December 15, 2025

Assessing the Performance of the Health Care System in Atlantic Canada

From our research series:

The Future of Health Care in Atlantic Canada

Atlantic Economic Council

CONTENTS

THE FUTURE OF HEALTH CARE IN ATLANTIC CANADA SERIES

Assessing the Performance of the Health Care System in Atlantic Canada

Highlights

- Canada spends heavily on health care but achieves only modest results. Health expenditures accounted for 12% of its GDP in 2024, making Canada the fourth-highest spender among OECD countries. Yet, it lags other universal health care countries on key performance indicators.
- Atlantic Canada's health care system faces ongoing performance challenges, particularly in transforming inputs into outputs (efficiency) and outcomes (effectiveness). Despite higher health spending, infrastructure and workforce compared to Canada, inputs do not consistently translate into better services or improved health outcomes.
- The region's unique population characteristics shape the health system performance. An older and more rural population with relatively poorer health outcomes requires a more effective system to meet demand pressures. Yet, performance differences with provinces with similar demographics suggest both, deeper systemic challenges and opportunities for improvements.
- The Council developed a health system performance framework to evaluate how well Atlantic Canada's health care meets people's health needs and delivers high-quality, accessible care.
- Primary care faces notable challenges in delivering care and improving health outcomes in the region. Many residents lack a health care provider and same-day or after-hours care is limited. These access gaps contribute to higher emergency department use. Health outcomes remain below national standards, with higher rates of chronic conditions and avoidable hospitalizations.
- Other health care sectors in Atlantic Canada face access and capacity challenges. Acute care experiences long wait times and geographic barriers, mental health services are strained by rising demand, and long-term care is under pressure from an older and aging population.
- Governments, private sector and health care stakeholders are actively working to improve the health care system's performance in Atlantic Canada. Regional initiatives show measurable progress in improving efficiency and effectiveness. Future reports will focus on interventions that support ongoing challenges.

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Measuring health care systems performance to drive change

Canada's health care system is under significant pressure due to rapid population growth, an aging population and increasing digitalization. Providing care for a more diverse population requires culturally appropriate care, language support, and attention to varied health needs. These challenges are forcing health systems to adapt quickly to close critical gaps in health care.

Measuring health system performance is essential. It shows how well the system meets people's health needs and provides high-quality, accessible care. A structured and consistent evaluation also guides better resource allocation, strengthens accountability, and supports strategies to improve productivity and sustainability.

Currently, Canada struggles to use its health resources efficiently and effectively. Persistent gaps in accessibility, timeliness, efficiency, and equity, limit the system's ability to achieve optimal outcomes. In 2023, Canada ranked seventh on these key performance indicators among ten countries surveyed by the Commonwealth Fund. While the Canada Health Act provides a guiding framework, these challenges prevent the system from fully meeting its goals. Inefficiencies drive long wait times, increase public spending, and result in billions of dollars in lost wages and productivity, placing additional strain on patients and the broader economy.

Atlantic Canada faces greater challenges. As noted in our report on *Advancing Health Outcomes to Improve Economic Prosperity,* the region's older, more rural population, combined with comparatively poorer health, put added pressure on the health system. These characteristics create unique obstacles to the strong performance of the health care system in the region.

High-performing health systems are vital for both individuals' well-being and national prosperity. They improve health outcomes, extend life expectancy, and enhance quality of life. Strong systems also support a healthier, more productive workforce, which attracts skilled workers, encourages investment, and drives economic growth.

This report is the third in *The Future of Health Care in Atlantic Canada* research series. It provides an assessment of the performance of the health care system in the region. It focuses on identifying gaps and opportunities for improvement by examining how the system's components work together to transform resources into outcomes and achieve overall health system goals.

Canada's health care system performance

Canada spends heavily on health care but achieves only modest results. Health expenditures accounted for 12% of Gross Domestic Product (GDP) in 2024, placing Canada the fourth highest spender among countries within the Organisation for Economic Co-operation and Development (OECD). Tax revenues largely fund this spending, with a typical Canadian family contributing about $19,000 of their annual tax bill toward health care, according to the Fraser Institute.

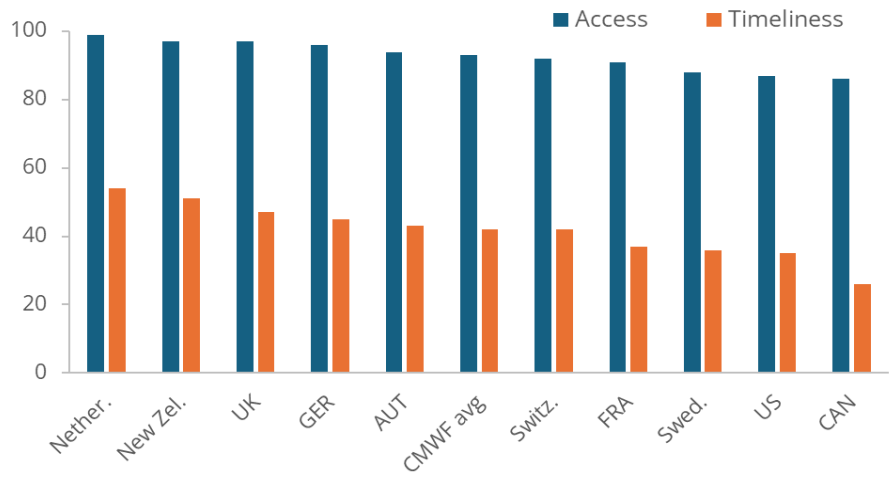
Canada lags other universal health care countries in primary care access. Only 86% of Canadians had a primary care provider in 2023, the lowest percentage among the ten countries surveyed by the Commonwealth Fund (CMWF) in 2023.

Timeliness of care is another major weakness. Same- or next-day appointments remain well below the average of the ten CMWF countries in 2023. Access outside regular hours is also limited, forcing many Canadians to turn to emergency departments for non-urgent needs.

Staffing shortages force hospitals across Canada to close their emergency departments. These closures totaled more than 1.1 million hours nationwide between 2019 and 2024, the equivalent of 47,500 days, as analyzed by the Globe and Mail. Rural and remote communities are disproportionately affected. Temporary closures peaked in 2022 and 2023 and have gradually declined since.

Canada falls behind peer countries in access to and timely primary care

Proportion/share of population (%)



Note: CMWF 2023 only surveyed the ten countries listed in the graph. Access denotes the percentage of people with a primary care provider. Timeliness denotes the percentage of the population receiving same- or next-day appointments with a doctor or nurse.
Source: Commonwealth Fund survey, 2023

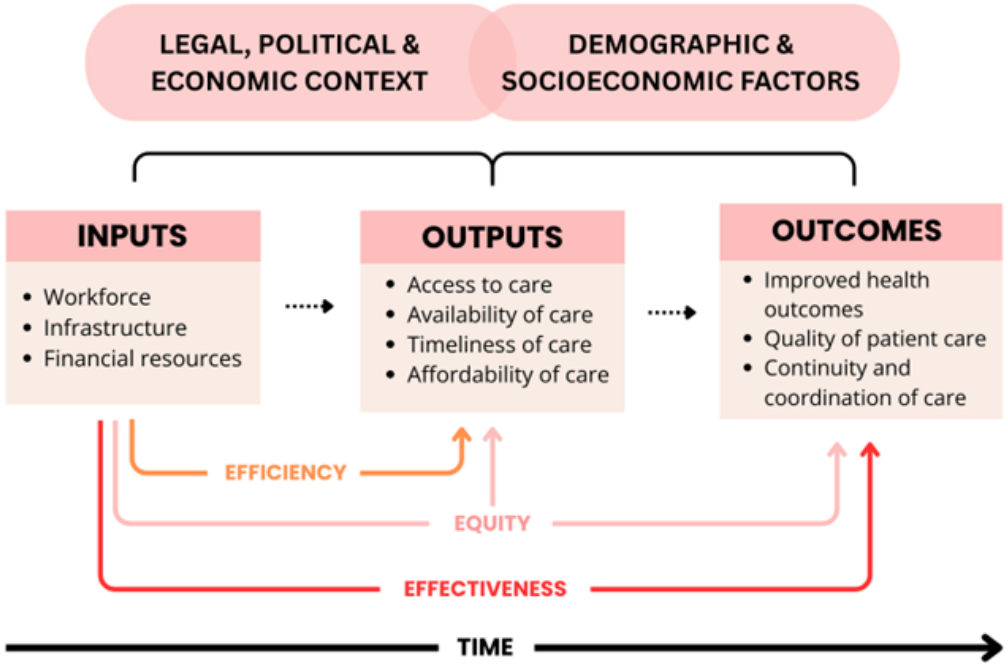
Financial barriers can restrict access to services that are not fully insured under the Canada Health Act. While medically necessary hospital and physician services are covered, many other forms of care require out-of-pocket payment or private insurance. Mental health services are one example. About 15% of Canadians reported cost as a barrier to seek mental health care, compared to only 11% across the ten CMWF surveyed countries in 2023. Long-term care can also require significant out-of-pocket expenses.

The Council's health care system performance framework

Assessing health care system performance requires linking what the system does to what it wants to achieve. The Council developed a performance framework to provide a structured approach for evaluating the health care system in Atlantic Canada. The framework shows how resources, services and results are connected, showing how the health system transforms inputs into outputs and outcomes.

Health system performance is shaped by **contextual drivers** that set the conditions for how the system functions. These include the legal, political, and economic environment, as well as demographic and socioeconomic factors. Together, these drivers influence how resources are allocated, services are delivered, and health improvements are achieved.

The framework organizes performance into three core pillars: **inputs, outputs, and outcomes.** Inputs are the foundational resources of the system, including the health workforce, infrastructure and financial resources. Outputs capture how these resources are translated into services and system performance, encompassing the accessibility, availability, timeliness and affordability of care. Outcomes represent the ultimate goals of the health system, including improvements in population health, quality of patient care, and coordination and continuity of care.



Source: Atlantic Economic Council, adapted from OECD and CIHI's health system performance frameworks.

Efficiency, effectiveness, and equity are cross-cutting dimensions of the framework. Efficiency evaluates how well inputs are converted into outputs. Effectiveness evaluates how well inputs translate into desired outcomes. Equity measures how inputs, outputs and outcomes are distributed across populations.

Time horizon refers to the period used to analyze the health system's performance. This study covers the period from 2018-2019 to 2023-2024, noting deviations where data availability differs. Health system inputs often take months or years to affect outputs and outcomes. However, the timing and extent of this translation is unclear and vary by sector. Appendix A provides more detailed definition of the framework's components.

Scope of analysis —The report evaluates the regional performance across four key health care system sectors:

1. Primary Care
2. Acute Care
3. Mental Health and Substance Use
4. Long-Term Care

For each sector, the report analyzes performance across the three core pillars and cross-cutting dimensions, combining quantitative indicators with a qualitative assessment. Selected indicators supporting this analysis are detailed in Appendices C to F, including data comparing across all ten provinces. Appendix B provides a comprehensive explanation of the performance assessment methodology, including the criteria for comparing the health system's performance in Atlantic Canada to Canada, the trend analysis, as well as the key limitations of the analysis.

Data sources in this report are current as of September 2025. Most data come from the Canadian Institute for Health Information (CIHI) and are current to 2023–2024. Some provinces, particularly Nova Scotia and New Brunswick, have released more recent data through their health system dashboards. These are not included in the analysis to maintain consistency and comparability across provinces. As health system performance changes gradually, 2023–2024 data remain a valid basis for evaluating progress. The report also highlights recent regional initiatives and reforms with measurable outcomes, summarized in the final section.

Primary care in Atlantic Canada

Primary care is the foundation of Canada's health system and the first point of contact for most individuals. It addresses the full spectrum of health needs, from health promotion and prevention to treatment, rehabilitation, and palliative care. Primary care aims to provide patient-centered, coordinated, and continuous services to improve overall population health outcomes.

	Indicator	Performance comparison	Trend analysis
Inputs	Workforce		→
	Infrastructure		↓
	Financial resources		↑
Outputs	Access		↓
	Availability		↓
	Timeliness		↓
	Affordability		↓
Outcomes	Health status		↓
	Quality of patient care		↕
	Coordination and continuity		↓

Better compared to CA
Worse compared to CA
Equal to CA
Mixed results

↑ Improved
↓ Worsened
→ Unchanged
↕ Mixed direction

Note: Performance comparison compares Atlantic Canada's health system performance to Canada's using the most recent data collected before the report cut-off date. Trends typically reflect changes from fiscal year 2019/2020 to 2023/2024. Some indicators use slightly different time periods due to data availability. See Appendix C for details on the indicators used to estimate the above assessment.

Atlantic Canada's performance assessment

***Assessment*:** Atlantic Canada's primary care system struggles to convert inputs into outputs efficiently and shows mixed effectiveness in translating inputs into outcomes. Structural factors, such as an older, more rural and less healthy population, likely hinder performance. Yet, the system still underperforms after accounting for these factors.

Efficiency: The region has relatively more inputs than Canada overall. However, access, timeliness, and availability underperform the national average, with fewer residents having a regular provider, longer wait times for appointments, and limited same-day or after-hours care. Trends indicate worsening in outputs.

Effectiveness: The inputs advantage has not consistently produced better outcomes. While time spent with providers is above the national average, perceived health and avoidable hospitalization rates remain worse. Most outcomes have worsened, except for avoidable hospitalizations.

Equity: the health care system does not serve all groups equally, with age, gender, and disability emerging as the primary factors associated with unequal treatment in the region's health care system.

Acute care in Atlantic Canada

Acute care, also known as hospital care, refers to short-term medical treatment provided in hospitals for patients with severe, urgent, or complex health conditions. It is designed to stabilize, treat and manage medical conditions that cannot be handled in primary care or community care settings.

	Indicator	Performance comparison	Trend analysis
Inputs	Workforce		→
	Infrastructure		↓
	Financial resources		↑
Outputs	Access		-
	Availability	-	-
	Timeliness		↓
	Affordability		-
Outcomes	Health status		↑
	Quality of patient care		↕
	Coordination and continuity		↕

Better compared to CA
Worse compared to CA
Equal to CA
Mixed results

↑ Improved
↓ Worsened
→ Unchanged
↕ Mixed direction

Note: Dashed lines indicate unavailable data. Performance comparison compares Atlantic Canada's health system performance to Canada's using the most recent data collected before the report cut-off date. Trends typically reflect changes from fiscal year 2019/2020 to 2023/2024. Some indicators use slightly different time periods due to data availability. See Appendix D for details on the indicators used to estimate the assessment.

Atlantic Canada's performance assessment

***Assessment*:** Atlantic Canada's acute care system demonstrates unclear efficiency and effectiveness. The region has higher inputs than Canada, but priority surgery delays and geographic barriers limit timely access to care, affecting overall health status. Yet, once patients receive care, quality and coordination of care generally meet or exceed national standards.

Efficiency: The region has more inputs than Canada, yet outputs vary across indicators. Affordability is slightly better regionally, but timeliness remains a challenge. Fewer patients receive hip and knee replacements within clinical benchmarks. Geographic dispersion difficult access countrywide with travel burdens for hospital care similar to the national average. Trends in timeliness indicate a decline.

Effectiveness: Despite higher inputs, acute care outcomes show mixed results. Some quality and coordination of care measures outperform the national average, while others match it. However, higher hospitalization rates compare to Canada reflect continued reliance on hospital-based care amid shrinking bed supply and primary care pressures. Most outcomes have improved or stayed unchanged, but patient involvement in medical decision has declined.

Mental health and substance use care in Atlantic Canada

Mental health and substance use care refers to a range of services designed to address mental health conditions and substance use issues. These services aim to promote emotional, psychological, and social well-being while helping individuals manage and recover from conditions that can lead to addiction.

	Indicator	Performance comparison	Trend analysis
Inputs	Workforce		↓
	Infrastructure		↕
	Financial resources		↑
Outputs	Access		↕
	Availability	-	-
	Timeliness		↑
	Affordability		-
Outcomes	Health status		↓
	Quality of patient care		↑
	Coordination and continuity		→

Better compared to CA
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Note: Dashed lines indicate unavailable data. Performance comparison compares Atlantic Canada's health system performance to Canada's using the most recent data collected before the report cut-off date. Trends typically reflect changes from fiscal year 2019/2020 to 2023/2024. Some indicators use slightly different time periods due to data availability. See Appendix E for details on the indicators used to estimate the assessment.

Atlantic Canada's performance assessment

***Assessment*:** Atlantic Canada's mental health system shows strong services for youth. Yet, adult access and timeliness lag national benchmarks. Mental health outcomes also fall behind, highlighting gaps in the region's ability to convert inputs into improved services and health outcomes for all age groups.

Efficiency: The region has abundant mental health inputs compared to Canada, including a larger workforce and more integrated youth service sites. These resources support youth, but adult access and timeliness of care are challenged. Affordability is slightly better than the national average. Trends are mixed, with improvements in youth access and wait times offset by more frequent ER visits.

Effectiveness: Despite higher inputs, outcomes are less favorable. Mental health status lags Canada, and navigating services is more difficult, reflecting gaps in quality of care. Coordination and continuity are aligned with national standards. Trends are mixed with improvements in some measures, such as youth support, offset by rapidly declining mental health status.

Equity: Equity data on mental health are in early development, making in-depth analysis difficult. Yet, our previous report on *Advancing Health Outcomes to Improve Economic Prosperity* showed that stigma remains a significant barrier to seeking care when needed.

Long-term care in Atlantic Canada

Long-term care refers to a variety of health and personal support services provided to individuals, primarily seniors, with complex support needs who can no longer live independently in their homes. These services are often provided in nursing homes, personal care homes, residential care facilities, lodges, assisted living facilities and supportive housing.

	Indicator	Performance comparison	Trend analysis
Inputs	Workforce		↓
	Infrastructure		↓
	Financial resources		↑
Outputs	Access		↑
	Availability	-	-
	Timeliness		↓
	Affordability	-	-
Outcomes	Health status		↓
	Quality of patient care		↓
	Coordination and continuity		→

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Atlantic Canada's performance assessment

***Assessment*:** Atlantic Canada's long-term care system counts with a larger workforce and hospital bed capacity than Canada. Yet, the region's older population places additional demand on services. Health spending per older adult are below Canada's. Overall, the system struggles to translate its relatively abundant inputs into timely, accessible care and high-quality care.

Efficiency: The region has more long-term care professionals and hospital beds than Canada. However, longer hospital stays and more avoidable admissions to long-term care compared to the national average, indicate that these resources are not ensuring timely or adequate access to care. Trends are mixed, with some improvements in access offset by worsening timeliness.

Effectiveness: Despite abundant long-term care inputs, health outcomes are only partially better than Canada's. Residents show better physical functioning and mood outcomes in long-term care, and coordination and continuity of care exceed national benchmarks. Yet, quality of care remains worse than the Canadian average, with higher rates of restraint and inappropriate antipsychotic use. Trends indicate overall deterioration.

Equity: Adults aged 65 and over most often report unmet care needs due to unfair treatment linked to age or disability. This aligns with national findings.

Health care challenges in rural communities in Atlantic Canada

Rural and remote communities in Atlantic Canada face persistent health care challenges. Nearly half of the region's population lives in these areas, where workforce shortages, retention difficulties, and frequent service disruptions difficult care access. Rural areas experience greater challenges than urban ones across all health sectors. These disparities were obscured in the aggregate data presented in the previous sections of the report.

Physician shortages in rural areas are more common in Atlantic Canada than nationally. Only 16% of physicians practised in rural Atlantic communities in 2023, while 46% of the region's population lived there. Nationally, 11% of physicians served rural areas that same year, where 18% of Canadians resided. Rural physician supply in the Maritimes grew modestly, ranging from 2% to 10% between 2019 and 2023, compared to the 3% national increase.

Nursing supply in rural Atlantic Canada is declining, following the national trend. The share of nurses working in rural Atlantic communities fell from 32% in 2019 to 23% in 2023, while nationally it declined from 11% to 9% during that period.

The share of health-care professionals working in rural Newfoundland and Labrador declined between 2019 and 2023.

Change in rural professionals' supply between 2019 and 2023 (%)

	CA	NL	PE	NS	NB
All physicians	4	-12	11	3	11
All nurses	-2	-6	-15	-8	-10

Source: All physicians (CIHI, 2019-2023), All nurses (CIHI, 2019-2023)
Note: Physicians include family medicined and specialists. Nurses include nurse practitioners, registered nurses, registered psychiatric nurses and licensed practical nurses.

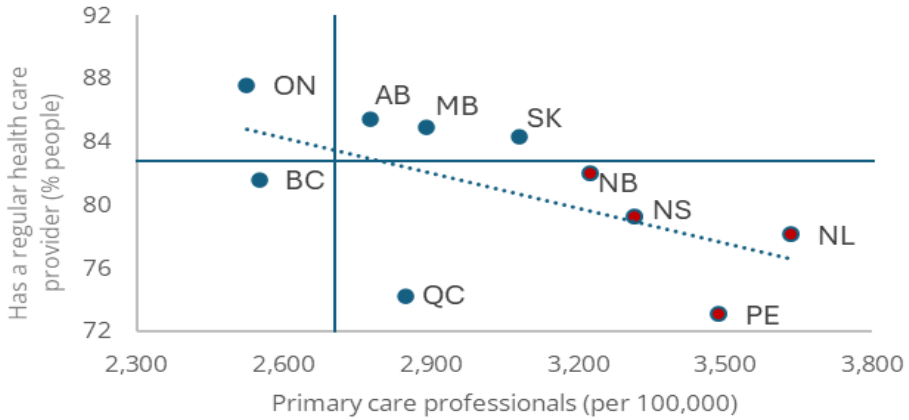
Emergency department closures further limit access to care. Closures and other service disruptions totaled more than 1.1 million hours nationwide between 2019 and 2024, as analyzed by the Globe and Mail. Atlantic Canada accounted for nearly 322,360 of those hours, equivalent to about 13,420 days. These disruptions impact rural areas hardest, where resources and alternatives are limited. Temporary closures peaked in 2022 and 2023 and have gradually declined since.

Retention initiatives have been introduced to close the rural gap. Atlantic provinces have deployed mentorship initiatives, retention bonuses, flexible scheduling, and targeted recruitment campaigns to encourage health care professionals to remain in rural areas. These programs have helped stabilize some positions, but they have not yet reversed overall shortages. As in other parts of Canada, many physicians and nurses prefer urban living, leaving rural communities with continued access to care challenges.

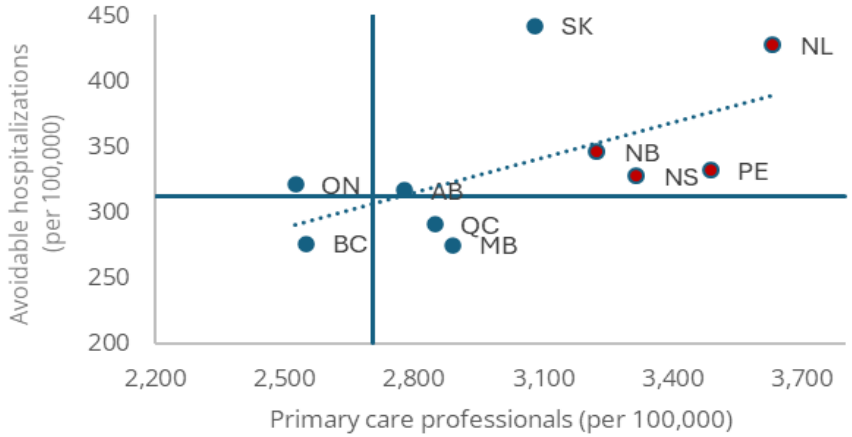
Important factors shaping health systems performance in Atlantic Canada

High resource availability does not consistently translate into improved outputs and outcomes in Atlantic Canada. The region's older, more rural, and less healthy population adds unique constrains on the system's performance. However, performance differences compared to provinces with similar demographics suggest deeper challenges. These differences indicate system design, organization, and integration matter, rather than resource availability alone. The examples below focus on primary care, but similar challenges with efficiency and effectiveness exist across the other three sectors of health care.

More inputs do not automatically translate into better outputs or outcomes



More primary care providers do not automatically translate into better access to care. British Columbia achieves a similar share of residents with a regular health care provider as New Brunswick and Nova Scotia, despite having fewer professionals per 100,000 people. Manitoba and Saskatchewan, with dispersed rural populations, report higher attachment rates with fewer providers than the Atlantic provinces.



More primary care providers does not always lead to better health outcomes. Newfoundland and Labrador and Saskatchewan, both with dispersed rural populations, have high avoidable hospitalization rates despite differing in workforce supply levels. In contrast, Prince Edward Island maintains a high provider supply and achieves lower avoidable hospitalization rates.

Improving efficiency and effectiveness requires rethinking how inputs are organized, deployed, and transformed within the primary care system to achieve better outcomes. The focus must shift from simply increasing resources to using existing ones more effectively.

Note: The axes in the quadrant grid cross at the Canadian average, which serves as the reference point.
Source Statistics Canada, Canadian Institute for Health Information: Primary care professionals and avoidable hospitalizations.

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Optimizing health inputs for better care

Efficiency and effectiveness are the primary performance challenges facing Atlantic Canada's health care system. Simply increasing inputs will not meet the demands of a growing and aging population. More efficient use of resources can improve patient outcomes, expand access to care, free up public funding for other economic sectors and strengthen public trust. Meaningful improvements depend on using existing resources wisely to deliver better outcomes for patients and greater value for the health system.

Performance measurement is essential for identifying inefficiencies and improving effectiveness. Transparent, independently conducted performance measurement is key to ensure decisions are evidence-based and unbiased. Collecting comprehensive, timely data, including patient-reported measures and well-defined performance indicators, would help detect underperforming areas and address gaps. Health system dashboards in Nova Scotia and New Brunswick illustrate how tracking progress supports informed decision-making and enhances transparency.

Clear accountability allows the system to determine whether inefficiencies stem from policy decisions, provider practices, or system design. Linking responsibility for inputs, outputs, and outcomes to performance measurement helps identify structural barriers and ensures resources are used efficiently.

Cross-provincial learning strengthens reform efforts. Sharing best practices and adapting successful strategies can prevent repeated mistakes, promote innovation, and support cost-effective solutions. Public virtual care is an evidence-based approach that has expanded access to care in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, and New Brunswick, enabling insured residents to access free online consultations, appointment scheduling, and prescription renewals. Nova Scotia's Physician Assessment Centre of Excellence (PACE) has improved efficiency and system capacity by accelerating licensure for internationally trained physicians while expanding patient access. Other jurisdictions could benefit from adopting these initiatives to modernize their health systems.

Sustainable improvements in Atlantic Canada's health care system require coordinated action and ongoing dialogue among stakeholders. Federal and provincial governments, private sector and providers must work together to identify how to improve efficiency. These discussions can help pinpoint underused resources, uncover systemic bottlenecks, and guide the most impactful policy and operational changes. Momentum is already building across the region. The following table highlights initiatives with demonstrated impacts on improving health care system performance across Canada. Ongoing collaboration, transparency, and shared accountability will help Atlantic Canada create a health care system that meets people's needs and delivers better value.

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Successful initiatives driving health system performance improvements

Overall health care	Primary care	Acute care	Long-term care	Mental health care
Legislation to Improve Patient Access to Care (Nova Scotia, 2023): This legislation aimed to enhance health care access by reducing administrative burdens on providers and streamlining licensing for out-of-province and internationally trained professionals. By cutting paperwork, limiting sick note requirements, and expanding scopes of practice, physicians could dedicate more time to patient care. The province committed to a 10% reduction in administrative red tape by 2024 (50,000 hours) and exceeded this target by early 2025, achieving nearly 425,000 hours saved.	**Pharmacist Care Clinic Pilot (New Brunswick, 2023–2024):** This pilot expanded pharmacists' roles in primary care across six pharmacies, including point-of-care screening, prescribing for Group A Strep, and chronic disease management. During the pilot, over 10,360 appointments served 7,800 clients, resulting in 2,975 prescriptions and 190 over-the-counter recommendations. Surveys showed high satisfaction, with over 90% of clients reporting their health concerns were addressed and 99% indicating they would return. **Nova Scotia** has also implemented this initiative across 48 locations.	**SurgeCon 3.0 (Newfoundland and Labrador, 2013-2017 Phase I):** Memorial University's a software-based emergency room (ER) management system improved rural ER management, reducing wait times, enhancing patient flow, and improving care quality. The first pilot, conducted at Carbonear General Hospital, average ER wait times fell by 60%, length of stay decreased by 65 minutes, and patients leaving without being seen dropped from 12% to 4.6%, despite a 25% increase in volume. The system has since been scaled to hospitals across Canada, including NB, NS, PEI, AB, and BC.	**Health PEI Home Care Modernization (PEI, 2022):** Health PEI, in partnership with AlayaCare, became the first and only health authority in Canada to fully integrate home care with hospital systems through a province-wide digital modernization initiative. The initiative consisted of replacing legacy tools with digital scheduling, interRAI HC assessments, and mobile charting. Since implementation, scheduling productivity rose 18%, annual assessments increased 216%, paperwork was reduced by 50%, caseloads grew 15%, and all clients now have multidisciplinary care plans.	**Toronto Community Crisis Service (TCCS, 2022):** The service provides community-based crisis response to reduce non-emergency calls to police and connect individuals to follow-up supports. In 13 months, the program handled 6,827 calls, achieving a 78% 911 diversion rate and completing 61% of dispatched calls on-scene. Follow-up care was accepted by 61% of users, with 57% receiving support within 90 days, and 95% reported being satisfied or very satisfied.

Note: These examples showcase programs from Atlantic Canada and other provinces that provide evidence-based best practices to inform national policy and system improvements.
Source: compiled by the Atlantic Economic Council

Appendix A – Health care system performance framework indicators and definitions

Indicator	Definition
Legal, political and economic	These include the laws and regulations governing care, the policy priorities and decisions of governments, and the financial resources and economic conditions that affect the system's components.
Demographic and socioeconomic	Factors that shape individuals' and families' socioeconomic circumstances, such as income, education, social status, gender, and ethnicity as well as geographical location (rural vs urban).
Efficiency	How well the health system uses its resources (inputs) to maximize service delivery (outputs).
Effectiveness	How well the health system uses its resources (inputs) to achieve its intrinsic goals (outcomes).
Equity	The distribution of resources and health services and to what extent outcomes vary across population groups.
Health system inputs	Resources that enable the system to function.
Health workforce	Professionals and staff that provide health care services, including their number per 100,000 residents.
Infrastructure	Facilities, equipment and technology that support health care delivery.
Financial resources	Encompasses the funding and economic resources that sustain the health system, including public and private expenditures.
Health system outputs	Measurable services and system performance characteristics produced by the health system, reflecting the activities of organizations and providers. They include measurable system performance characteristics that patients experience when they interact with the system, including availability, accessibility, timeliness, and affordability of care.
Access to care	The ability of individuals to obtain needed health services when required, without barriers related to geography, availability, or eligibility.
Availability of care	The ease with which patients can obtain needed health services, including access during off-hours and the ability to receive same-day follow-up from practitioners.
Timeliness of care	How quickly can individuals receive necessary health services, minimizing delays that could affect outcomes.
Affordability of care	Whether individuals can obtain health services without financial hardship or barriers.
Health system outcomes	Outcomes include measurable improvements in population health status, such as reduced disease prevalence or increased life expectancy; patient-centered outcomes like quality and continuity of care; and broader indicators such as patient satisfaction and equity in health across different groups. These outcomes reflect the intrinsic goals of the health system.
Health status	The overall physical, mental, and social well-being of the population.
Quality of patient care	How well health services meet established standards and patient needs, including safety and patient-centeredness.
Coordination and continuity of care	How patients experience care over time as coherent, connected, and well-organized.
Time horizon	Refers to the period used to analyze the health system's performance.

Appendix B – Methodology and limitations of the performance assessment

Methodology of the performance assessment

The performance assessment compares Atlantic Canada's health system performance to Canada's using the most recent data collected before the report cut-off date, as specified in page 4, and analyzes, for the region only, changes in trends over the specified time horizon.

Comparative performance analysis: Atlantic Canada (ATL) relative to Canada (CA):

"Better" always means a more favourable outcome for each indicator. Whether a higher or lower value is favourable depends on the indicator's direction.

- Better (green): ATL differs from CA by ≥ 1.0% (or percentage points for shares) in the favourable direction.
- Same/equal (yellow): ATL is equal to CA or within 0–0.9% of CA (either positive or negative).
- Worse (red): ATL differs from CA by ≥ 1.0% in the unfavourable direction.
- Mixed (grey): used when the metrics being analyzed fall into different performance categories, preventing a clear overall rating.

Trend analysis: changes within ATL over time

"Improving" and "worsening" refer to movement in the favourable or unfavourable direction for each indicator.

- Improving (↑): Change of ≥ 1.0% (or percentage points) in the favourable direction.
- Unchanged/stable (→): Change equal to or within 0–0.9% (either positive or negative).
- Worsening (↓): Change of ≥ 1.0% in the unfavourable direction.
- Mixed (↕): used when the metrics being analyzed fall into different performance categories, preventing a clear overall rating.

Limitations in assessing the efficiency and effectiveness of health care systems

Assessing health system's efficiency and effectiveness is complex. While the concepts are straightforward in theory, applying them at the system level is challenging. Our comprehensive analysis is meant to identify high level findings that point to the need for more detailed investigation. This analysis is not intended to establish causal relationships between inputs, outputs, and outcomes. Several limitations should be considered when interpreting the report's findings.

- **Variability in health systems:** Measuring health system efficiency is complicated by differences in population needs, system structures, and local context. An indicator that reflects efficiency in one region may not capture the same reality in another, making comparisons across systems difficult. These variations mean that caution is required when interpreting efficiency, as it may not fully represent the performance of every health system. Increasing the use of electronic health records, which capture entire patient treatments, offers considerable scope for developing more complete metrics.

- **Lack of standardized metrics:** There is no universal standard for measuring efficiency or effectiveness across provinces. As such, the patterns uncovered in the scatterplot analysis are useful only as a starting point and cannot, on their own, identify where problems originate within the health system. CIHI proposes a model for measuring health system efficiency in Canada, which is a first step to agreed-upon standards and protocols for measuring efficiency and effectiveness. Defining meaningful indicators requires establishing clear, standardized approaches to data collection and analysis.

- **Data timeliness:** the data included in the report are dated as of September 2025. Most of the analysis relies on data from CIHI current to 2023-2024. Therefore, the report may not fully capture the current state or recent improvements in the performance of the health system. Hence, observed trends may have changed since 2023-2024.

- **Time horizon considerations:** Health system inputs may take time to translate into outputs and outcomes. Using same-year data for all three pillars could therefore misrepresent efficiency and effectiveness. However, the exact timing and extent of this translation are not fully quantifiable and vary by sector. Incorporating 2024-2025 data could introduce gaps or inconsistencies, limiting reliable cross-sector and cross-provincial comparisons.

- **Difficulty in pinpointing inefficiencies and assigning accountability:** even when inefficiencies are detected, the location where they appear is not necessarily where interventions should be targeted. Without clear linkages between different parts of the system, and accountability for inputs, outputs, and outcomes, policy responses may fail to address the root causes of inefficiency. Smaller provinces also face higher per capita administrative costs due to fixed system expenses, which can skew efficiency measures.

Appendix C – Primary care indicators

Key statistics in Atlantic Canada

Inputs	**Workforce:** Atlantic Canada has more primary care professionals than Canada. The region had about 3,360 primary care providers per 100,000 people in 2023, compared with 2,700 nationally. Growth in nurse practitioners has offset slight declines in family physicians since 2019, maintaining workforce supply growth almost unchanged since in the region.
	Infrastructure: The region has more hospital beds staffed and in operation than Canada overall, yet its advantage has narrowed since 2019. The region had nearly 330 hospital beds per 100,000 people in 2023–2024, about 100 more than the Canadian average that year. Yet, the region's availability has decreased by 20 beds compared to 2019 levels.
	Spending: Per-capita health spending in Atlantic Canada exceeds that of Canada. In 2022, total spending reached nearly $9,080 per person, compared to about $8,500 per person nationally, and has risen across all four provinces since 2019.
Outputs	**Access** is limited in the Atlantic region compared to Canada. About 78% of residents had a regular health care provider in 2023, below the 83% national percentage, showing deterioration compared to 2019 performance. As a result, emergency department visits for conditions that could have been managed in primary care remain relatively high countrywide.
	Availability of care is weaker in the region, compared to the Canadian average. Care outside regular hours is limited, with 60% of Atlantic residents reporting very difficult access, compared to 49% nationally. Similarly, same-day callbacks from their provider were also infrequent in the region in 2023. Both indicators have deteriorated regionally and nationally from 2020.
	Timeliness of care is poor compared to the national average. About 28% of Atlantic Canadians waited more than two weeks or never received a primary care appointment in 2023, compared with 23% nationally. This is up from 17% for the region in 2020.
	Affordability is equal to the national average, with about 62% of Atlantic residents having private insurance coverage in 2023, on par with national average. Trends show declines from 2020, as a smaller share of Atlantic residents have private coverage.
Outcomes	**Health status** of Atlantic Canadians is worse than in Canada. Only about 46% of residents reported very good or excellent health in 2023, compared to 52% nationally. The prevalence of chronic conditions was also higher than elsewhere in Canada in 2023. Health outcomes have deteriorated regionally since 2019, following the national trend.
	Quality of care is mixed. Avoidable hospitalizations rates in Atlantic Canada are higher than in Canada, at about 360 per 100,000 compared with about 310 nationally, though trends have improved since 2018-2019. On the other hand, patient experience is generally strong and better than the national average. In 2023, 52% reported their provider spent enough time with them, compared to 50% nationally. Yet, patient-centeredness has worsened for the region compared to 2020 levels.
	Coordination and continuity of care show mixed performance relative to the national average. About 1 in 5 reported receiving conflicting information in 2023, in line with the national performance. Yet, a higher proportion of Atlantic Canadians reported specialists lacked information from their regular doctor that same year. These issues have worsened compared to 2020, and the increase has been sharper in Atlantic Canada than in Canada.

Note: primary care (PC) professionals include family medicine, medical physicists, physicians, physician assistants, nurse practitioners, registered nurses, regulated nurses, licensed practical nurses and registered psychiatric nurses.

	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
INPUTS												
Workforce: Primary care professionals (per 100,000 people)												
2023	2,705*	3,364	3,634	3,488	3,317	3,225	2,848	2,525	2,890	3,081	2,778	2,550
2019	2,682*	3,355	3,547	3,493	3,260	3,316	2,753	2,536	2,927	3,017	2,823	2,467
Infrastructure: Hospital beds staffed and in operation (per 100,000 people)												
2023/24	232*	331	407	264	313	318	221	231	300	x	242	234
2019/20	241*	350	416	316	306	364	221	226	303	262	252	241
Spending: Health spending per capita (current dollars)												
2022	8,531*	9,077	9,876	8,449	9,351	8,340	8,699	8,138	8,703	9,240	8,852	8,639
2019	7,079*	7,664	8,494	7,463	7,699	7,099	6,784	6,847	7,460	7,919	7,922	7,115
OUTPUTS												
	CA	**ATL**	**NL**	**PE**	**NS**	**NB**	**QC**	**ON**	**MB**	**SK**	**AB**	**BC**
Access: Has a regular health provider (% population)												
2023	83*	78	78	73	79	82	74	88	85	84	85	82
2019	85*	87	88	85	86	90	79	90	85	83	85	82
Availability: Same day call back from provider, always (% population)												
2023	30	29	37	26	28	25	36	34	30	24	33	28
2020	42	44	44	46	40	45	45	40	35	39	42	44
Availability: Care outside regular hours, very difficult (% population)												
2023	49	60	69	63	57	53	42	39	38	38	35	55
2020	34	43	45	46	43	38	26	24	36	21	32	32
Timeliness: Appointment wait times with primary care provider, >2 weeks or never (% population)												
2023	23	28	31	26	33	23	22	18	19	13	17	26
2020	14	17	19	19	17	12	17	9	13	13	7	12
Affordability: Private insurance coverage (% population)												
2023	62	62	52	65	70	62	55	58	61	70	69	62
2020	64	64	55	62	67	72	58	59	63	71	72	58
OUTCOMES												
	CA	**ATL**	**NL**	**PE**	**NS**	**NB**	**QC**	**ON**	**MB**	**SK**	**AB**	**BC**
Health status: Perceived health as very good or excellent (% population)												
2023	52*	46	49	45	47	42	56	52	53	51	54	50
2019	60*	56	63	56	55	51	61	60	59	56	63	59
Quality of care: Avoidable hospitalizations (per 100,000 population)												
2023/24	312*	358	427	332	327	346	291	321	275	442	317	276
2018/19	368*	394	482	430	381	467	376	346	352	518	373	314
Quality of care: Health care provider spent enough time with patient, always (% population)												
2023	50	52	50	48	56	53	54	53	50	42	55	43
2020	58	62	63	64	67	53	58	59	51	54	55	57
Continuity and coordination: Specialists lacked basic medical information from their regular doctor (% population)												
2023	16	17	17	14	19	17	15	12	17	14	20	16
2020	14	13	12	14	12	12	15	15	10	17	28	6
Continuity and coordination: Patients received conflicting information from different providers (% population)												
2023	20	20	27	15	16	23	14	19	18	25	16	26
2020	15	14	18	9	17	13	12	15	14	19	17	16

Note: x = data unavailable or suppressed in the original dataset. Blue indicates the strongest performing provinces, and red indicates the weakest. Whether a higher or lower value is better depends on the indicator. ATL represents the simple average of the four Atlantic provinces for all indicators except for inputs (workforce, infrastructure and spending). Workforce values are calculated using CIHI's total counts and Statistics Canada's Q4 population estimates for the corresponding year. Infrastructure values are calculated using CIHI's total hospital bed counts and Statistics Canada's Q2 population estimates for the corresponding year. Spending per capita uses CIHI's total health care expenditure and Statistics Canada's Q4 population estimates for the corresponding year. Canada represents the average of the ten provinces (territories excluded), except for values marked with (*), which are calculated using a weighted aggregation.

Appendix D – Acute care indicators

Key statistics in Atlantic Canada

Inputs	**Workforce**: Atlantic Canada has a larger acute care workforce than Canada. In 2023, the region counted with over 3,900 professionals per 100,000 people compared to about 3,260 nationally. This level has remained unchanged compared to 2019 levels within the region, similarly to Canada's trend.
	Infrastructure: The region has more acute care beds than Canada overall, yet its advantage has narrowed since 2019. The region had nearly 220 hospital beds per 100,000 residents in 2023–2024, about 30 more than the Canadian average that year. However, the region counted with over 230 beds in 2019-2020, showing a decline in beds availability.
	Spending: Hospital spending per capita is higher in Atlantic Canada than Canada. In 2022, the region spent more than $2,400 per person, compared to $2,190 nationally. Spending has risen steadily across all four provinces since 2019.
Outputs	**Access** to hospital care in Atlantic Canada is comparable to the national average. About 11% of hospitalizations had a high or very high travel burden over a five-year period, slightly above the 10% national rate. This shows that geographic barriers affect access both regionally and nationwide. This is most common among rural and remote communities.
	Timeliness of acute care is poorer in the region. Surgical wait times in Atlantic Canada are longer than in Canada overall. Only 50% of hip replacements and 41% of knee replacements met benchmark wait times in 2023-2024, compared to 66% and 59% nationally, respectively. Performance to meet benchmarks has worsened in the region from 2019-2020.
	Affordability of hospital care is better in Atlantic Canada than the national average. Only 6% of people reported skipping a recommended test, treatment, or follow-up due to cost, compared to 8% nationally. However, patients who travel long distances face added expenses that may reduce affordability. Collecting data on travel costs would clarify these financial barriers.
Outcomes	**Health status** is worse in Atlantic Canada than nationally. In-patient hospitalization volumes are higher in the Atlantic region, 81% compared to 75% nationally, likely reflecting the region's greater reliance on hospitals due to limited primary care capacity. Still, volumes have improved from 2019-2020, with rates falling from near 90 per 100,000 regionally.
	Quality of care in Atlantic Canada shows both mixed comparative performance and trends. Patient-centeredness is better compared to the national average, with over 50% of patients reporting strong engagement compared to 46% nationally. Safety is quite positive, as in-hospital sepsis per 1,000 discharges are comparable to the Canadian average. The region's trends are mixed with sepsis rates improving from 2019-2020, but patient involvement declining in the same period.
	Coordination and continuity of care in Atlantic Canada show mixed performance. Surgical readmission rates are low, at about 6 in 100 patients readmitted within 30 days, matching the national average. Meanwhile, hospital-arranged follow-up after discharge is higher in the region, with 82% of patients reporting they received follow-ups, compared to the national average of 81%. Trends in the region are mixed since 2019–2020, with follow-up rates improving while readmission rates have remained stable.

Note: acute care (AC) professionals include combined laboratory and X-ray technologists, medical laboratory technologists, medical radiation technologists, paramedics, pharmacists, pharmacy technician, physician assistants, physician, family medicine, medical physicists, specialist, physiotherapists, regulated nurses, nurse practitioners, registered nurses, licensed practical nurses and respiratory therapist.

	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
INPUTS												
Workforce: Acute care professionals (per 100,000)												
2023	3,265*	3,938	4,230	4,039	3,911	3,763	3,414	3,065	3,480	3,762	3,495	2,991
2019	3,249*	3,952	4,110	3,982	3,935	3,859	3,305	3,072	3,654	3,662	3,559	2,939
Infrastructure: Acute care hospital beds (per 100,000)												
2023/24	190*	218	223	212	229	208	181	148	214	x	153	140
2019/20	158*	234	247	234	225	237	189	140	182	x	161	153
Spending: Hospital spending per capita (in current dollars)												
2022	2,196	2,460	2,701	2,248	2,523	2,368	2,028	1,805	2,200	2,144	2,045	1,902
2019	1,926	2,177	2,428	2,133	2,152	1,996	1,634	1,566	1,858	1,864	1,946	1,683
OUTPUTS												
	CA	**ATL**	**NL**	**PE**	**NS**	**NB**	**QC**	**ON**	**MB**	**SK**	**AB**	**BC**
Access: High/very high travel burden for hospital care (% total hospitalization)												
2018/2023	10	11	15	9	10	10	4	4	12	23	9	6
Timeliness: Hip replacement - Share of patients treated within benchmark by province (%)												
2023/24	66*	50	48	39	53	42	52	79	59	44	58	65
2019/20	75*	62	76	66	59	48	76	85	55	47	64	76
Timeliness: Knee replacement - Share of patients treated within benchmark by province (%)												
2023/24	59*	41	37	21	47	38	38	76	44	31	49	57
2019/20	70*	48	72	28	47	44	72	80	46	39	62	66
Affordability: Skipped a medical test, treatment or follow-up that was recommended by a doctor due to cost												
2023/24	8	6	8	2	8	5	7	11	7	7	12	9
OUTCOMES												
	CA	**ATL**	**NL**	**PE**	**NS**	**NB**	**QC**	**ON**	**MB**	**SK**	**AB**	**BC**
Health status: Inpatient hospitalizations volumes (per 100,000)												
2023/24	75*	81	84	73	80	83	76	73	72	98	73	76
2019/20	81*	91	92	87	87	95	85	76	85	105	80	81
Quality of care: In-hospital Sepsis (per 1,000 discharges)												
2023/24	3.4	3.2	3.2	1.2	4.8	3.5	3.3	3.6	3.5	2.8	4.3	3.4
2019/20	3.6	3.4	3.2	2.3	4.2	3.9	3.4	4.3	4.2	2.9	3.9	3.4
Quality of care: The patient was involved as much as desired in decision about care and treatment during hospital stay (% people)												
2023/24	46	51	54	53	44	52	45	52	39	40	42	41
2019/20	53	57	54	47	66	62	58	56	42	24	41	77
Continuity and coordination: Hospital-arranged follow-up after discharge (% people)												
2023/24	81	82	79	87	75	87	67	73	88	71	88	92
2019/20	77	80	80	70	85	85	81	74	86	66	67	78
Continuity and coordination: 30-day surgical readmission rate (per 100 surgical patients)												
2023/24	6.1	5.8	5.9	5.7	6.1	5.6	6.2	6.7	5.7	6.4	6.2	6.0
2019/20	6.7	6.5	6.6	6.6	6.2	6.5	6.5	7.1	6.5	7.3	6.8	6.7

Note: x = data unavailable or suppressed in the original dataset. Blue indicates the strongest performing provinces, and red indicates the weakest. Whether a higher or lower value is better depends on the indicator. ATL represents the simple average of the four Atlantic provinces for all indicators except workforce and infrastructure. Workforce values are calculated using CIHI's total counts and Statistics Canada's Q4 population estimates for the corresponding year, while infrastructure values use Statistics Canada's Q2 population estimates. Canada represents the average of the ten provinces (territories excluded), except for values marked with (*), which are calculated using a weighted aggregation.

Appendix E – Mental health and substance use care indicators

Key statistics in Atlantic Canada

Inputs	**Workforce:** Atlantic Canada has a much larger mental health workforce than Canada, with nearly 3,270 professionals per 100,000 people in 2023, compared to 2,700 nationally. The region's workforce levels have declined from 2019 levels.
	Infrastructure: Atlantic Canada's mental health and substance use (MHSU) infrastructure is larger than Canada's, but trends are mixed. for youth services is particularly strong compared to Canada. Integrated youth service (IYS) sites are more prevalent in the region, with 3.6 sites per 100,000 youth aged 12 to 25 years old in 2023-2024, compared to 1.3 nationally. This is up from only one IYS site per 100,000 people in 2022–2023 in the region. MHSU hospital bed's availability is also greater than Canada's. The region had close to 37 beds per 100,000 people in 2023, compared to 34 nationally. Bed availability has decreased in the region from 2019-2020.
	Spending: Per-capita health spending in Atlantic Canada exceeds that of Canada. In 2022, total spending reached nearly $9,080 per person, compared to about $8,500 nationally, and has risen countrywide since 2019. Data on the share of total spending allocated to MHSU is not readily available. This information should be reported to better guide resource allocation.
Outputs	**Access** to mental health services in Atlantic Canada is mixed but generally strong for youth. In 2023, nearly 77% of youth with early needs accessed community mental health services across Nova Scotia and New Brunswick in 2023, exceeding the 72% in Canada, and up from 59% for the region in 2022. Adult access is less clear. In 2023–2024, about 9% had frequent MHSU-related ER visits, matching the national average. While being a small share, this indicates rising emergency care use and ongoing challenges in community access. Trends are mixed with youth access improving from 2022 and ER visits increasing compared to 2019-2020.
	Timeliness of mental health services in Atlantic Canada is worse than the national average but is improving regionally. Wait times for community mental health counselling in Atlantic Canada was 30 days in 2023, higher than the 28-day national average, yet down from 39 days for the region in 2020-2021.
	Affordability of mental health services is better in the region compared to the national average. In 2023, 12% of Atlantic adults were unable to access services due to cost, very close to the 13% national percentage. Since many mental health services fall outside the public system and rely on private insurance or out-of-pocket payment, affordability remains a barrier for some residents.
Outcomes	**Mental health status** in Atlantic Canada falls behind Canada's. About 19% of residents reported fair or poor mental health in 2023, compared to 15% in Canada. Health status has worsened since 2019 in the region, following the national trend.
	Quality of care is worse compared to the national average. In 2023, 43% of Atlantic adults reported receiving the support needed to navigate MHSU services, compared to 44% nationally. For the region, this rate is up from 37% in 2022 reflecting improved person-centered care.
	Continuity of care in Atlantic Canada aligns with the national average. About 12% of patients experienced repeat hospital stays or were readmitted within 30 days in 2023–2024, similar to 12% nationally. These rates have remained largely stable both, in the region and nationally, since 2019-2020.

Note: mental health and substance use (MHSU) professionals includes family medicine, physician assistants, physicians, physiotherapists, psychologists, physiotherapists, regulated nurses, nurse practitioners, registered nurses, licensed practical nurses, and social workers.

INPUTS												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Workforce: Mental health care professionals (per 100,000)												
2023	2,701*	3,267	3,617	3,464	3,069	3,250	2,918	2,509	2,936	3,120	2,805	2,452
2019	2,637*	3,320	3,509	3,347	3,221	3,311	2,811	2,420	2,948	2,996	2,841	2,364
Infrastructure: Number of Integrated Youth Services (IYS) sites (per 100,000 youth aged 12-25)												
2023/24	1.3*	3.6	1.2	0	4.7	4.5	2.1	0.2	1.4	16	0.1	0
2022/23	0.9*	1.0	1.2	0	0	2.3	1.8	0.2	1.4	10.8	0	0
Infrastructure: Mental health and substance use hospital beds (per 100,000)												
2023/24	34*	37	34	41	34	38	36	32	39	x	35	21
2019/20	33*	43	37	69	40	47	35	34	23	45	31	25
Spending: Health spending per capita (in current dollars)												
2022	8,531*	9,077	9,876	8,449	9,351	8,340	8,699	8,138	8,703	9,240	8,852	8,639
2019	7,079*	7,664	8,494	7,463	7,699	7,099	6,784	6,847	7,460	7,919	7,922	7,115
OUTPUTS												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Access: Proportion of youth who accessed community-based MHSU services in the last 6 months												
2023	72*	77	x	x	74	79	72	69	73	60	78	81
2022	61*	59	x	x	72	45	59	61	52	48	62	68
Access: Frequent emergency room visits for help with mental health and substance use (% of population who had +4 er visits)												
2023/24	9	9	x	11	6	x	8	10	x	11	12	8
2019/20	9	8	x	8	7	x	8	10	x	10	11	7
Timeliness: Wait times for community mental health counselling (median, in days)												
2023/24	28	30	51	x	32	7	x	x	32	17	x	x
2020/21	28	39	33	x	22	62	x	x	10	12	x	x
Affordability: Share of adults who did not get mental health services when needed due to costs												
2023	13	12	13	12	13	10	8	14	16	11	18	16
OUTCOMES												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Health status: perceived mental health as fair or poor (% population)												
2023	15*	19	18	18	20	19	9	16	16	18	18	18
2019	8*	11	8	12	13	10	5	9	9	9	9	9
Quality of care: navigation of mental health and substance use services (% population)												
2023	44	43	40	42	48	43	40	45	43	46	44	47
2022	38	37	38	x	17	57	39	43	22	31	54	41
Continuity and coordination: 30-day readmission for mental health and substance use												
2023/24	12	12	11	13	10	12	12	14	10	11	11	13
2019/20	12	12	14	11	12	12	12	13	10	10	10	13

Note: x = data unavailable or suppressed in the original dataset Blue indicates the strongest performing provinces, and red indicates the weakest. Whether a higher or lower value is better depends on the indicator. ATL represents the simple average of the four Atlantic provinces for all indicators except inputs (workforce, infrastructure and spending). Workforce values are calculated using CIHI's total counts and Statistics Canada's Q4 population estimates for the corresponding year, while MHSU hospital bed values uses Statistics Canada's Q2 population estimates. Integrated youth service (IYS) sites per 100,000 per youth aged 12-25 was estimated using total counts from CIHI, and youth population estimates from Statistics Canada. Spending per capita uses CIHI's total health care expenditure and Statistics Canada's Q4 population estimates for the corresponding year. Canada represents the average of the ten provinces (territories excluded), except for values marked with (*), which are calculated using a weighted aggregation.

Appendix F – Long-term care indicators

Key statistics in Atlantic Canada

Inputs	**Workforce:** Atlantic Canada has a larger long-term care (LTC) workforce compared to Canada. In 2023, the region had about 1,570 long-term care professionals per 10,000 people aged 65 and older, above the 1,520 nationally. Workforce levels for this sector have fallen across all four Atlantic provinces from 2019 levels, in line with the rest of the country.
	Infrastructure: The region has more long-term care hospital beds than Canada, reflecting expanded capacity. In 2023–2024, Atlantic Canada had over 260 LTC beds per 100,000 adults aged 65 and older, about 100 more than nationally. All four provinces have seen decreases in beds availability from 2019–2020 levels.
	Spending: Health spending per adult aged 65 and older is below the national average but rising. In 2022, the region's spending per 10,000 adults aged 65+ was $405 million compared to close to $460 million nationally. However, spending has increased since 2019, though the share specifically allocated to LTC is unknown. As such, collecting this data would support more detailed analysis.
Outputs	**Access** to care is worse in Atlantic Canada compared to the national average, with residents facing long waits and relying on institutional care. About 11% of new Atlantic LTC residents could potentially have been cared for at home, comparable to 10% nationally. This share has improved for the region from 2019–2020.
	Timeliness of care in Atlantic Canada is also worse compared to the national average. The median number of hospital stays extended until home care services were ready reached 13 days in 2023–2024, compared to 11 days nationally, with trends showing deterioration compared to performance in 2019-2020. This shows potentially ongoing delays in discharge coordination.
	Affordability may be a barrier to LTC access. Since most LTC services are private, costs could burden families and contribute to delayed discharges and hospital congestion. However, data on affordability for this sector is unavailable.
Outcomes	**Health status** of LTC residents in Atlantic Canada is better than the national average. In 2023–2024, 34% showed improved physical functioning, compared with 33% nationally, while 18% experienced worsened depressive mood, compared the Canadian average of 20%. However, both indicators have worsened from 2019–2020.
	Quality of care in Atlantic Canada shows persistent concerns and is worse compared to the national average. In 2023–2024, 19% of residents in Atlantic Canada were subject to restraints, substantially higher than the national average of 12%. Similarly, 32% of Atlantic LTC residents received potentially inappropriate antipsychotics, exceeding the Canadian proportion of 29%. Trends have worsened across the region compared to 2019.
	Continuity and coordination of care is better than the national average and has remained stable. Home care services helped 91% of households keep recipients at home, above the Canadian 81%. These figures have not changed regionally from 2021.

Note: Long-term care (LTC) professionals includes occupational therapists, personal support workers, physician assistants, physicians, physiotherapists, regulated nurses, nurse practitioners, licensed practical nurses, registered nurse, social workers.

INPUTS												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Workforce: Long-term care professionals (per 10,000 adults aged 65+)												
2023	1,523*	1,572	1,633	1,827	1,533	1,531	1,463	1,486	1,807	1,871	1,994	1,279
2019	1,611*	1,716	1,770	1,881	1,690	1,679	1,537	1,560	1,924	1,955	2,242	1,309
Infrastructure: LTC hospital beds staffed and in operation (per 100,000 adults aged 65+)												
2023/24	162*	263	579	x	134	255	x	189	96	x	255	303
2019/20	179*	312	673	x	164	301	x	201	122	29	360	290
Spending: Total health spending (per 10,000 adults aged 65+, in millions of current dollars)												
2022	458*	405	415	413	429	368	424	451	524	537	605	443
2019	407*	366	395	380	373	334	356	401	476	499	600	387
OUTPUTS												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Access: New LTC residents who could have been cared for at home (% new LTC residents)												
2023/24	10	11	7	x	x	14	x	6	13	x	6	13
2019/20	12	13	9	x	x	16	x	9	20	x	1	17
Timeliness: Hospital stay extended until home care services or support ready (median, days)												
2023/24	11	13	8	15	19	11	x	8	2	11	13	8
2019/20	10	12	7	15	13	14	x	8	2	9	12	7
OUTCOMES												
	CA	ATL	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Health status: Improved physical functioning in LTC (% LTC residents)												
2023/24	33	34	40	x	31	32	x	28	x	33	31	36
2019/20	34	40	40	x	x	x	x	29	x	x	32	36
Health status: Worsened depressive mood in LTC (% LTC residents)												
2023/24	20	18	14	x	19	20	x	21	x	23	23	18
2019/20	20	15	15	x	x	x	x	22	x	x	26	19
Quality of care: Restraint use in LTC (% LTC residents)												
2023/24	12	19	12	x	21	24	x	2	x	14	3	6
2020/21	11	18	11	x	x	26	x	3	x	16	5	7
Quality of care: Potentially inappropriate use of antipsychotics (% LTC residents)												
2023/24	29	32	32	x	30	34	x	21	x	35	23	29
2019/20	21	23	x	x	23	x	x	18	x	x	18	25
Continuity and coordination: Home care services helped recipient stay at home (% households)												
2023	85	91	90	96	86	91	89	77	82	88	84	70
2021	87	91	97	91	92	83	87	85	84	84	88	81

Note: x = data unavailable or suppressed in the original dataset. Blue indicates the strongest performing provinces, and red indicates the weakest. Whether a higher or lower value is better depends on the indicator. ATL represents the simple average of the four Atlantic provinces for all indicators except workforce, infrastructure and spending. Workforce values are calculated by dividing CIHI's total counts by Statistics Canada's population aged 65+ estimates for the corresponding year, while LTC hospital bed values use Statistics Canada's population aged 65+ estimates. Spending per 10,000 adults aged 65+ is calculated using CIHI's total health expenditure data and Statistics Canada population aged 65+ estimates for the corresponding year. Canada represents the average of the ten provinces (territories excluded), except for values marked with (*), which are calculated using a weighted aggregation.