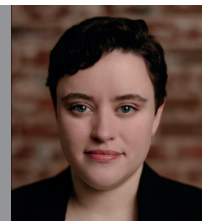


Table 1

Proportion of patients having left an ER untreated, 2024				
Province	# leaving	# of visits	Proportion	Change in ratio since 2019
BC* (2024-25)	141,961	2,595,219	5.47%	71.63%
AB***	199,615	2,277,268	8.77%	76.53%
SK***	N/A	N/A	N/A	N/A
MB	60,328	456,065	13.23%	87.82%
ON	292,695	5,950,047	4.92%	31.03%
QC* (2024-25)	428,676	3,711,751	11.55%	8.81%
NB**	41,236	320,866	12.85%	N/A
NS	54,285	551,716	9.84%	53.92%
PEI	13,186	93,170	14.15%	N/A
NL	35,754	341,526	10.47%	94.07%
Canada total	1,267,736	16,297,628	7.78%	35.54%†

* Data for the 2024-2025 fiscal year.

** Incomplete data, due to the poor quality of the data provided.

*** The data for Alberta and Saskatchewan include patients who were initially attended to, but who left the ER before treatment was completed against the advice of the doctor, without distinguishing these cases from those having left an ER without even having been seen. Data for Saskatchewan were not available for 2024.

† Variation applied only to provinces with data provided for the whole period between 2019 and 2024.

Sources: Requests for access to information from the different provinces.

considerably from province to province, however. Ontario has the lowest proportion of patients leaving an ER untreated, with a rate of 4.9%. At the other extreme, Prince Edward Island has the highest proportion, at 14.2% (see Table 1). Quebec, the second most populous province in the country, is the only one of the four big provinces with a ratio of departures before treatment that is greater than 10%.

When Canadians show up at an emergency room, it's often because they have no other options. Yet, hundreds of thousands leave without being treated every year.

The situation has also deteriorated considerably over the past five years across the country (see Figure 1). In certain cases, the ratio has nearly doubled: in Alberta, for example, it increased by 77%; in Newfoundland and Labrador, by 94%; and in Manitoba, by 88%. Even in Ontario, the province with the low-

est ratio in 2024, the situation nonetheless worsened by 31% between 2019 and 2024.

DISTRIBUTION OF UNTREATED PATIENTS BY PRIORITY LEVEL

Canadian hospitals sort patients visiting emergency rooms according to their level of priority using the Canadian Triage Acuity Scale (CTAS), a standardized classification system³ (see Table 2).

The analysis of this distribution of patients having left an ER untreated is a second useful indicator to better understand the situation in the country's emergency rooms. In 2024, one in two patients leaving an ER before being treated was classified as a semi-urgent or non-urgent case⁴ (see Figure 2). This result is hardly surprising in so far as these patients are not prioritized by health professionals, given the relatively mild nature of their condition. They must therefore wait longer than those in more urgent need of care.

This pattern, observed in Manitoba, Quebec, New Brunswick, Prince Edward Island, and Newfoundland and Labrador,

testifies to a lack of access to primary care and minor emergency care. While these patients do not have the most pressing of medical needs, they still need care, without which their condition may worsen. Among these typical cases are a patient showing up with a cut requiring stitches where bleeding is controlled (level 4) or a patient needing a dressing changed or a prescription renewed (level 5) who then leaves without having been treated.

In Ontario, Alberta, and Nova Scotia,⁵ however, contrary to the other provinces, around half of patients having left an ER untreated were classified as level three (51.4%, 48.5%, and 45.9% respectively). These three provinces also had the highest proportion of patients having left prematurely and classified as level two (13.4% in Ontario, 13.5% in Alberta, and 11% in Nova Scotia).

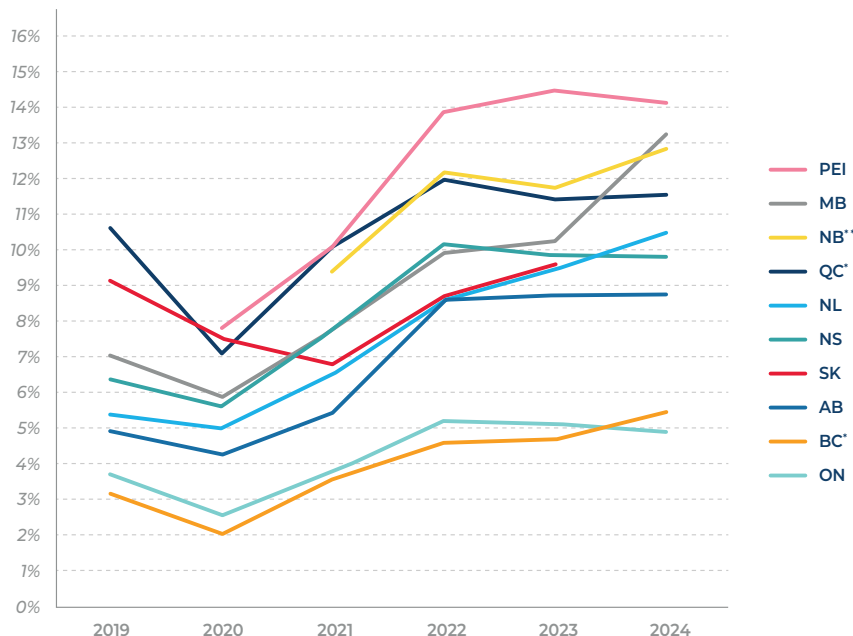
This testifies to another underlying problem. Indeed, patients classified as level three, despite the very real risk of deterioration, are sent back into the waiting room due to emergency services being overwhelmed.⁶ Studies have shown that an overcrowded ER, and the ensuing treatment slowdown, is one of the most important risk factors for premature ER departure.⁷

While some cases are more severe than others, each patient who leaves prematurely is a Canadian who needed care and whom the health system was unable to treat.

While some cases are more severe than others, each patient who leaves prematurely is a Canadian who needed care

Figure 1

Change in the percentage of patients leaving ERs untreated, 2019 to 2024



Note: The year 2020 was influenced by a reduction in emergency room visits due to COVID.

* Data presented by fiscal year.

** Incomplete data, certain health regions having not sent their data.

Sources: Author's calculations. Requests for access to information from the different provincial and regional health authorities.

and whom the health system was unable to treat. These departures can have serious consequences.

THE CONSEQUENCES OF PREMATURE DEPARTURES

Patients who leave without having been evaluated or treated can underestimate the true gravity of their situation, thus running the risk that their condition will deteriorate. Studies have shown that these patients are more susceptible to return to the hospital in the days or weeks that follow, compared to those who leave after having been treated and discharged.⁸ This premature departure can increase the risk of complications, or even death.⁹

In an observational study conducted in the United States in 2019-2020, 55.4% of patients having left an ER without being treated

Table 2

Canadian Triage Acuity Scale	
LEVEL P1	RESUSCITATION
Conditions that are threats to life or limb, requiring aggressive intervention	
LEVEL P2	VERY URGENT
Conditions that are a potential threat to life or limb, requiring rapid intervention	
LEVEL P3	URGENT
Conditions that could potentially worsen to the point of requiring emergency intervention	
LEVEL P4	SEMI-URGENT
Conditions related to patient age, distress, or a potential for deterioration that would benefit from intervention within one or two hours	
LEVEL P5	NON-URGENT
Conditions that may be acute but non-urgent or related to a chronic problem with or without evidence of deterioration	

Source: Canadian Association of Emergency Physicians, *The Canadian Triage Acuity Scale—Combined Adult/Pediatric Educational Program—Participant’s Manual*, 2013, pp. 17-19.

consulted a health professional in the three weeks following their initial visit, and the majority of these consultations (73.2%) were related to their initial health problem.¹⁰

Leaving an emergency room before having been treated only to return a few days later, their situation having deteriorated, not only has direct consequences on the patients themselves, but also for the health system as a whole. Indeed, it entails higher costs due to an inefficient use of resources. Improving the care provided in emergency rooms across Canada is therefore critical in order to keep patients from leaving untreated.

Leaving an emergency room before having been treated only to return a few days later not only has direct consequences on the patients themselves, but also for the health system as a whole.

IMPROVING UPSTREAM ACCESS TO CARE

Increased reliance on the following three resources would reduce the number of patients visiting emergency rooms for minor health problems, thereby helping to accelerate treatment for truly urgent cases:

- The nurse practitioner clinic model can bolster primary care, and has proven its worth in Quebec (where several new clinics are projected to open by 2028¹¹) and in Ontario.¹² Other provinces like British Columbia, Alberta, Saskatchewan, and Nova Scotia, are at various stages of planification, pilot projects, or deployment for such clinics.¹³ These facilities can provide a range of treatments, make diagnoses, order tests, and in certain cases prescribe drugs.¹⁴ They provide services to patients who might otherwise have visited emergency rooms, thereby helping take some of the pressure off of those facilities.
- Other health professionals can also facilitate access to primary care, notably pharmacists. Alberta led the way by opening the country’s first pharmacist clinic in 2022, all while providing them

with the broadest scope of practice of any province.¹⁵ Since then, other provinces have started to explore this model, including by enlarging pharmacists' scope of practice.¹⁶

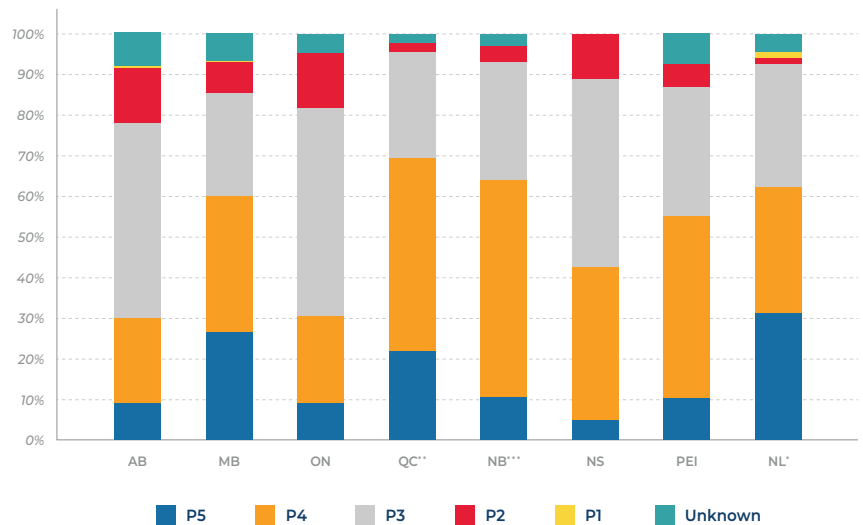
- As for minor emergencies, immediate medical care centres like those that exist in France could help reduce the number of less urgent cases treated in hospital emergency rooms.¹⁷ These clinics, specialized in minor ailments, have developed an expertise in the treatment of non-life-threatening emergencies. They are often equipped with technical facilities and test centres, allowing them not only to ease crowding in ERs, but also to support the hospital system more generally.

Although minor emergency clinics exist in several Canadian provinces, their current structure is quite restricted. Indeed, as these clinics are generally publicly administered, they are subject to the same bureaucratic burdens as the rest of the system. In contrast, France's immediate medical care centres are characterized by their independent administration. This independence allows them not only to avoid the public system's administrative straitjacket, but also to innovate without having to wait for permission from the entire administrative hierarchy.

To reduce the number of people who leave emergency rooms untreated, the upstream problems accessing care need to be addressed.

Figure 2

Distribution of patients having left an ER untreated, by level of priority (CTAS), 2024



* The data for Newfoundland and Labrador combine P1 and P2 as well as P4 and P5.

** Data presented by fiscal year.

*** Partial data, as certain regions' data is missing.

Note: British Columbia and Saskatchewan do not collect Canadian Triage Acuity Scale data for patients having left ERs untreated.

Sources: Request for access to information from provincial and regional health authorities.

CONCLUSION

To reduce the number of people who leave emergency rooms untreated, the upstream problems accessing care need to be addressed in order to limit ER visits for health problems that could be dealt with elsewhere. Increasing the number of alternatives to emergency rooms would help ease the pressure on the hospital system, thereby reducing wait times. This kind of approach would also help reduce the risk of patients leaving emergency rooms untreated, which can worsen their condition and then require the mobilization of even more resources from Canada's healthcare systems.

REFERENCES

1. Adding up only the populations of the provinces for which data are available and complete (all provinces except New Brunswick and Saskatchewan), 94.6% of the country's population is represented. Author's calculations. Statistics Canada, Table 17-10-0009-01: Population estimates, quarterly, June 18, 2025.
2. This calculation excludes Saskatchewan, as 2024 data were unavailable. The data for New Brunswick are incomplete, meaning that the total number of patients having left an ER untreated is higher in this province, as is the total number of visits. Author's calculations. Request for access to information from provincial and regional health authorities.
3. Canadian Association of Emergency Physicians, *The Canadian Triage Acuity Scale—Combined Adult/Pediatric Educational Program—Participant's Manual*, 2013, pp. 17-19.
4. P4 and P5 patients represented 49.5% of total cases in the provinces and regions where data on such distribution was available. Author's calculations.
5. It must be noted that the data provided by Alberta include not only patients having left an ER without having been seen by a doctor, but also those having initially been seen but having left before treatment was completed, against the physician's advice, which may contribute to the relatively high proportion of patients classified as level one, two, or three compared to the other provinces.
6. Canadian Association of Emergency Physicians, *op. cit.*, endnote 3, p. 18.
7. Francesca Mataloni *et al.*, "Patients who leave Emergency Department without being seen or during treatment in the Lazio Region (Central Italy): Determinants and short term outcomes," *PLoS ONE*, Vol. 13, No. 12, December 2018, p. 2.
8. *Ibid.*, p. 11.
9. Candace D. McNaughton *et al.*, "Turbulence in the system: Higher rates of left-without-being-seen emergency department visits and associations with increased risks of adverse patient outcomes since 2020," *Journal of the American College of Emergency Physicians Open*, Vol. 5, No. 6, December 2024, p. 7.
10. Nathan Roby *et al.*, "Characteristics and retention of emergency department patients who left without being seen (LWBS)," *Internal and Emergency Medicine*, June 2021, p. 3.
11. Government of Quebec, Health, Health system and services, Service organization, Specialized nurse practitioners, Public specialized nurse practitioner (SNP) clinics, April 15, 2024.
12. Alliance for Healthier Communities, Nurse Practitioner-Led Clinics, consulted on July 22, 2025.
13. CKOM News, "Saskatchewan to expand role of nurse practitioners with new health clinics," March 12, 2024; Damien Contandriopoulos *et al.*, "Pre-post analysis of the impact of British Columbia nurse practitioner primary care clinics on patient health and care experience," *BMJ Open*, Vol. 13, No. 10, October 2018; Healthcare Excellence Canada, What We Do, All Programs, Strengthening Primary Care, Promising Practices for Strengthening Primary Care in Northern, Rural and Remote Communities, consulted on July 22, 2025; Government of Alberta, All services, Health, Supports and resources, Health professional and delivery resources, Nurse Practitioner Primary Care Program, consulted on July 22, 2025.
14. Youri Chassin and Alexandre Moreau, "Super Nurse Clinics: A Flexible Solution for Improving Access to Health Care," *Economic Note*, MEI, April 2016, p. 2.
15. Krystle Wittevrongel, "Pharmacist-Led Clinics Improve Access to Primary Care: Alberta Paves the Way," *Viewpoint*, MEI, May 2024, p. 2.
16. Ordre des pharmaciens du Québec, "Un élargissement du rôle des pharmacien(ne)s au bénéfice du public," Press release, June 4, 2024; British Columbia Pharmacy Association, "B.C. government reviewing clinic model for community pharmacies," Press release, August 4, 2024 (August 6, 2024).
17. Emmanuelle B. Faubert *et al.*, "Canadians Are Waiting Too Long in the Emergency Room," *Economic Note*, MEI, June 2025.

The MEI is an independent public policy think tank with offices in Montreal, Calgary, and Ottawa. Through its publications, media appearances, and advisory services to policymakers, the MEI stimulates public policy debate and reforms based on sound economics and entrepreneurship. The opinions expressed in this study do not necessarily represent those of the MEI or of the members of its board of directors. The publication of this study in no way implies that the MEI or the members of its board of directors are in favour of or oppose the passage of any bill. Reproduction is authorized for non-commercial educational purposes provided the source is mentioned. MEI © 2025

910 Peel Street, Suite 600, Montreal (Quebec) H3C 2H8 T 514.273.0969
 150 9th Avenue SW, Suite 2010, Calgary (Alberta) T2P 3H9
 170 Laurier Avenue W, Suite 716, Ottawa (Ontario) K1P 5V5