

FEBRUARY 2025



# HEALTHCARE IN MANITOBA IS IN CRISIS

Recommendations to Support Nursing Staff  
from Manitoba Nurses Union

**mnu**

MANITOBA  
NURSES UNION

# TABLE OF CONTENTS

## THE CURRENT STATE OF MANITOBA’S PUBLIC HEALTHCARE SYSTEM:

Emergency and Urgent Care Wait Times .....	4
Patients Leaving Without Being Seen (LWBS) .....	5
Stable Patient Volumes, Worsening Outcomes .....	5
Hospital Specific Trends .....	6
Quality of Care and Mortality Rates .....	7

## NURSE STAFFING METRICS:

Rising Vacancy Rates Across Manitoba .....	8
The Dangerous Rise in Overtime Hours .....	9
The Costly and Harmful Dependence on Private Agency Nurses .....	10

## SAFETY:

Increasing Violence in Hospitals .....	12
Police Response Trends in Rural Manitoba .....	13

## NURSES VOICES:

Career Reconsideration .....	14
Government (In)action .....	15

## SUMMARY:

Four Key Points .....	16
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## MNU’S RECOMMENDATIONS:

#1: Invest in Systems That Enable Publicly Funded Nurses to Work Where They Are Needed .....	18
#2: Retain and Incentivize Senior Nurses to Support and Orient New Nursing Graduates .....	20
#3: Take Patient and Staff Safety Seriously and Fund Appropriately .....	22
#4: Make Effective Use of the Expertise of Nurse Practitioners .....	24
#5: Respect and Value Home Care Nursing .....	26
#6: Increase Transparency .....	28
Concluding Remarks .....	28

## A SUMMARY OF THE URGENT HEALTHCARE CHALLENGES IN MANITOBA:

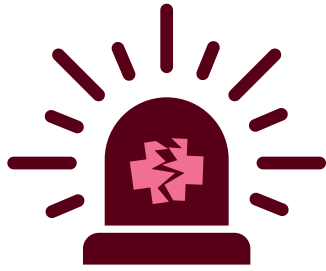
A Recap of the Problems .....	29
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# HEALTHCARE IN MANITOBA IS IN **CRISIS** AND NURSES ARE ON THE FRONT LINES.

This document outlines some of the most critical issues facing both Manitobans and the nurses who care for them, while also providing constructive solutions to address these issues.

The Manitoba Nurses Union (MNU) firmly believes that the quality of healthcare within our public system is undeniably linked to the strength of the nursing workforce.

The recommendations in this document offer concrete actions that the government and employers can take to support nurses, stabilize the workforce, and improve healthcare across the province.



# THE CURRENT STATE OF MANITOBA'S PUBLIC HEALTHCARE SYSTEM

## Emergency and Urgent Care Wait Times

MNU regularly tracks key metrics related to the state of Manitoba's healthcare system. We strongly encourage the government to improve transparency by providing meaningful healthcare data not only to nurses but to the general public. In 2024, we had hoped to see improvements in several of the metrics we monitor—both in terms of nursing conditions and the healthcare system as a whole. Unfortunately, no measurable progress has been observed. Below, we outline key data points used to assess Manitoba's healthcare performance.

Publicly available data from the Winnipeg Regional Health Authority (WRHA)<sup>1</sup> shows that median wait times in Winnipeg's emergency departments (EDs) and urgent care (UC) facilities have steadily increased since 2020 (see Figure 1). This data includes wait times for the following facilities:

- **Concordia Hospital UC**
- **Grace Hospital ED**
- **Health Sciences Centre (HSC) Adult ED**
- **HSC Children's ED**
- **Seven Oaks Hospital UC**
- **St. Boniface Hospital ED**
- **Victoria Hospital UC**

Over the past five years (2020–2024), the time it takes for patients to see a doctor or nurse practitioner in Winnipeg's ED/UC facilities has nearly tripled—an increase of 2.65 times.



**OVER THE PAST FIVE YEARS, THE TIME IT TAKES FOR PATIENTS TO SEE A DOCTOR OR NURSE PRACTITIONER IN WINNIPEG'S ED/UC FACILITIES HAS NEARLY TRIPLED.**

## ANNUAL AVERAGE OF MONTHLY MEDIAN ED/UC WAIT TIMES IN WINNIPEG

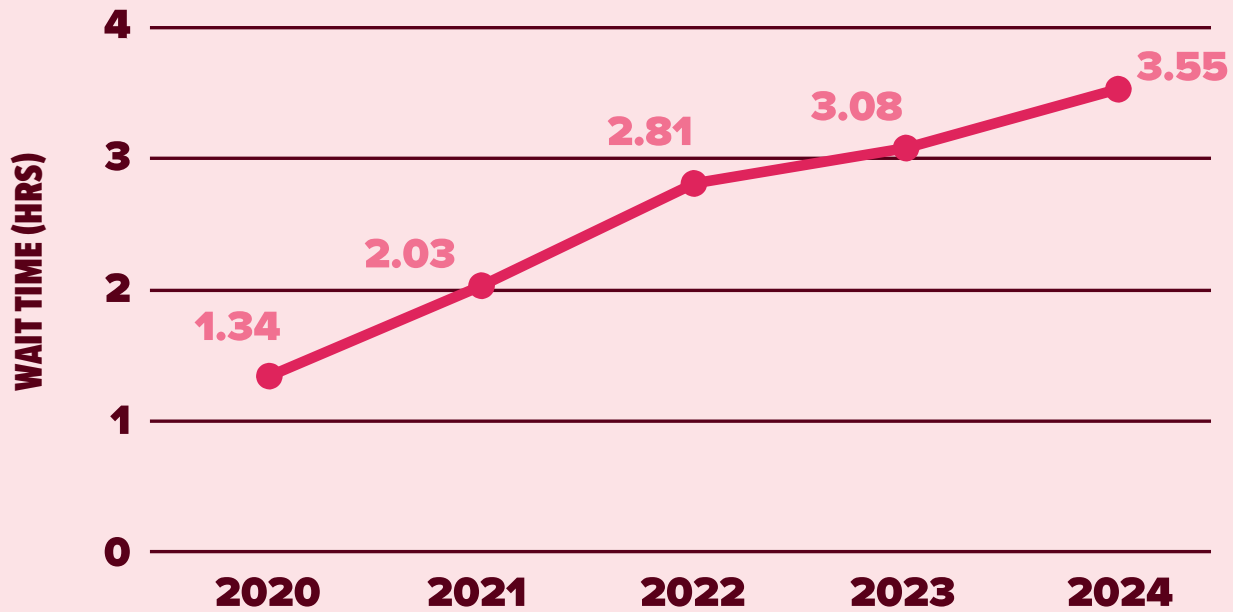
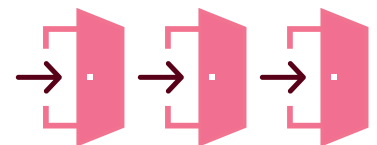


Figure 1. Average on the monthly median wait times in ED/UC facilities across Winnipeg (in hours) from 2020 to 2024. Source: <https://wrha.mb.ca/wait-times/reports/>

## Patients Leaving Without Being Seen

Another critical metric tracked by MNU is the percentage of patients who leave without being seen (LWBS) by a doctor. This data is only accessible through requests under the Freedom of Information and Protection of Privacy Act (FIPPA). The LWBS rate has increased in direct proportion to ED/UC wait times. In 2020/21, 5.4% of ED/UC visitors in Winnipeg left without receiving care—approximately 1 in 20 patients. By 2023/24, that number had risen to 15.3%, or just over 1 in 7 patients<sup>2</sup>.

**THE RATE OF PATIENTS LEAVING WINNIPEG'S ED/UC FACILITIES WITHOUT BEING SEEN HAS NEARLY TRIPLED IN THE LAST FOUR YEARS.**



## Stable Patient Volumes, Worsening Performance

Surprisingly, the number of visits to Winnipeg's ED/UC facilities has not significantly increased during this period. Data from the WRHA and Shared Health annual reports (see Table 1) show that total annual visits have remained relatively stable, aside from a temporary decline at the start of the COVID-19 pandemic. Yet, wait times and the proportion of patients leaving without care continue to rise.

## TOTAL NUMBER OF VISITS TO WINNIPEG ED/UC FACILITIES BY FISCAL YEAR (FY).

	FY 20-21	FY 21-22	FY 22-23	FY 23-24
<b>All ED/UC Facilities in Winnipeg</b>	256,261	273,381	283,230	284,105
<b>St. Boniface</b>	41,961	42,333	40,783	39,405
<b>Concordia</b>	27,076	27,965	28,865	31,313
<b>Victoria</b>	36,843	39,833	40,787	40,245
<b>Grace</b>	32,863	34,364	37,749	38,169
<b>Seven Oaks</b>	34,538	34,467	37,749	38,169
<b>HSC</b>	82,980	94,419	103,837	103,997

Table 1. Total number of visits to Winnipeg ED/UC facilities by Fiscal Year. Source: WRHA Annual Report<sup>3</sup> and Shared Health Annual Report<sup>4</sup>

Figure 2 illustrates this trend: despite consistent patient volumes, the rate of visitors leaving without being seen has nearly tripled in four years. This indicates that systemic issues—not an influx of patients—are driving longer wait times and higher LWBS rates.

## Hospital-Specific Trends

At some hospitals, such as St. Boniface Hospital and Grace Hospital, ED/UC visits have slightly declined, yet the number of patients leaving without being seen has increased alarmingly<sup>2</sup>.

### ST. BONIFACE HOSPITAL:

2020/21 LWBS RATE:

**4.1%**

(~1 IN 25 PATIENTS)

2023/24 LWBS RATE:

**17.8%**

(MORE THAN 1 IN 6 PATIENTS)

### GRACE HOSPITAL:

2020/21 LWBS RATE:

**3.6%**

(~1 IN 28 PATIENTS)

2023/24 LWBS RATE:

**11.9%**

(~1 IN 8 PATIENTS)

Outside of Winnipeg, Brandon Regional Health Centre is Manitoba's largest ED facility. However, annual visit data for this hospital is not publicly available. MNU has submitted a FIPPA request to Prairie Mountain Health for ED/UC visit numbers and LWBS rates to gain further insight into patient experiences across the province.

## ANNUAL VISITS AT ED/UCS AND LWBS PERCENTAGES

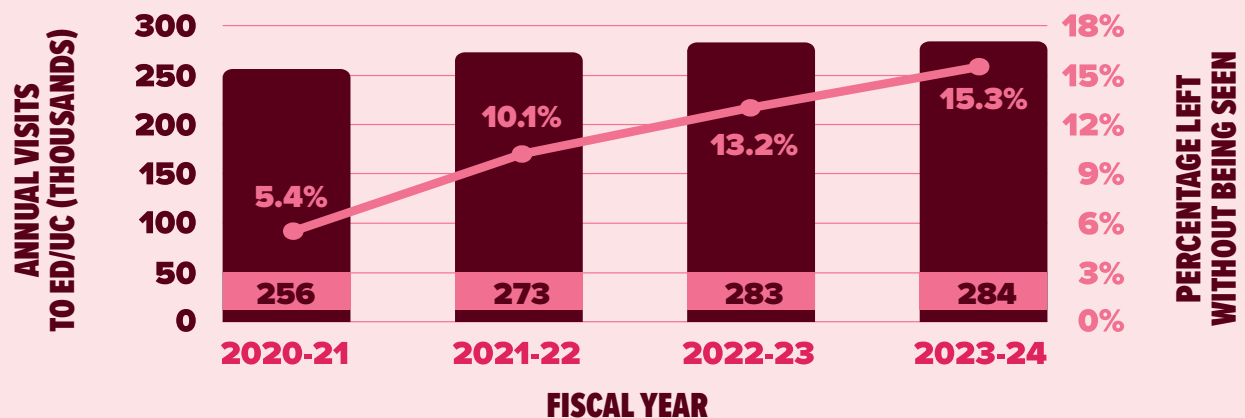


Figure 2. Bars indicate annual visits at ED/UC facilities in Winnipeg (Source: WRHA and Shared Health Annuals Reports). Line indicated proportion of visitors to Winnipeg ED/UCs that leave without being seen by a physician (Source: FIPPA requests to WRHA and Shared Health).

## Quality of Care and Mortality Rates

Beyond ED wait times, other indicators suggest troubling trends in Manitoba’s hospitals. One such metric is the Hospital Standardized Mortality Ratio (HSMR), which considers the mortality rate within a facility and “adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, length of stay, comorbidities and admission status. It then compares the actual number of deaths in a hospital with the average Canadian experience.”<sup>5</sup>

According to the Canadian Institute for Health Information (CIHI), Manitoba hospitals perform significantly worse than their national counterparts on this metric.

- **CIHI’s most recent analysis (2023/24) found that four of Manitoba’s largest hospitals rank among the eight worst performers in Canada (see Table 2).**
- **HSC, Manitoba’s largest hospital, has the worst HSMR score in the entire country<sup>6</sup>.**

These statistics point to deep systemic issues that are compromising patient care and safety across Manitoba’s public healthcare system.



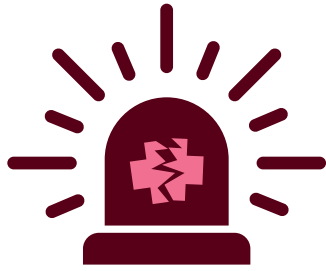
**FOUR OF  
MANITOBA’S  
LARGEST  
HOSPITALS RANK  
AMONG THE  
EIGHT WORST  
PERFORMERS ON  
HSMR IN CANADA.**

### THE HIGHEST HOSPITAL STANDARDIZED MORTALITY RATIOS IN LARGE CANADIAN COMMUNITY AND TEACHING HOSPITALS

	OVERALL RANK ACROSS CANADA*	RANK AMONG TEACHING HOSPITALS	RANK AMONG LARGE COMMUNITY HOSPITALS	PROVINCE	HSMR
<b>Health Sciences Centre Winnipeg</b>	1st	1st	N/A	Manitoba	146
<b>CISSS de l’Outaouais</b>	2nd	N/A	1st	Quebec	143
<b>Grace Hospital</b>	3rd	N/A	2nd	Manitoba	139
<b>Dr. Everett Chalmers Regional Hospital</b>	4th	N/A	3rd	New Brunswick	138
<b>Kingston Health Sciences Centre</b>	5th	2nd	N/A	Ontario	134
<b>St. Boniface Hospital</b>	6th	3rd	N/A	Manitoba	131
<b>Cape Breton Healthcare Complex</b>	7th	N/A	4th	Nova Scotia	131
<b>Brandon General Hospital</b>	8th	N/A	5th	Manitoba	127

**\*Note: Higher ranking equals higher mortality rate, which indicates poorer performance**

Table 2. The large community and teaching hospitals across Canada with the highest hospital standardized mortality ratios. Source: CIHI Your Health System – In Depth<sup>6</sup>



# NURSE STAFFING METRICS

A significant body of research establishes a clear connection between nurse staffing levels and patient experiences and outcomes, including ED wait times<sup>7</sup>, the proportion of patients leaving without being seen<sup>8</sup>, mortality, and other adverse patient outcomes<sup>9</sup>. Whether measured through mandated nurse-patient ratios or the absolute number of registered nurses (RNs) in a healthcare facility, staffing levels directly impact the quality and safety of patient care. Understanding the current state of nurse staffing in Manitoba is therefore essential to identifying solutions for improving healthcare across the province.

## Rising Vacancy Rates Across Manitoba

Nursing vacancies have steadily increased across all health regions in Manitoba over the past several years. Each vacancy report MNU receives from health regions provides only a snapshot in time, and vacancy rates can fluctuate. However, by aggregating data from similar time periods over the past four years, MNU has identified a clear and concerning trend.

### PROVINCIAL NURSING VACANCY RATES:<sup>10</sup>

SUMMER 2020:

**15.9%**

MEANING NEARLY 1 IN 6 NURSING POSITIONS REMAINED UNFILLED.

SUMMER 2024:

**21.0%**

THE SURGE LEAVES MORE THAN 1 IN 5 NURSING POSITIONS VACANT PROVINCE-WIDE

This worsening trend highlights an urgent need for action to address nurse retention and recruitment in Manitoba's public healthcare system.

**EXCESSIVE OVERTIME IS LINKED TO INCREASED RISKS OF ACCIDENTS, INJURIES, MEDICAL ERRORS, AND TOXIC WORKPLACE CULTURE.<sup>11</sup>**





# OVERTIME HOURS (IN THOUSANDS) BY FISCAL YEAR

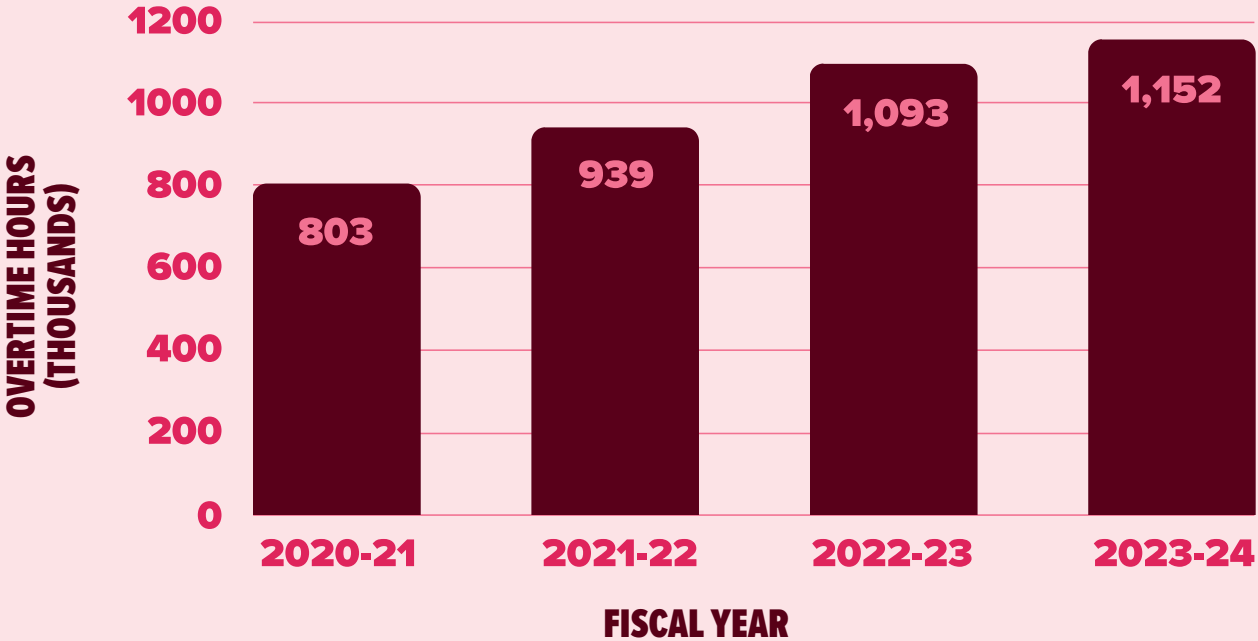


Figure 3. Overtime hours province-wide by Fiscal Year. Source: FIPPA requests to the various regional health authorities<sup>10</sup>.

## The Dangerous Rise in Overtime Hours

The rise in nurse vacancies has resulted in an alarming increase in nurse overtime hours worked across Manitoba, adversely affecting patient safety and the quality of care. Data from the past four fiscal years illustrate this troubling trend (see Figure 3):

**2020/21:**  
**NURSES IN MANITOBA LOGGED APPROXIMATELY 800,000 OVERTIME HOURS.**

**2023/24:**  
**OVERTIME HOURS SURGED TO OVER 1,150,000 MILLION HOURS.**

Current OT rates represent a significant escalation from 2020/21 levels and raises serious concerns about workplace safety, patient care, and staff well-being. Research compiled by the Canadian Federation of Nurses Unions (CFNU) has linked excessive overtime to increased risks of accidents, injuries, medical errors, and toxic workplace culture<sup>11</sup>, all of which further compromise the healthcare system.

MNU conducted a projection analysis based on the rate of increase in overtime hours over the past four years. If this trend continues, overtime hours could exceed 1.65 million hours by 2026/27—more than double the total from 2020/21. Such an increase would place Manitoba’s nurses under extreme and unsustainable levels of strain.

Without urgent intervention to address dangerous staffing shortages, Manitoba’s healthcare system will become increasingly reliant on overworked nurses, further exacerbating the risks associated with excessive overtime.

## The Costly and Harmful Dependence on Private Agency Nurses

In a misguided effort to address the shortage of nurses within the public health system, Manitoba has turned increasingly to private, for-profit nursing agencies to fill staffing gaps.

### THIS PRACTICE RAISES MULTIPLE CONCERNS:



MNU has obtained agency nurse usage data from Manitoba's regional health authorities via FIPPA requests. The data in Figure 4 reveals a dramatic increase in both hours worked by agency nurses and public funds spent on private staffing solutions.

- **2023/24: Manitoba spent \$75 million and used a total of 1.19 million hours on private agency nurses.**
- **Projection for 2026/27: If current trends continue, agency nurse usage is expected to reach nearly 4 million hours, with over \$200 million in public funds funneled into for-profit agencies.**

This level of reliance on private agency staffing is unsustainable and undermines the long-term stability of Manitoba's healthcare system. Instead of investing in costly temporary solutions, the province must prioritize strategies that retain and recruit permanent nursing staff to ensure high-quality, publicly funded healthcare for all Manitobans. Announced efforts to restrict agencies is not enough.

## AGENCY HOURS (IN THOUSANDS) AND DOLLARS SPENT (IN MILLIONS)

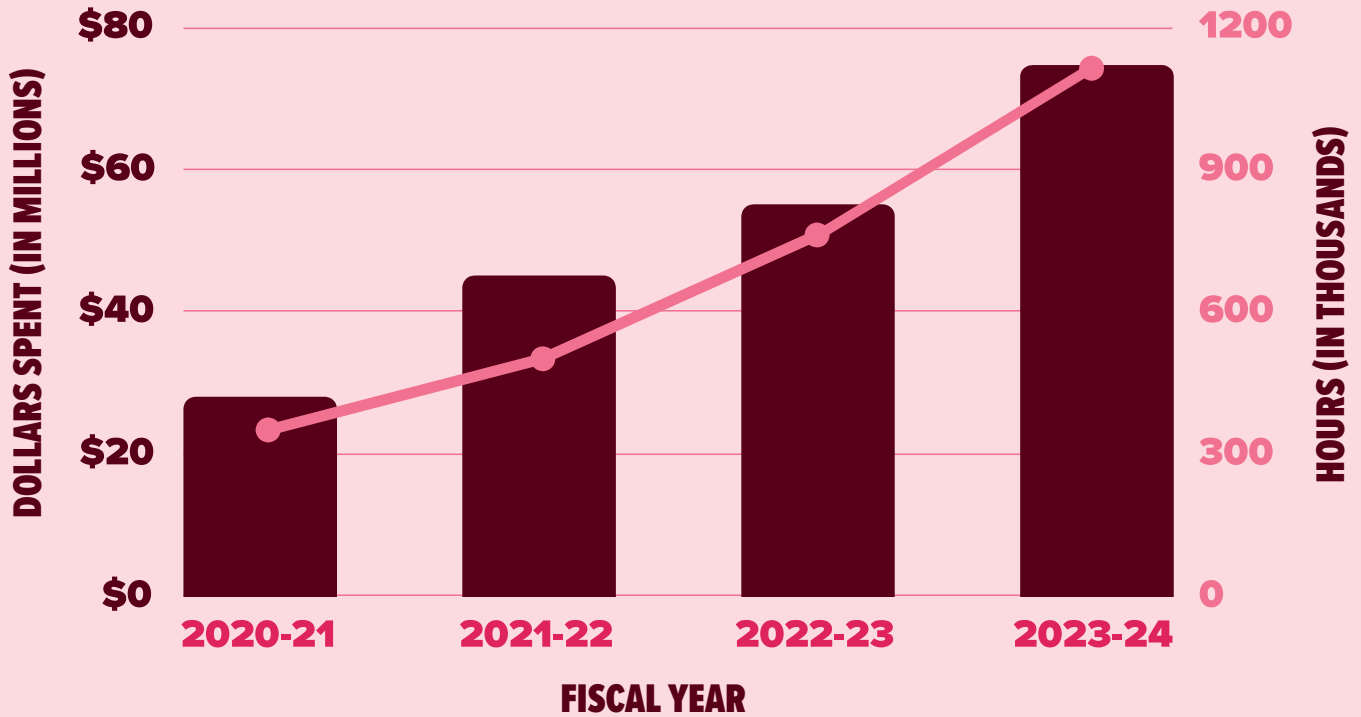
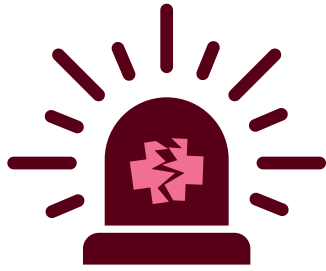


Figure 4. Agency Hours (in thousands) and dollars spent (in millions). Source: FIPPA requests to the various regional health authorities<sup>10</sup>.

**\$75  
MILLION**

**IN 2023/24,  
MANITOBA SPENT  
\$75 MILLION AND  
USED A TOTAL  
OF 1.19 MILLION  
HOURS ON PRIVATE  
AGENCY NURSES.**



# SAFETY

Nurses and their patients are facing an escalating crisis of workplace violence across Manitoba's healthcare facilities. Since October 2024, multiple violent incidents involving weapons have occurred in hospitals, including a violent, armed outburst at St. Boniface Hospital that required a significant police response<sup>14</sup> and a shooting *inside* Thompson General Hospital<sup>15</sup>. However, these highly publicized incidents only scratch the surface of a much larger problem.

## Increasing Violence in Hospitals

MNU continuously receives reports—both formally and informally—of ongoing violence and verbal abuse against nurses. At HSC alone, from September 2024 to early January 2025, nurses reported 64 incidents of verbal abuse and physical assault<sup>16</sup>. These numbers are alarming, yet they likely underrepresent the true scale of the issue due to significant underreporting. Nurses are experiencing workplace violence at an even higher rate than officially recorded, making it imperative for the government to prioritize safety initiatives that protect healthcare workers and patients alike.

**AS OF AUGUST 2024, THE HSC CAMPUS HAD THE SECOND-HIGHEST RATE OF VIOLENT CRIME IN WINNIPEG.**



The growing violence within hospital campuses mirrors broader trends in crime. Winnipeg Police Service data shows a sharp rise in violent crime at HSC and St. Boniface Hospital campuses<sup>17</sup>, with violent incidents increasing by 34% and 42%, respectively, from August 2023 to August 2024—far exceeding the citywide increase of 20%. By August 2024, the HSC campus had the second-highest rate of violent crime in Winnipeg.

**FOR THE NEARLY 5,000 NURSES EMPLOYED AT HSC AND ST. BONIFACE<sup>18</sup>, JUST COMING TO WORK HAS BECOME A DANGEROUS TASK.**

## Police Response Trends in Rural Manitoba

The crisis extends beyond Winnipeg. MNU obtained data through Access to Information and Privacy (ATIP) requests to the Royal Canadian Mounted Police (RCMP), revealing an alarming surge in police responses at rural healthcare facilities. At Swan Valley Health Centre in Swan River, the number of RCMP calls has steadily increased from 2021 to November 2024 (see Figure 5)<sup>19</sup>. Even more concerning, nearly one in four security shifts at this facility went unfilled in 2024, leaving nurses and patients without the support and safety provided by trained security personnel<sup>20</sup>.

At Thompson General Hospital, the situation is just as dire. RCMP data shows that for the past two years, officers were called to the hospital more than 1.5 times per day on average<sup>21</sup>. In 2024 alone, RCMP responded to 557 calls

from Thompson General Hospital—evidence of the dangerous environment nurses are facing daily. These numbers highlight the daily and growing threats nurses face across the province.

**IN 2024  
ALONE, RCMP  
RESPONDED TO  
557 CALLS FROM  
THOMPSON GENERAL  
HOSPITAL.**



## NUMBER OF CALLS TO RCMP FROM SWAN VALLEY HEALTH CENTRE

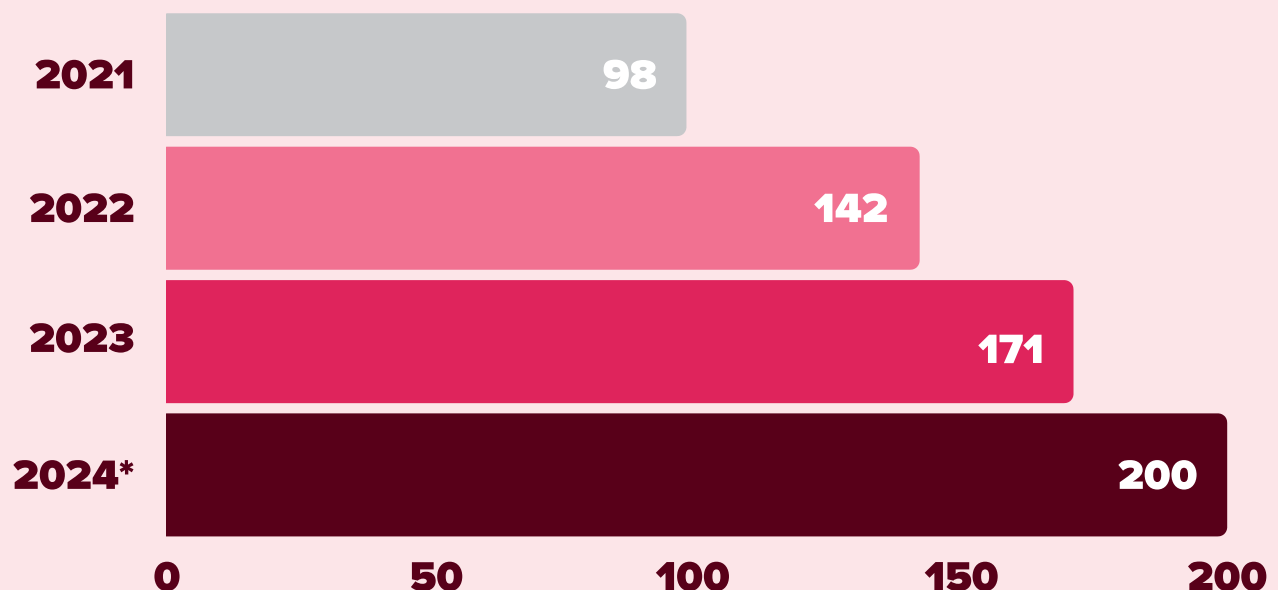
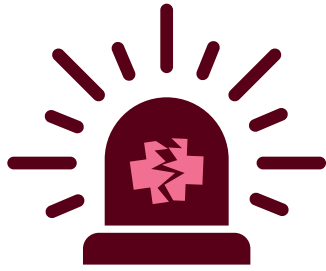


Figure 5. Number of calls to RCMP from Swan Valley Health Centre from 2021 through 2024. Up to and including November 28, 2024<sup>19</sup>.



# NURSE VOICES

When offering recommendations, significant weight should be given to the lived and reported experiences of nurses in the public healthcare system. In late 2024, MNU surveyed its members to gauge nurses' opinions on the progress made to improve healthcare over the past year. The survey had a response rate of 1,326 respondents. More than 60% of respondents indicated that they had not seen any improvement or had observed further decline in the following areas: feeling valued and respected, staffing levels and/or nurse workload, addressing violence and verbal abuse, providing mental health support and/or respecting nurses' time off, working conditions, and overall healthcare and patient outcomes. While the majority of responding nurses employed by HSC reported at least minimal improvement in terms of the employer's efforts to keep them safe, the remainder of the feedback from nurses at other facilities indicated no improvements or that things have gotten worse<sup>22</sup>.

## Career Reconsideration

When asked if government action—or failure to act—had caused them to reconsider the length of their nursing career, 75% of respondents said that it had. Unfortunately, only 3% of those reconsidering the length of their nursing career are considering staying in the profession longer than anticipated. The remainder of respondents who are reconsidering their nursing career identified the following:

- **43% want to leave nursing earlier than expected.**
- **33% wish to leave nursing to work in another field.**
- **20% are considering moving to a private nursing agency.**

If we extrapolate the data obtained from this survey to the entire membership of MNU (approximately 13,000 nurses), these proportions paint a concerning picture. The proportion of nurses reconsidering the length of their careers in the public healthcare system would equate to approximately 9,750 nurses. Of those, approximately 4,200 would consider

leaving nursing early, 3,200 would consider leaving nursing to work in another field, and 1,950 would consider moving to a private nursing agency. Fewer than 300 nurses would consider staying in the profession longer than anticipated due to the lack of government action over the past year.

**75% OF NURSES SURVEYED SAID GOVERNMENT ACTION—OR FAILURE TO ACT—HAD CAUSED THEM TO RECONSIDER THE LENGTH OF THEIR NURSING CAREER**



## MNU NURSES WHO WERE SURVEYED STATE THEY ARE CONSIDERING:

-  LEAVING NURSING EARLIER THAN PREVIOUSLY ANTICIPATED
-  STAYING IN NURSING LONGER THAN ANTICIPATED
-  LEAVING NURSING TO WORK IN ANOTHER FIELD
-  MOVING TO AGENCY NURSING

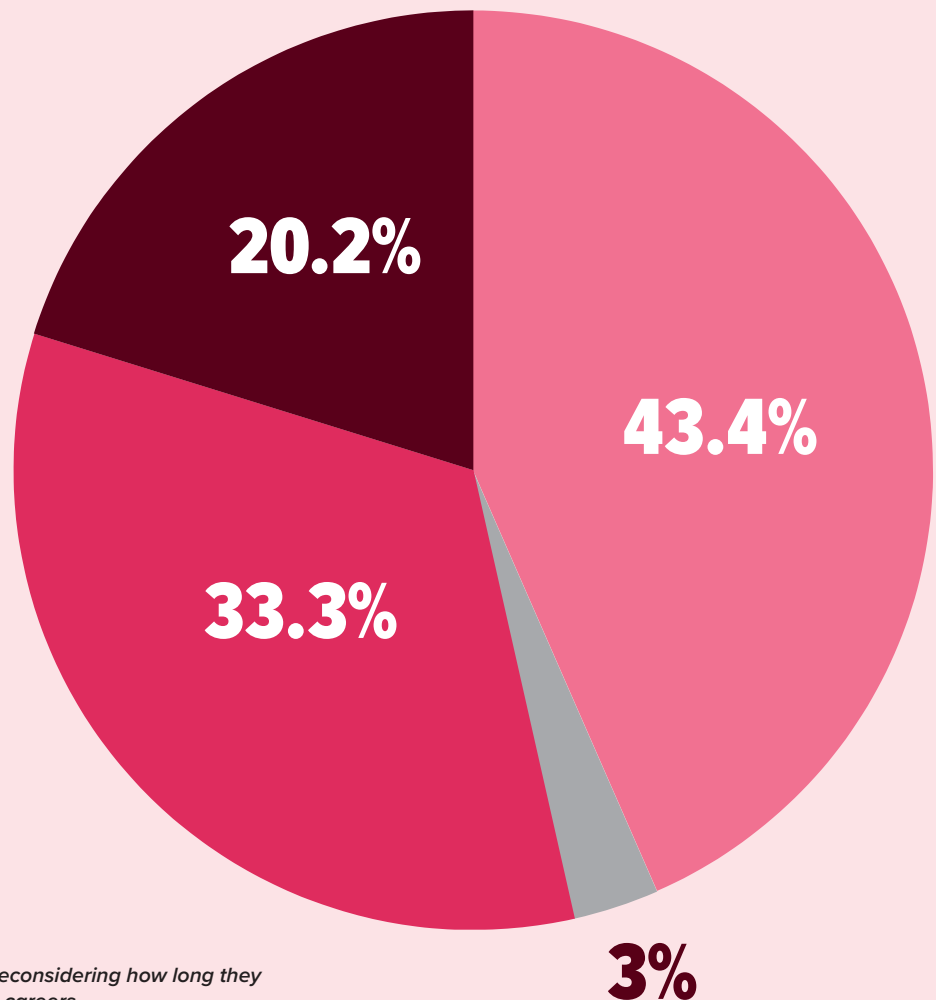
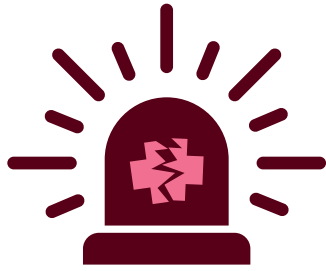


Figure 6. MNU survey respondents reconsidering how long they anticipate remaining in their nursing careers.

## Government (In)action

The current government initiated listening tours to obtain feedback from frontline staff, beginning in December 2023<sup>23</sup>. The premier also appointed the newly elected MLA from Tuxedo, Carla Compton, as a direct conduit to the premier’s office on nursing issues. Unfortunately, MNU’s member survey indicates that these strategies have largely been ineffective. Sixty-five per cent of nurse respondents reported that there has been no improvement or that conditions have worsened regarding the issues raised and/or the solutions suggested by nurses during the listening tours. Nurses also indicated, at a rate of 69%, that despite having a direct nursing conduit, the premier’s actions to date have not been effective in meaningfully improving working conditions for nurses or outcomes for patients.



## SUMMARY

The information, data, and research summarized in the preceding sections indicate four key points:

1

**MANITOBA'S PUBLIC HEALTHCARE SYSTEM IS IN CRISIS**, with long wait times and poor patient outcomes serving as key indicators of its current state. These issues highlight the urgent need for change within the system.

2

**A SEVERE NURSE STAFFING SHORTAGE EXISTS IN MANITOBA**, which is having a substantial impact on overtime and the use of agency staff across the province. This strain on staffing resources is contributing to burnout among nurses and affecting patient care.

3

**NURSES ARE EXPECTED TO WORK UNDER EXTREME AND UNSAFE CONDITIONS** on a daily basis, and the physical and mental risks they face are only growing.

4

**CONDITIONS HAVE NOT IMPROVED, AND IN MANY AREAS, THEY HAVE WORSENERD.** Despite recent claims of progress, feedback from nurses suggests that the challenges they face have not been meaningfully addressed.

What is clear to MNU is that there are several concrete steps, beyond illusory talking points, that can be taken to make noticeable improvements to the system for nurses and patients alike. However, significant commitment from key stakeholders is necessary to transform these recommendations into action.



# MNU'S RECOMMENDATIONS

Significant investment in staffing is urgently needed. However, focusing solely on recruitment will not resolve the crisis. Instead, investments must be multifaceted, directly addressing the key reasons why nurses are leaving—or planning to leave—the public healthcare system.

In 2025, the Manitoba government announced the addition of 1255 net new healthcare workers, including 481 net new nurses<sup>24</sup>. While there have been minimal improvements in vacancy rates across the province, the most recent data shows a continued rise in overtime and reliance on private agency nurses. Nurse workload and burnout remain persistent issues and are the primary reasons nurses consider leaving the public system or the profession altogether<sup>13</sup>. The most effective way to tackle this crisis is by improving workplace conditions.

MNU represents approximately 13,000 active member nurses<sup>18</sup>, accounting for about 95% of nurses working in Manitoba's public healthcare system. However, CIHI's most recent report on the healthcare workforce in Canada identifies over

18,700 registered nurses (RNs), licensed practical nurses (LPNs), registered psychiatric nurses (RPNs), and nurse practitioners (NPs) in Manitoba<sup>25</sup>. This suggests that more than 5,000 licensed nurses are not currently working in the public system.

The following section outlines MNU's key recommendations to improve conditions for current nurses and new graduates, while also encouraging those who have left to return to a system that values, respects, and protects them. These recommendations align with elements of Health Canada's Nursing Retention Toolkit<sup>26</sup> and a joint report from CFNU and Canadian Health Workforce Canada on sustaining Canada's nursing workforce<sup>27</sup>. However, they specifically address challenges faced by nurses in Manitoba. These are critical first steps in addressing the staffing crisis, with additional recommendations to follow in the future.



## RECOMMENDATION 1

# INVEST IN SYSTEMS THAT ENABLE PUBLICLY FUNDED NURSES TO WORK WHERE THEY ARE NEEDED

**To maximize the impact of Manitoba’s nursing workforce, the government must invest in systems that allow nurses to access available work where they are needed most. Targeted investments should focus on:**

### **Centralized Scheduling Systems**

Despite being funded by a single provincial government, Manitoba’s public healthcare facilities use a patchwork of scheduling systems. This fragmentation prevents nurses from easily accessing available shifts at different facilities, even when they are qualified and willing to work. Instead, schedulers frequently default to mandating overtime or contracting private agency nurses—draining public resources and increasing nurse burnout.

In 2021, both the Manitoba government and the WRHA committed to completing a centralized shift availability system within a two-year timeframe<sup>28</sup>. To date, little progress has been made. Without urgent action, the inefficiencies of the current system will continue to drive nurses away from the public sector, further worsening the staffing crisis.

### **Strengthen Administrative Support for the Provincial Travel Nurse Team and Expand Provincial Scheduling Systems**

The creation of Manitoba’s Provincial Travel Nurse Team (PTNT) was a crucial step toward providing a publicly funded alternative to private nursing agencies and addressing nursing shortages that lead to excessive overtime. PTNT nurses can work casual, part-time, or full-time within a flexible system that allows them to select preferred worksites, set availability, and fill shifts in facilities that participate in the program. This model boosts surge capacity, alleviates reliance on private agency nurses, and reduces mandatory overtime.

However, despite its potential, the PTNT faces critical administrative challenges:

- **LACK OF SCHEDULING SUPPORT:** Employers report that PTNT schedulers are difficult to reach during evenings and weekends, forcing them to default to private agency nurses, whose scheduling support is available 24/7.
- **DELAYS IN ONBOARDING:** Nurses applying to the PTNT are experiencing long processing times, with no established timeline for application review. MNU has requested that applications be processed within 15 business days. However, as of the completion date of this report, employers have not agreed to this standard.
- **LIMITED FACILITY PARTICIPATION:** Despite significant vacancies and high agency nurse usage, many facilities—including long-term care facilities—do not participate in the PTNT, limiting its effectiveness. Currently, the program is used primarily in acute care settings, even though the need extends beyond these facilities.

While the government insists that health regions reduce already minimal administrative costs, it continues to spend unprecedented amounts on agency nurses and rely on extraordinary overtime from our nurses<sup>29</sup>. For example, Shared Health's most recent annual report noted a decrease in the proportion of the provincial budget allocated to administrative costs, dropping from 5.07% last year to 4.79% this year<sup>3</sup>. Prairie Mountain Health is allocating only 3.61% of its annual budget to administrative costs<sup>3</sup>. Without specific guidance from the government, it is challenging to determine where additional savings can be made without compromising frontline care.

Proper government investment in essential administrative support would enable more efficient hiring, connect nurses with available work, and reduce reliance on costly agency contracts and excessive overtime—ultimately improving retention and reducing nurse burnout.

## MNU'S RECOMMENDATION 1 AT A GLANCE:

- Expedite the development of a provincial scheduling system to allow nurses to easily access available shifts across facilities.
- Provide scheduling support during evenings and weekends to ensure PTNT nurses are fully utilized, reducing reliance on agency nurses.
- Implement a 15-business-day standard for PTNT application processing to expedite hiring.
- Expand PTNT participation beyond acute care to include long-term care and other high-need facilities.
- Invest in updated scheduling and payroll systems to improve flexibility and efficiency for nurses, ensuring the implementation of scheduling improvements already negotiated in the collective agreement that effectively connects nurses to available work.

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## Addressing Government and Employer Resistance to Systemic Change

Despite clear evidence that flexible scheduling improves nurse retention, there is ongoing resistance from government and employers to modernizing administrative and payroll systems. A national survey of 6,000 nurses by CFNU found that many nurses leave the public system for private agencies due to greater flexibility and better financial compensation<sup>30</sup>. Research also links improved scheduling flexibility with lower emotional exhaustion<sup>31</sup> and a reduced intention to leave their current profession<sup>32</sup>.

MNU has already negotiated provisions that allow for flexible scheduling within the public system, but outdated payroll and scheduling systems remain a barrier to full implementation.

Without meaningful investment in updating these systems, Manitoba will continue to lose nurses to private agencies and other jurisdictions that offer more adaptable working conditions.

Connecting willing and able nurses to available work should be a simple process. Other provinces have invested in effective scheduling systems and seen measurable improvements in staffing and retention<sup>33</sup>. In contrast, Manitoba's reliance on outdated and inconsistent scheduling platforms prevents nurses from seeing available shifts, aligning schedules, and making informed decisions about additional work opportunities.

Without immediate investment in centralized scheduling, PTNT support, and administrative modernization, Manitoba's public healthcare system will remain at a disadvantage—costing taxpayers millions while driving skilled nurses out of the profession.



### RECOMMENDATION 2

## RETAIN AND INCENTIVIZE SENIOR NURSES TO SUPPORT AND ORIENT NEW NURSING GRADUATES

**Years of short-sighted cuts to nursing education have left Manitoba struggling with a critical nursing shortage. While nursing education seats have increased, the province simply cannot recruit its way out of the crisis—especially if senior nurses continue to retire at anticipated rates.**

## The Looming Crisis: Retirements vs. New Graduates

In 2024, approximately 656 new nursing graduates completed their programs in Manitoba<sup>34,35</sup>. However, an MNU survey of over 3,500 nurses in 2023 found that 655 nurses were considering retirement within a year<sup>36</sup>, a trend that aligns with data from the College of Registered Nurses of Manitoba's 2023 annual report<sup>37</sup>. Even if every graduate enters the public system—an unlikely scenario given that a recent CFNU survey found as many as 84% of nursing students are interested in private agency work<sup>38</sup>—the loss of experienced nurses would still leave a devastating gap. Without immediate action to retain and incentivize senior nurses, the system faces a dangerous deficit of experience, mentorship, and frontline caregivers.

## The Need for a Funded Mentorship Program

New graduates with access to mentoring support show higher levels of competency and greater retention<sup>40</sup>, leading to enhanced patient care. Without structured support, they risk burning out, leaving the profession, or turning to private agency work for better conditions.

Recognizing this need, MNU successfully negotiated a mentorship classification for RNs and LPNs with an associated premium in the most recent collective agreement. However, due to government-imposed budget constraints, many employers have failed to implement this classification. The provincial government's 8% budget reduction ultimatum has effectively forced health authorities to cut costs rather than invest in proven retention strategies. This short-sighted approach directly undermines new graduate support, senior nurse retention, and ultimately, patient care.

Manitoba should follow Saskatchewan's lead in funding a four-month supernumerary period for new graduates, meaning they are temporarily employed outside baseline staffing levels<sup>41</sup>. Saskatchewan's program allows new nurses to train alongside experienced senior nurses without immediately carrying a full patient load. This model reduces stress, improves competency, and leads to higher retention rates<sup>40</sup>.

## MNU'S RECOMMENDATION 2 AT A GLANCE:

- Ensure employers implement the mentorship classification and make full use of the augmented mentorship provisions in the collective agreement.
- Follow Saskatchewan's lead in funding a four-month supernumerary period, allowing new graduates to train alongside senior nurses without carrying a full patient load.
- Require employers to provide clear plans to protect frontline nursing staff when making budget adjustments.
- Offer more flexible work options and salary incentives to encourage senior nurses to delay retirement.

## The Government's Contradictory Approach to Healthcare Spending

Instead of investing in strategies to retain experienced nurses, the government is pressuring health authorities to cut spending—a move that threatens frontline care. While officials claim budget cuts will target administrative costs, employers have not been required to provide a plan to protect frontline nursing staff. This lack of oversight has led to resistance from employers in recognizing

mentor positions, providing salary incentives for senior nurses, or implementing more flexible work options.

If the government is serious about stabilizing the nursing workforce, it must shift its approach. Budget reductions and recruitment efforts alone will not solve this crisis. Along with ensuring the revenue needed to follow through on its commitments, the government must invest in structured mentorship, retain experienced nurses, and provide competitive working conditions to rebuild Manitoba's public healthcare system. Failing to act now will only deepen the staffing crisis and drive more nurses out of the public sector.



### RECOMMENDATION 3

## TAKE PATIENT AND STAFF SAFETY SERIOUSLY AND FUND APPROPRIATELY

**Nurses are routinely expected to work under dangerous conditions—arriving at work, leaving work, and throughout their shifts. MNU has concrete recommendations to enhance safety for nurses, other staff, and patients alike.**

### Reinstating AI Weapon Scanners

Despite the successful pilot of AI weapon scanners at HSC and their widespread use in other public spaces—such as football stadiums and hockey arenas<sup>42</sup>, courthouses, and libraries—the scanners have not been in place since the trial ended in August 2024. Recently, the Manitoba Health Minister announced that

these scanners will be reinstalled at select HSC entrances<sup>43</sup>.

This is a step in the right direction, given the continued occurrence of serious safety incidents, including a firearms incident at HSC Children's ED and a stabbing at the adult HSC ED. MNU urges the government to ensure the timely and effective implementation of these scanners at HSC and to expand their use as a sustainable safety solution for other healthcare facilities across the province.

## Expanding and Equipping Institutional Safety Officers

Institutional Safety Officers (ISOs) have begun deployment at some healthcare facilities. MNU recommends that the government ensure ISOs are adequately staffed, properly trained, and provided with the necessary tools and equipment to address safety concerns effectively. Given the strain on police resources and longer response times, ISOs play a critical role in healthcare facility security.

To perform their duties effectively, ISOs should be equipped with batons and pepper propellant, as currently permitted under legislation<sup>44</sup>. Consideration should also be given to equipping ISOs with tasers, given the increase in serious weapons incidents in healthcare settings. Furthermore, ISOs should not be limited to Winnipeg, Brandon, and Selkirk. The recent firearms incident at Thompson Hospital<sup>15</sup> demonstrates the urgent need to expand ISOs to facilities in rural and northern Manitoba.

## Strengthening Home Care Nurse Safety

Employers are required to implement effective safety plans for home care nurses, yet incidents of serious harm continue to occur when nurses enter homes to provide care. A more robust risk assessment process is urgently needed to ensure the safety of nurses working in private residences.

Even armed police officers rarely enter a home alone if there are safety concerns. However, nurses are routinely expected to do so, putting them at significant risk. Employers must establish and enforce practical safety protocols to prevent further harm to home care nurses.

## Urgent Need for Action

Instead of making meaningful investments in safety, the government continues to pressure health authorities to cut spending. While officials claim these budget cuts will only affect administrative costs, no plan has been required to ensure frontline nursing care and security measures remain intact. Without proper funding for safety initiatives, nurses and patients will continue to face unacceptable risks.

### MNU'S RECOMMENDATION 3 AT A GLANCE:

- Expand AI scanner use to other healthcare facilities across Manitoba to enhance safety for staff and patients.
- Provide ISOs with proper training and equipment, including batons and pepper propellant, as permitted under legislation. Also, consider equipping ISOs with tasers.
- Expand ISO presence to rural and northern healthcare facilities, where serious safety threats also exist.
- Implement a stronger risk assessment process to protect home care nurses entering private residences.
- Establish and enforce practical safety protocols to prevent nurses from being placed in dangerous situations.



## RECOMMENDATION 4

# MAKE EFFECTIVE USE OF THE EXPERTISE OF NURSE PRACTITIONERS

**NPs in Manitoba have been practicing with a broad scope, yet they have faced a lack of core funding since the inception of legislation 20 years ago. Despite this, NPs are highly educated health professionals who provide comprehensive care in Manitoba. Ensuring that NPs are compensated appropriately given their role is crucial, especially amid a national physician shortage.**

### The Role and Impact of Nurse Practitioners in Manitoba

According to CIHI, around one-third of NPs in Canada work in community settings such as primary care, and this trend is growing significantly across Canada. In Manitoba, approximately 80% of NPs work in primary care, with many providing continuity in access to care for rural and remote communities. Since 2020, the number of NPs in the province has increased by 35.6%, compared to much slower growth rates for RNs (4.7%) and LPNs (6.2%).

### Reducing Pressure on Emergency Departments

The value of NPs in providing a broad scope of care in the community—especially in primary care settings—cannot be understated. Research from the UK indicates that increased

access to primary care reduces strain on EDs by lowering visit and admission rates, with the effect being particularly pronounced when primary care is available on weekends<sup>45</sup>. In the U.S., studies show that same-day access to primary care correlates with fewer non-emergent ED visits and fewer cases of patients seeking emergency care for conditions that could be treated in a primary care setting<sup>46</sup>.

A systematic review of existing literature demonstrates that NPs provide comparable, and in some cases superior, care in primary care settings compared to physicians<sup>47</sup>. In Canada, research supports integrating NPs directly within EDs to help reduce overcrowding, improve quality of care, and decrease the number of patients who LWBS<sup>48</sup>.

### Improving Care in Long-Term Care Facilities

Having NPs provide a broad scope of care in long-term care settings ensures high-quality



treatment for individuals with chronic illnesses and helps prevent adverse health outcomes. NP-led models of care in long-term care facilities have been associated with numerous positive outcomes, including lower rates of depression and aggressive behaviour among residents, fewer transfers to EDs, reduced hospital admissions, and greater satisfaction among both residents and their families<sup>49,50</sup>.

## **Addressing Primary Care Shortages and Job Insecurity**

ACCESS Centres in Winnipeg and Brandon are critical sources of primary care services, with NPs playing a leadership role in these facilities. In a province where an estimated 150,000 residents do not have a family doctor<sup>51</sup>, walk-in medical clinics are indispensable. By treating minor illnesses and injuries that might otherwise lead patients to seek hospital care, NPs help alleviate pressure on emergency rooms.

At the Walk-In Connected Care (WICC) clinic at Fort Garry ACCESS Centre, several NPs—many in term positions—provide these essential services. However, these positions are temporary rather than permanent, adding to employment instability for NPs. Furthermore, they face delays in receiving confirmation about their employment status. Without clear communication and efforts to make these positions permanent, Manitoba risks losing these skilled professionals to more stable job opportunities, ultimately disrupting continuity of care and increasing emergency room visits. The government must take

## **MNU'S RECOMMENDATION 4 AT A GLANCE:**

- Implement permanent funding to recognize NPs—commensurate with their broad scope of practice—and ensure fair compensation.
- Convert temporary NP positions at WICC clinics into permanent roles to prevent workforce loss.
- Increase NP-led primary care services to reduce non-emergent ED visits.
- Invest in recruitment and retention strategies to sustain NP services in rural and remote communities.
- Reinstate “grow your own” NP initiatives, offering paid education leave with a return-of-service agreement.



action to retain these invaluable nurses through core NP funding to prevent the closure of the WICC at ACCESS Fort Garry.

## Supporting Rural and Remote Communities

The value of NPs is particularly evident in Manitoba’s rural and remote communities. CIHI reports that NPs have the largest proportion of their workforce operating in these areas compared to other classifications of nurses<sup>52</sup>. In some regions, NPs serve as the Most Responsible Provider (MRP), meaning they are the sole healthcare professionals with the expertise to provide a broad scope of care. Without meaningful recruitment and

retention strategies—such as core NP funding models—healthcare in rural Manitoba will continue to deteriorate.

Manitoba has previously had success with “grow your own” NP initiatives, which provided paid educational leave in exchange for a guaranteed return of service. Supported by temporary funding, these programs helped expand the NP workforce. However, due to budget constraints, most have been eliminated despite their positive results. To ensure that NPs are properly incentivized and supported in these critical roles, the government must introduce sustainable funding solutions that reflect the high level of responsibility placed on these professionals.



## RECOMMENDATION 5

# RESPECT AND VALUE HOME CARE NURSING

**Home care nurses play a vital role in Manitoba’s healthcare system by providing essential services that help keep patients out of hospitals and long-term care facilities. Despite their contributions, they have been consistently undervalued, facing unfair compensation policies and additional burdens that make their jobs more difficult. If the government is serious about addressing hospital bed block and ensuring patients receive care where they need it, home care nurses must be treated with the respect and support they deserve.**

## Mileage Rate Discrepancy

During the NDP's most recent election campaign, Manitoba Premier Wab Kinew promised that home care workers would receive the Canada Revenue Agency (CRA) mileage rates<sup>53</sup>. However, this commitment was only selectively honoured—while some home care health workers now receive CRA mileage rates, home care nurses were excluded. This decision has left home care nurses feeling disrespected and undervalued, despite their essential role in Manitoba's healthcare system.

## Unfair Burden of Transporting Patient Supplies

Adding to their frustration, home care nurses are now being instructed to collect and transport multiple days' worth of patient supplies in their personal vehicles<sup>54</sup>. This cost-saving measure unfairly shifts logistical challenges and potential safety risks onto nurses. Beyond the impracticality of this approach, it exploits nurses, who already manage heavy workloads and visit multiple patients daily.

## Impact on Bed Block and Healthcare Access

The government has acknowledged that bed block is a persistent issue<sup>55</sup>, with acute care facilities overwhelmed by patients who cannot be discharged due to a lack of available home care services. If the government genuinely wants to address this crisis, it must invest in and support home care nursing. Devaluing home care nurses and creating working conditions that push them out of the sector will only worsen bed block, delaying patient discharges and straining hospital resources.

Respecting and valuing home care nurses is not just about fairness—it is a necessary step toward improving healthcare access, reducing hospital overcrowding, and ensuring quality patient care in Manitoba.

## MNU'S RECOMMENDATION 5 AT A GLANCE:

- Fulfill the government's commitment to pay home care nurses the CRA mileage rate, ensuring equal treatment with other home care workers.
- End the exploitation of home care nurses to act as courier service for multiple days' worth of patient supplies in their personal vehicles.
- Recognize, respect, and support home care nurses as a critical part of the healthcare system, ensuring stronger services, smoother patient discharges, and reduced hospital overcrowding.





## RECOMMENDATION 6

# INCREASE TRANSPARENCY

**Access to key performance metrics is essential to accurately assess the state of Manitoba’s healthcare system. While the government has committed to improving transparency, significant gaps remain. Currently, only a limited number of performance indicators—such as wait times and visits to Winnipeg’s ED/UCs—are consistently published. However, similar data for facilities outside Winnipeg is not publicly available without filing FIPPA requests, which take weeks to process. If the government is serious about transparency and accountability, it must proactively publish comprehensive healthcare data rather than forcing Manitobans to navigate bureaucratic hurdles.**

## Address Gaps in Publicly Available Data

Timely reporting of healthcare system performance is critical for accountability. However, many key metrics are either outdated or unpublished:

- **Critical Incident Reports are released quarterly, yet the most recent available report is from Q4 of 2023/24 (January–March 2024)<sup>56</sup>, despite more recent data existing.**
- **Sexually Transmitted and Blood-Borne Infection Reports from Manitoba Health are supposed to be published regularly, yet the most recent data available is from 2022<sup>57</sup>.**
- **Many of the data points included in this document were only obtained**

**through FIPPA requests—after a 45-day waiting period—indicating a lack of proactive transparency.**

## Remove Barriers to Healthcare Transparency

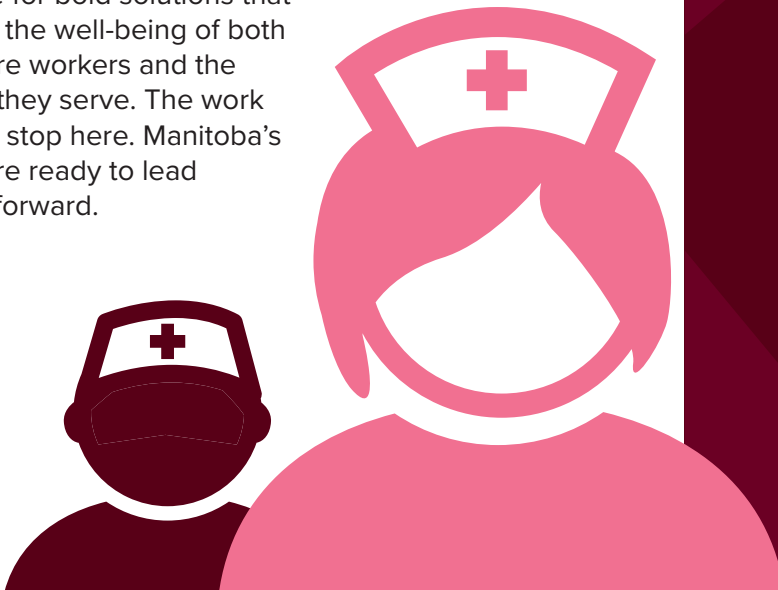
While in opposition, the health minister criticized the lack of transparency under the previous government<sup>58</sup>. However, Manitobans have yet to see any measurable change. If the government truly wants to demonstrate improvements in the healthcare system, it must remove bureaucratic red tape and ensure timely, proactive publication of healthcare data. Manitobans expect their government to demonstrate measurable improvements across multiple healthcare metrics, reinforcing transparency and rebuilding trust among nurses and the public.

# CONCLUDING REMARKS

**MNU is deeply concerned by the ongoing pattern of cost-saving measures that come at the expense of nurses and frontline staff. Underfunding and undervaluing critical initiatives, safety programs, and nursing roles not only harm nurses but also put patient safety and the overall healthcare system at risk.**

The recommendations outlined in this document are just the beginning. They represent immediate, tangible steps the government can take to improve working conditions for nurses, strengthen patient care, and build a more sustainable healthcare system. However, meaningful change requires ongoing commitment.

MNU and its members will continue to advocate for bold solutions that prioritize the well-being of both healthcare workers and the patients they serve. The work does not stop here. Manitoba's nurses are ready to lead the way forward.

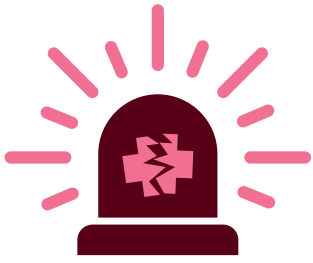


## MNU'S RECOMMENDATION 6 AT A GLANCE:

- Timely publication of all key performance metrics and critical reports, making them publicly accessible without the delays and necessity of repeated FIPPA requests.

**mnu**





# HEALTHCARE IN MANITOBA IS IN CRISIS

A SUMMARY OF THE URGENT HEALTHCARE CHALLENGES IN MANITOBA

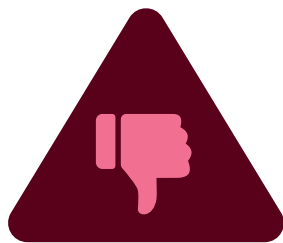


## PROBLEM 1: EMERGENCY AND URGENT CARE WAIT TIMES HAVE NEARLY TRIPLED

Between 2020 and 2024, **wait times for patients to see a doctor or nurse practitioner in Winnipeg’s emergency and urgent Care facilities have surged 2.65 times.** Despite patient volumes remaining relatively stable, the number of individuals leaving without being seen has nearly tripled, signaling a **severe strain on frontline healthcare services.**

## PROBLEM 2: MANITOBA’S QUALITY OF CARE AND MORTALITY RATES ARE ABYSMAL

Manitoba hospitals consistently underperform on key healthcare metrics, **ranking among the worst in Canada.** According to the



Canadian Institute for Health Information, four of Manitoba’s largest hospitals are **among the eight worst-performing hospitals nationwide** in terms of the Hospital Standardized Mortality Ratio.

**HSC, Manitoba’s largest hospital, ranks dead last in Canada.**



These alarming statistics highlight **deep systemic issues compromising patient care and safety** across the province’s public healthcare system.



## PROBLEM 3: RISING VACANCY RATES

In summer 2020, Manitoba’s nursing vacancy rate stood at 15.9%—meaning nearly 1 in every 6 positions was unfilled. **By summer 2024, that number had climbed to 21.0%, leaving more than 1 in 5 nursing positions vacant province-wide.**

This escalating shortage **jeopardizes patient care and places unsustainable pressure on existing staff,** underscoring the **urgent need for effective recruitment and retention strategies.**

## PROBLEM 4: NURSE OVERTIME SURGES TO 1.15 MILLION HOURS



With rising vacancies, nurse overtime has skyrocketed, directly affecting patient safety and care quality. Over the past four fiscal years, overtime hours have increased at a staggering rate.

- If this trend continues, Manitoba's nurse overtime will exceed 1.65 million hours by 2026/27—more than double the total from 2020/21.

This trajectory places **unsustainable strain on Manitoba's nurses**, driving burnout and exacerbating retention challenges.

## PROBLEM 5: THE COSTLY AND HARMFUL DEPENDENCE ON PRIVATE AGENCY NURSES

At current rates, agency nurse usage is projected to hit nearly 4 million hours, diverting over \$200 million in public funds to for-profit staffing agencies.



This growing reliance on private agencies is **financially unsustainable and undermines long-term healthcare stability**. Instead of temporary fixes, **Manitoba must invest in permanent, publicly funded staffing solutions** to support frontline nurses and strengthen healthcare delivery.

## PROBLEM 6: RISING CRIME AND VIOLENCE IN HOSPITALS

As of August 2024, Winnipeg's HSC Campus had the **second-highest violent crime rate in the city**.



For the nearly 5,000 nurses at HSC and St. Boniface, **simply coming to work has become a safety risk**.

Elsewhere in Manitoba:

- RCMP calls to Swan Valley Health Centre exceeded 200 in 2024.
- Thompson General Hospital saw over 550 RCMP visits in a single year.



Workplace violence in healthcare is escalating, demanding urgent intervention to protect frontline workers and patients.

## PROBLEM 7: LACK OF TRANSPARENCY IN HEALTHCARE DATA

Manitoba's healthcare crisis is further exacerbated by a lack of transparency in government decision-making.



- 75% of nurses surveyed stated that government actions—or inaction—had led them to reconsider their future in the profession.

Without clear, accessible data on wait times, patient outcomes, staffing levels, and agency spending, **the public cannot hold leadership accountable for the state of healthcare in Manitoba**.

## CONCLUSION: THE NEED FOR IMMEDIATE ACTION

The combined impact of skyrocketing wait-times, critical staffing shortages, excessive overtime, rising violence, and reliance on costly agency nurses is pushing Manitoba's healthcare system to the brink. Without bold, immediate action, the province risks **further erosion of patient care and a mass exodus of healthcare workers**.

A commitment to transparency, retention strategies, and frontline support is not optional—**it's essential**.



**NOTE: MNU's key recommendations to improve conditions are featured throughout pages 17-29.**

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# **HEALTHCARE IN MANITOBA IS IN CRISIS**

Recommendations to Support Nursing Staff from Manitoba Nurses Union

*Written and produced by the staff at Manitoba Nurses Union*

***mnwu*** | MANITOBA  
NURSES UNION

301-275 Broadway, Winnipeg, Manitoba, R3C 4M6

**P.** 204.942.1320

**F.** 204.942.0958

**E.** [info@manitobanurses.ca](mailto:info@manitobanurses.ca)

**[manitobanurses.ca](http://manitobanurses.ca)**

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