Healthcare Excellence Canada / Excellence en santé Canada

April 2026

Written Submission to:
Standing Committee on Social Affairs, Science and Technology

Re:
Study of Bill S-5, Connected Care for Canadians Act

Submitted by:
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About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners across the country to shape a future where everyone in Canada has safe and high-quality healthcare. We bring together people, evidence and action to move Care Forward by spreading and scaling quality and safety improvements, strengthening capacity and collective leadership and catalyzing change in policy and practice.

At HEC, healthcare excellence means improving safety, quality and value for everyone. It means care grounded in what matters most to patients, caregivers, communities and people in the workforce. It also means care that respects and responds to First Nations, Inuit and Métis priorities and is culturally safe, equitable and supported by the appropriate use of technology. Together with partners, HEC embeds these foundations across the health system.

HEC's work also focuses on expanding access to safe, connected, high-quality care closer to home and community. This includes supporting people with primary health care needs and older adults with health and social needs.

HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Executive Summary

Healthcare Excellence Canada (HEC) strongly supports **Bill S-5, the Connected Care for Canadians Act**, and urges the Committee to recommend its timely passage. Fragmented health information is not simply an inconvenience; it is a patient safety risk. When critical health information does not move securely between care providers, the consequences can include treatment delays, medication errors, missed diagnoses, and preventable harm.

The case for this legislation is well established in Canadian and international evidence on patient safety, health system performance, and digital health interoperability. HEC's submission focuses on three areas central to our mandate and to the Committee's study:

- Connected care as a patient safety and quality imperative, supported by evidence.
- The implementation conditions required to translate legislation into measurable improvement.
- The need for embedded partnership with patients and First Nations, Inuit and Métis peoples in governance and oversight.

We then offer four recommendations focused on implementation, equity, and accountability to ensure the Act delivers measurable improvements in safety, quality, and health system performance. Success will be reflected in reduced preventable harm, improved care coordination, lower administrative burden, and increased patient access to their own health information.

The Case for Action: Fragmentation as a Patient Safety Issue

Canada's health systems continue to face persistent and interconnected challenges that affect quality, safety, access, and value. In 2024–2025 alone, patients experienced at least one instance of harm in 1 out of every 17 hospitalizations, representing approximately 153,000 hospital stays, and in one quarter of those cases, multiple harms occurred.[1] These figures reflect a system under sustained strain, in which incomplete or inaccessible information is a known contributor to preventable harm.

Canada's health data system remains fragmented. While many care providers use electronic records, these systems often do not connect. Fax and paper-based processes persist, and fewer than one-third of physicians (29%) share patient records electronically with providers outside their own practice. This figure drops to 1 in 4 among family physicians..[2] Less than half of Canadians report accessing their own electronic health information.[3] At the same time, many care providers report burnout, driven in part by the administrative burden of navigating disconnected systems that involve duplication, delay, and workarounds.

Evidence presented in support of Bill S-5, including patient and provider testimony and documented case examples, illustrates the real-world consequences of fragmentation. These include instances where delayed or inaccessible information contributed to missed diagnoses, treatment delays, and preventable harm. The widely cited case of Greg Price, whose fragmented care contributed to missed opportunities to diagnose treatable testicular cancer in a timely way, underscores the stakes.[4]

HEC's work with clinicians, health system leaders, and patient partners across Canada consistently reinforces a clear finding: **safe care depends on timely, complete, and accurate information flowing where it is needed in privacy-sensitive ways**. Connected digital health systems have the potential to generate significant system efficiencies, but more importantly, they can prevent harm

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[1] Canadian Institute for Health Information. Improvement still needed as rate of hospital harm remains steady. Accessed December 24, 2025.
[2] Canada Health Infoway and Canadian Medical Association. *2024 National Survey of Canadian Physicians: Use of Digital Health and Information Technologies in Practice*. Conducted by Leger, September 2024. Available at: https://insights.infoway-inforoute.ca/
[3] Canada Health Infoway. *Infoway Insights: 2024 Canadian Digital Health Survey*. 2025. https://insights.infoway-inforoute.ca/2024-digital-health-survey
[4] Health Quality Council of Alberta (HQCA). *Continuity of Patient Care Study*. December 2013. Available at: https://hqca.ca

that should not occur. Bill S-5 establishes the legislative foundation for this.

HEC's Perspective on Bill S-5

A Critical Foundation for System-Level Improvement

As a pan-Canadian health organization focused on spreading evidence-informed improvements in safety and quality at scale, HEC brings direct insight into the gap between policy intent and implementation in practice.

Based on consultations with more than 1200 interest holders from across Canada, HEC's 2026–2031 strategy is focused on two interconnected priorities: transforming quality, safety and value across the health system, and expanding access to safe, connected, high-quality care closer to home and community. Both depend fundamentally on information moving with the patient.
In primary health care, this means enabling team-based care, coordination across providers and services, and reducing reliance on emergency departments for non-urgent needs. For older adults, it requires integrated health and social services, expanded home- and community-based supports, and coordinated transitions across hospital, home and long-term care. In each case, progress is limited when clinical information remains siloed.

HEC's strategy is explicit that care must be safe, connected and equitable. In practice, fragmentation in health information directly undermines this aim. When patients and providers cannot access complete and timely information, care is often delayed, coordination breaks down, and patients are more likely to rely on acute care settings for needs that could be addressed elsewhere. These are not isolated challenges; they are systemic barriers that constrain improvement efforts across the country.

However, we also see that evidence-informed improvement approaches can lead to meaningful gains in care. Evaluations show that when these approaches are supported and coordinated, improvements can be achieved more quickly and spread more effectively. Realizing this impact at greater scale, across more settings and communities, depends on an information infrastructure that enables coordination, continuity, and shared learning across the health system.

Interoperability is therefore a foundational enabler of system-wide improvement.[5,6] Bill S-5 establishes the legislative conditions needed to support this next phase of progress.

The Role of Health IT Vendors as System Actors

The Act's focus on health IT vendors as the regulated entity is appropriate.

Local improvement efforts must be complemented by the right structural enablers to advance quality and safety. When information systems do not enable connectivity, even well-designed improvement initiatives are constrained in their ability to achieve and sustain impact. This can mean a care coordinator cannot see what occurred during an emergency department visit, a community paramedic cannot confirm a current medication list, or a caregiver cannot access an agreed-upon care plan. These are not isolated incidents; they reflect persistent gaps in how health information is shared.

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[5] Wolfson M. Indicators for assessing the interoperability of health data in Canada. CMAJ. 2024 Dec 8;196(42):E1389-E1390. doi: 10.1503/cmaj.241351. PMID: 39653401; PMCID: PMC11627558.
[6] Canadian Institute for Health Information. Canadian Core Data for Interoperability (CACDI). Accessed April 14, 2026.

Vendors control the infrastructure through which health information flows, and their decisions about interoperability and data access directly shape what is possible for care teams across the system. Ensuring common expectations for connectivity is key to a fair and effective information ecosystem that supports care.

By establishing interoperability requirements and prohibiting data blocking, Bill S-5 addresses this underlying challenge. While legislation alone does not deliver improvement, it creates the conditions necessary for improvement efforts to succeed and spread across the system.

Alignment with Pan-Canadian AI and Digital Health Strategy

Interoperability is also foundational to the responsible use of artificial intelligence in health care. AI systems depend on high-quality, complete, and standardized data in privacy-sensitive ways. Fragmented data produces unreliable and potentially biased tools, while connected data enables safer and more effective applications.

Bill S-5 contributes to establishing health data as critical pan-Canadian infrastructure by enabling more consistent, interoperable, and accessible data across jurisdictions. Its passage would create necessary conditions for a more coordinated and trustworthy digital health ecosystem.

The question for Canada is not whether health care will become more digital: it will. The question, as HEC's engagement with health leaders across the country has consistently surfaced, is whether that digitization will make care more human, more equitable, and more usable for the people who depend on it. Bill S-5 is a necessary step toward ensuring the answer is yes.

Considerations for Strengthening Implementation

Realizing the full impact of Bill S-5 will depend on how it is implemented. HEC’s experience supporting change at scale highlights several critical considerations.

Patient and Public Partnership

The Act enables Canadians to access their own health information in more integrated ways. This represents a meaningful shift in how individuals engage with their care and has positive quality and safety effects[7].

To support this shift, patient and caregiver partners should be embedded in formal governance structures as they are established under the Act, with defined roles in standard-setting, oversight, and evaluation. It is important that this not be token consultation, but genuine co-design. HEC's experience, and the consistent message from patient and community partners in our engagement across the country, is that designing with and for the people historically missing from system transformation conversations is both an equity imperative and a quality strategy.

Equity and Reach Across All Populations

Regardless of where they live, what they look like, where they are from, or how familiar they are with technology, everyone should have access to the benefits of connected care. This includes rural and remote communities, First Nations, Inuit and Métis peoples, older adults, and

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[7] Yoshimura Y, Greenfield G, Lammila-Escalera E, Mcmillan B, Hayhoe B, Majeed A, Neves AL. Impact of online patient access to clinical notes on quality of care: a systematic review. BMJ Qual Saf. 2026 Mar 19;35(4):266-274. doi: 10.1136/bmjqs-2024-018363. PMID: 40623813; PMCID: PMC13018785.

individuals facing barriers to digital access or literacy.

Implementation should include equity-focused measures designed with these and other groups, including distinctions-based approaches that respect Indigenous data sovereignty and priorities. Monitoring should assess whether benefits are equitably distributed.

Moving from Legislation to Practice

Experience across Canada shows that achieving change at scale requires more than regulation alone. While legislation can establish requirements and remove barriers, sustained improvement depends on the ability to spread effective practices, build capacity and leadership across teams, and enable shared learning across the system. Without these conditions, there is a risk that the intended benefits of interoperability will be unevenly realized, slower to take hold, and insufficient to deliver measurable improvements in safety, quality, and access.

This is not a hypothetical concern. As HEC's recent engagement with more than 100 health leaders across Canada on technology-enabled care made clear, the organizations most likely to realize the benefits of digital transformation are not those that move fastest, but those that build trust deliberately, co-design their approaches, and maintain a relentless focus on quality and safety. Without those conditions, there is a real risk of scaling inefficiency, inequity, and harm faster than they are solved.

For Bill S-5 to deliver meaningful improvements in safety, quality, and access, implementation will require clear timelines, adequate supports, and mechanisms for ongoing monitoring and course correction, as part of the implementation process.

Coordination Across Legislative Frameworks

Bill S-5 will operate alongside privacy legislation, potential AI legislation, and existing provincial and territorial frameworks and Indigenous data sovereignty principles, including the First Nations Principles of OCAP®, Métis OCAS principles, and Inuit-led data governance strategies, which assert community rights that current legislation does not yet fully recognize.. Effective implementation will require coordination across these domains.

A coherent, aligned legislative environment is necessary to enable safe, interoperable data flow while maintaining public trust.

Recommendations

Given the evidence and consideration above, HEC offers the following recommendations to the Standing Committee on Social Affairs, Science and Technology:

Recommendation 1: Support timely passage of Bill S-5.

The legislation addresses a well-documented patient safety and system performance gap. Its timely passage will enable progress on a critical foundation for improvement.

Recommendation 2: Embed patient, caregiver, and Indigenous partnership in implementation governance.

Governance structures established under the Act should include formal roles for patient, caregiver, and Indigenous partners, with clear expectations for co-design of standards, regulations, and oversight mechanisms.

Recommendation 3: Build equity safeguards and accountability mechanisms into implementation plans.

Implementation frameworks should include targeted supports for underserved populations and communities, and public reporting should assess whether interoperability benefits are equitably realized.

Recommendation 4: Enable coherent implementation across jurisdictions and policy domains.

Successful implementation of Bill S-5 will require alignment with existing privacy, AI, and provincial and territorial frameworks. Without this, there is a risk of fragmentation, particularly for patients whose care crosses jurisdictional boundaries, that could slow adoption and limit impact on care quality and safety.

In the implementation phase, the Government of Canada should consider how to work collaboratively with provinces, territories, and system partners to support shared standards and coordinated accountability approaches that enable consistent, safe, and effective use of connected care solutions.

Conclusion

Healthcare Excellence Canada is committed to advancing a health system where everyone in Canada has access to safe, high-quality care. Achieving this requires that health information is available to and follows the patient, supports care teams, and enables continuous learning and improvement.

Healthcare moves at the speed of trust. Legislation alone does not build that trust, but it establishes the structural conditions within which trust can develop. Clear rules, consistent accountability, and genuine partnership with patients, communities, and care teams are what will determine how Bill S-5 delivers on its potential as it is implemented.

Safe, high-quality care is connected care. Bill S-5 is an important and necessary step toward making that a reality.

Respectfully submitted,

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