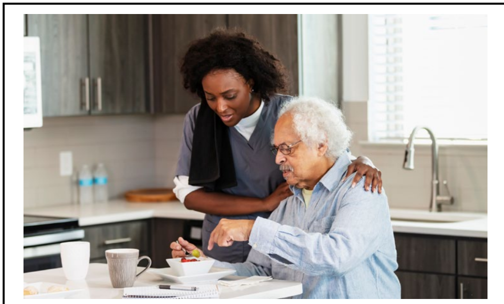
From Crisis to Stability

Fixing the Staffing Crisis in Manitoba's Health Care System



July 18, 2024

Contents

Introduction 1
Key Members of the Health Care Team 2
From Bad to Worse – Cuts and Chaos in Health Care 2
Manitoba's Demographics 5
Recruitment and Retention – A Staffing Crisis 6
Community Support 8
Health Care Aides 8
Home Care 10
Technical/Professional 11
Facility Support 13
Health and Safety 14
Privatization 15
Investing in Quality Public Health Care 17
Conclusion 18
Recommendations 18
References 20

Introduction

Health care is about people – the patients and clients receiving care, the people providing their care, and the complex network of individuals providing support services and maintenance of our health infrastructure.

Manitobans consistently rank health care as one of the most prominent issues facing their communities, with 41 percent of Manitobans citing that improving health care was their top election priority in 2023[i]. Naturally, the importance of health care services continues to rise to the top of the priority list as Manitobans age and require more assistance to maintain their quality of life.

It is also the most important public policy area in terms of expenditure and political profile – 34 percent of Manitoba's budget was spent on Health and Seniors care in 2024[ii] and is consistently a top election issue. Following years of health care restructuring and fiscal restraint from 2016 to 2023, combined with the unprecedented impact of the global COVID-19 pandemic starting in 2020, Manitoba's health care system has been under extreme pressure. Research has shown that provincial health care expenditures have fallen by 3.5 percent between 2015 and 2019 on a real per capita basis.[iii]

The result is a system in chaos, with health care workers struggling to maintain a high standard of patient and client care in a very challenging environment, amid growing demands from an aging population and increasingly complex medical conditions. Health Care Aides and the Home Care Program have over 700 vacant positions that remain unfilled. The staffing crisis is leading to burnout and dissatisfaction among health care providers and threatening quality of care. As renowned health researcher Pat Armstrong wrote, "the conditions of work are the conditions of care."[iv]

MGEU represents 7,700 health care members working in communities and facilities in Prairie Mountain Health (PMH), Southern Health-Sante Sud, and the Interlake-Eastern Regional Health Authority (IERHA).

This report examines the staffing crisis in the Community Support, Facility Support, and Technical / Professional service components in these select regions and provides recommendations to improve quality of care and ensure the health care system's long-term sustainability.

Employer	**Component**	**Membership**
Interlake-Eastern RHA	Community Support	1136
	Health Care Support Services	888
	Technical / Professional	222
Prairie Mountain Health	Community Support	2432
	Health Care Support Services	2240
	Technical / Professional	503
Southern Health-Sante Sud	Technical / Professional	363
	Membership Total	**7784**

Key Members of the Health Care Team

MGEU members are instrumental to the success of our health care system. However, the contributions of these important frontline workers are frequently overlooked and often undervalued by decision makers. They include health care aides, custodial and maintenance workers, staffing clerks, dietitians, respiratory therapists, speech language pathologists, and many others. These members are the backbone of our health care system, ensuring Manitobans receive the care they need in our personal care homes, hospitals, and communities.

As our population ages, it is crucial that services meet the increasing demand for care. Unfortunately, we are currently facing a staffing crisis caused by stagnant wages, deteriorating working conditions, and minimal recruitment and retention efforts. The result is a growing reliance on costly private, for-profit agency workers to fill staffing gaps. This approach compromises the quality and continuity of care as short-term replacement workers often lack the site-specific and client-specific knowledge that permanent employees possess.

From Bad to Worse – Cuts and Chaos in Health Care

After running on an election pledge to fix public services, the Progressive Conservative Party quickly moved to constrain budgets and "bend the cost curve" in health care. The health care system in Manitoba has endured significant turmoil since the sweeping cuts and restructuring initiated by Premier Brian Pallister starting in 2016. These changes, aimed at reducing costs, led to closures of emergency rooms, reductions in health care services, and widespread restructuring.

As the COVID-19 pandemic struck, the weakened infrastructure faced unprecedented strain. The system buckled under the weight of outbreaks, leading to tragic deaths and the exodus of overburdened health care staff. The aftermath of these dual challenges has left Manitoba's public health care system in a state of crisis, struggling to recover and rebuild amidst ongoing challenges.

The newly elected Progressive Conservative (PC) Government launched government-wide reviews of all major departments and service areas including enlisting KPMG to undertake the *Health System Sustainability Review* in two phases. The health care review focused on budgetary austerity and cost-cutting measures with phase one, estimating a $68M reduction in spending after implementing the recommendations[v]. The KPMG Phase Two report estimated a $300M dollar budgetary cut based on the implementation of their recommendations and further sweeping changes that left virtually no health service unchanged.[vi] The budget restrictions included an estimated cut of $34M in 2017/18 and another $36M in 2018/19 to the "health workforce". Recommendations to remove or renegotiate contract provisions struck a blow to the morale of dedicated health care providers.

The review recommended massive budget cuts, consolidation of services, and extensive restructuring of the health care system. While many of the recommendations and subsequent restructuring were targeted at health services within Winnipeg, there were many that reverberated beyond the Perimeter Highway and wreaked havoc on health care across the province, including:

- Cost reduction programs in larger hospitals;
- Reduction in the overall number of Health Care Delivery Organizations in the system;
- Privatization of health delivery services;
- Reduction in overtime hours and premiums;
- Bed closures and/or changes to staffing model during holidays and slow times;
- Rationalization of collective agreements;
- Review of negotiated and employer-funded benefits across all sectors;
- Potential termination or change of pre-retirement leave benefit across the system and elimination of this benefit for all new hires; and
- Consolidation of Laundry, Dietary, Real Estate, Legal, Communications, Facilities Management, Medical device reprocessing province-wide.

The KPMG roadmap followed Health intelligence Inc' and Associates' *Provincial Clinical and Preventative Services Planning for Manitoba: Doing Things Differently and Better,* commissioned in 2015 by the previous NDP Government.[vii] Several more reports were released including the *Wait Times Reduction Task Force*[viii] in 2017, *The Virgo Report: Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*[ix] and the *Health System Transformation: Blueprint for Change*,[x] touted changes that would save $60M dollars in 2018, and the *Clinical and Preventative Services Plan*[xi] and the Quality Assurance Assessment[xii] in 2019, which paved the way for system-wide changes in an already fatigued health care system.

Acting on the recommendations from the KPMG reports, the province moved quickly in the 2017 and 2018 fiscal years to restrict the operating and capital budgets of Regional Health Authorities, including health regions that are the focus of this report:

- Prairie Mountain Health's budget was cut by $17.5M
- Southern Health - Sante Sud's budget was cut by $11M
- Interlake-Eastern Regional Health Authority was cut by $8M

One billion dollars in health infrastructure projects were cancelled including the $32M dollars earmarked for a personal care home in Lac Du Bonnet[xiii] and the PCs election pledge to build 1200 new PCH beds was abandoned.[xiv] Many further cuts were implemented by health authorities as part of the fiscal restraint over the pre-pandemic years for staffing and supplies like incontinence pads, blankets, and washcloths[xv] – short-sighted cuts that directly lowered the quality of care provided to residents and patients.

To make matters worse, the Manitoba Government introduced Bill 28 in March of 2017, The Public Services Sustainability Act, mandating wages across the broader public sector. This meant public sector workers would face two more years of wage freezes and two years of wage caps well below

the cost of living (Year 1: 0%; Year 2: 0%, Year 3: 0.75%; Year 4: 1%). These freezes and caps were legislated to begin after the current or most recent collective agreement expired. The legislation was a direct assault on the rights of workers to bargain with their employer collectively and in good faith, while also sending a strong message to public sector workers that they were in the government's crosshairs.

Health care staffing shortages reached crisis levels in July of 2022, when one third of emergency departments were closed during the long-weekend. CTV News reported that "of the 68 hospitals in rural and northern parts of the province 26 have a 24/7 emergency department, 20 are partially closed and 22 are closed full time".[xvi] Later that same year, a leaked document listed the emergency departments that were officially slated to close in rural Manitoba including:

- PMH: Shoal Lake, Glenboro, Roblin, Carberry, Treherne, Deloraine, Boissevain, Melita.
- IERHA: Beausejour, Teulon, Arborg, Ashern.
- SH: Carman, St. Pierre, Swan Lake.

The Government denied these closures were planned and with the public reaching their limit with chaos and closures in health care, no further official closures were announced. However, with a task force recommending closing four emergency departments in Western Manitoba in 2017[xvii] and a similar "hub" model that had already been recommended in the KPMG review and the Clinical and Preventative Services Plan, it is difficult to imagine that these changes were not part of the overall restructuring plan.

Amidst the budget cuts and far-reaching restructuring, the government introduced Bill 29 in 2018, the Health Sector Bargaining Unit Review Act (HSBURA), which enabled the government to rationalize the number of collective agreements through representation votes – forcing unionized health care workers to vote on which union they wanted to represent them.[xviii] The Bill was widely panned as an attack on workers and the labour organizations representing them, and it would eventually trigger province-wide votes across all sectors in 2019. This unnecessary process imposed more uncertainty, stress, and strain into an already chaotic situation.

The combination of Bill 28 and Bill 29 delayed collective bargaining in the health sector for five years while the representation votes were held and long, difficult negotiations were concluded. During this time, morale was suffering as workers were left feeling underappreciated and under attack while trying to cope with the impacts of the global pandemic. These many reports, recommendations, and reshuffling provided cover for the governing PC Party to cut budgets and opened the door to employers using more private for-profit service providers as desperation from the pandemic set in.

The COVID-19 pandemic presented significant challenges for health care workers across the province, straining the province's health infrastructure and personnel. From the onset of the pandemic, health care workers faced unprecedented demands, working long hours under intense pressure. Health facilities grappled with surges in COVID-19 cases, leading to bed shortages and overwhelmed intensive care units. The province's health care system had to adapt rapidly, implementing new protocols and converting facilities to manage the influx of patients. Personal protective equipment (PPE) shortages initially posed significant risks, adding to the stress and anxiety among health care staff. The toll taken on the mental health for these workers was profound, as they navigated the fear of contracting the virus themselves or transmitting it to their

families. Despite these challenges, health care workers remained resilient and stepped up for their fellow Manitobans.

The years of chaos leading up to the pandemic directly impacted the levels of care and adaptability of the system. The staffing cuts and funding below the rate of inflation for several years left the system vulnerable. Winnipeg Free Press columnist Tom Brodbeck summarized it by writing, "Manitoba's health-care system was in tatters long before the COVID-19 pandemic drove it further into the ground."[xix]

These actions, aimed at achieving financial savings, significantly weakened the health care system. The austerity measures ultimately compromised the system's ability to effectively respond to public health emergencies and meet the needs of Manitobans.

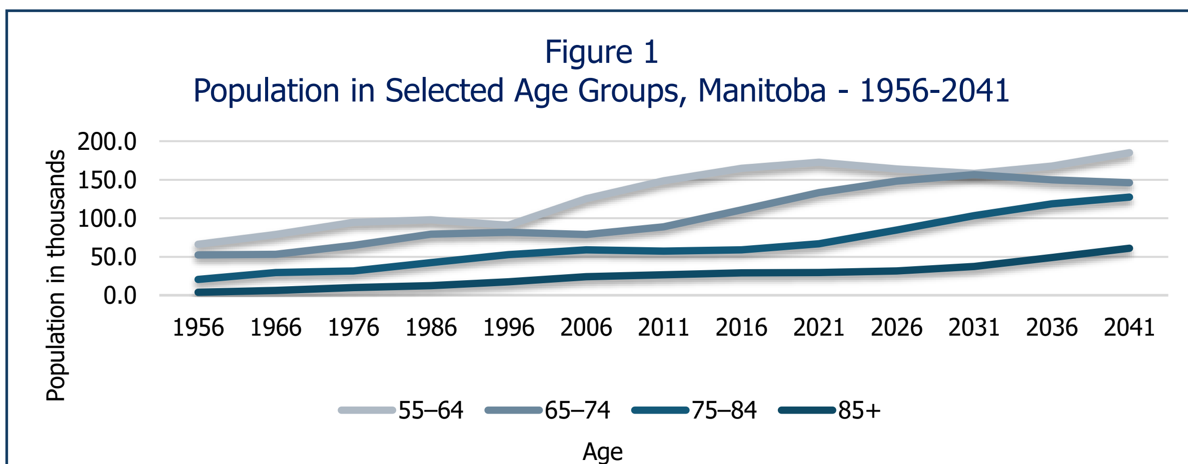
Manitoba's Demographics

When considering the capacity of Manitoba's health care system, it has been well established that baby boomers will require more resources covering a broad range of health care services for years to come. The age distribution of Manitobans follows the trajectory of broader Canada-wide demographic trends where the size of the 55+ cohort relative to the rest of the population is growing rapidly. As illustrated in Figure 1, Manitoba's 55+ population cohorts have been steadily growing since 1956 and are projected to increase until 2041.

According to the Canadian Institute of Health Information (CIHI) the population of Manitobans age 75+ will double between 2017 and 2037.[xx]

The Manitoba Government's *Demographic Profile of Older Manitobans* states that, "Manitobans 65 years and older are more than twice as likely (43.9 percent) than Manitobans aged 15 to 64 years (20.6 percent). The most common chronic conditions for older Manitobans are arthritis (49.9 percent), high blood pressure (48.7 percent), high blood cholesterol (29.6 percent), back problems (24.5 percent), cataracts (19.5 percent) and diabetes (15.7 percent)." [xxi]

With age comes an increasing number of visits to health centres and emergency rooms, as well as referrals to specialists and follow-up rehabilitation with Physiotherapy, Speech Language Pathologists, Dieticians, and other health care providers. Many seniors will continue to require assistance with daily living through Home Care or in Personal Care Homes where higher levels of care are provided. To maintain a high standard of health care services for an increasing number of Manitobans, investments in a growing health care team are essential. [xxii]



The demographics of health care providers are trending in a similar trajectory, with more experienced staff making up the majority of workers. A Probe Research survey of workers in long-term care and home care showed that 33 percent of respondents were over the age of 55, while 52 percent of the workforce was 34-54 years old. These workers have a lot of experience, with 26 percent of long-term care workers and 30 percent of home care providers having gained over 20 years of experience respectively.[xxiii] While their experience serves their residents and clients well at the bedside, this large cohort will be retiring in the coming years, leaving a large gap in experience to fill.

The double wave of seniors requiring care and health care provider retirements is gaining momentum and is a significant cause for concern. Who will be there to provide care for Manitobans in a decade or two? The time to recruit health care staff was yesterday, and today, many health care employers are falling behind. Those in charge must redouble their efforts to aggressively recruit and retain employees and spare no resources to stem the building staffing crisis.

Recruitment and Retention – A Staffing Crisis

Manitoba is not the only province facing the challenges of maintaining staffing levels that meet the growing demand for health services in the years ahead. Across Canada, recruiting and retaining health care providers in the public system is the key to long-term sustainability. While some resources were designated by the federal government to improve recruitment and retention during the pandemic, a more sustained and aggressive strategy, coupled with a federal funding model and resources, is essential.

Years of underfunding left our public health care system vulnerable to the dangerous impacts of the COVID-19 pandemic. The pre-pandemic staffing problems were magnified and deepened after 2020, leading to gaps in service quality, which were compounded as more staffing resources were outsourced to for-profit staffing agencies during the pandemic.

The scope of the escalating staffing crisis is clearly demonstrated in the skyrocketing vacancy rates witnessed between 2021 and today. These challenges are particularly pronounced in regions outside of Winnipeg where there is more competition in the labour market and a smaller population to recruit from.

The Government of Canada's profile of health care found that in 2021, five regions in the province recorded decreases in employment in the health sector. In the Parklands and North regions, there was a 14.8 percent decrease in health sector employment, followed by a 12.3 percent drop in the Southwest, and 12.3 percent and 9.8 percent declines respectively in the South Central and North Central economic regions. This represents a combined decline of 2,400 workers across the five economic regions outside the City of Winnipeg.[xxiv]

There is also strong evidence to suggest that the staffing crisis will worsen in the coming years, as many long-serving health care providers reach retirement age and many more re-evaluate whether they want to stay in their profession. A Canadian Centre for Policy Alternatives report, with survey data from Probe Research, stated,

> *Perhaps the most concerning results within the survey were the intentions of care workers to stay or leave the profession in the coming years. Thirty-six percent of long-term care staff and 37 percent in home care indicated that they were very likely to leave the profession in the next*

five years. A further 24 percent in long term care and 26 percent in home care said they were somewhat likely to leave in the next five years.[xxv]

A Deloitte report completed in 2022 for the Manitoba Government found two-thirds of health care staff were experiencing burnout and over half were seriously looking for other employment.[xxvi]

This is consistent with the experiences of MGEU members who identified that working conditions in health settings were deteriorating for many years before the pandemic due to short staffing, only to see vacancy rates spike even higher during the pandemic. In 2018, MGEU published an article on its website highlighting recent research that linked short staffing with high levels of burnout.[xxvii] The union also provided the provincial government with a pre-budget submission in 2014 that stated, "Health care aides continue to face pressures of working short or below the staffing levels recommended by the province. The resulting pressure on the system decreases the quality of care for residents and patients and contributes to workplace stress."[xxviii]

Employers are well aware of the staffing issues they face. The former CEO of PMH acknowledged that the region has recruitment challenges in "essentially all areas in every sector," with the highest vacancy rates in nursing and health care aides, and the shortages are costing millions[xxix]. IERHA's Annual Report noted that they will continue to implement increased staffing levels to align with the recommendations outlined in the Stevenson Review.[xxx]

The reality is that the labour market is competitive, especially in small and medium-sized communities where jobs in the service industry or construction sector are attractive to prospective employees. For example, the starting wage for Health Care Aides and Home Care Attendants is $20.09/hour across Manitoba. Wages for Laundry Aides start at $17.05/hour and Clerks at $18.32/hour.

Meanwhile, other local jobs posted on employment sites show a starting wage of $21.75/hour for a bank teller, $21.05/hour for a cashier in a retail grocery store, $18.36 - $22.65/hour for a deli counter worker, and $16.74/hour for a gas bar attendant.

With this kind of wage competition, health care employment simply doesn't hold the appeal that it once had. Working in health care used to be a coveted job in many rural communities, providing an attractive salary and benefits package that encouraged the best and brightest to choose to remain in their local communities, which is crucial to recruitment and retention efforts. With stagnating wages, this is no longer the case. Future wage increases for health care workers must stay ahead of the cost of living, be competitive, and address recruitment and retention issues in key areas where acute staffing shortages exist.

The previous Provincial Government implemented some recruitment initiatives across the health care system, but the vast majority of these efforts focused on physicians and nurses. Some incentives in recent years that extended to MGEU members included:

- Return of service agreements;
- Student incentive grants;
- Incentives for those who have resigned, retired, or are eligible to retire to stay in the workforce;
- Full-time incentives;
- Weekend premiums;
- Licensure reimbursement; and
- Market adjustments for select classifications with recruitment and retention challenges.

Most of these incentives were initiated in response to the COVID-19 pandemic. It is imperative that these incentives be broadened to address the significant challenges attracting staff to the health care sector.

In a recent presentation (*Manitoba is hiring: retention, training, and recruitment of the provincial health workforce)* at the Association of Manitoba Municipalities (AMM) annual convention, the CEO of Shared Health, Lynette Siragusa, noted the key to any successful recruitment and retention strategy is for current and prospective health care providers to feel embraced by their community. "We can recruit them, but how they thrive once they get here is to be part of a community."[xxxi]

Of all the recruitment strategies, creating opportunities to build a successful career in the home communities of potential recruits is key to strengthening rural economies and Manitoba's health care system. Seniors and young workers alike are more likely to stay in communities with accessible health services. For seniors, it means having access to quality health care services that are nearby and available when they need it most.

At the same time, young workers, who are looking to begin their careers and start a family, are more likely to stay in a small community if it can provide a family-supporting wage. One area for improvement that could be implemented relatively quickly is the expansion of part-time equivalent to full-time (EFT) positions. For example, there are many 0.5 positions that could be expanded to increase the number of hours existing staff are able to provide. Incentives to attract health care providers and training opportunities close to home – like the recently announced partnership between Assiniboine Community College (ACC) and high schools in Brandon, Reston, and Birtle, which provides course credits for hands-on experience in health care[xxxii] – can better serve the health care needs of more Manitobans, while rejuvenating smaller communities. Developing these opportunities in more communities and program areas could provide compelling career paths for an increasing number of young Manitobans looking for work.

Community Support

MGEU members represented in the union's Community Support Component provide frontline support in hospitals, health centres, personal care homes, and in the community. They include Mental Health Proctors, Health Care Aides, Home Care Attendants, Recreation Facilitators, Home Visitors, Support Workers, and Rehab Aides. This underappreciated group of workers provide the most hands-on patient/resident/client care in the health care system.

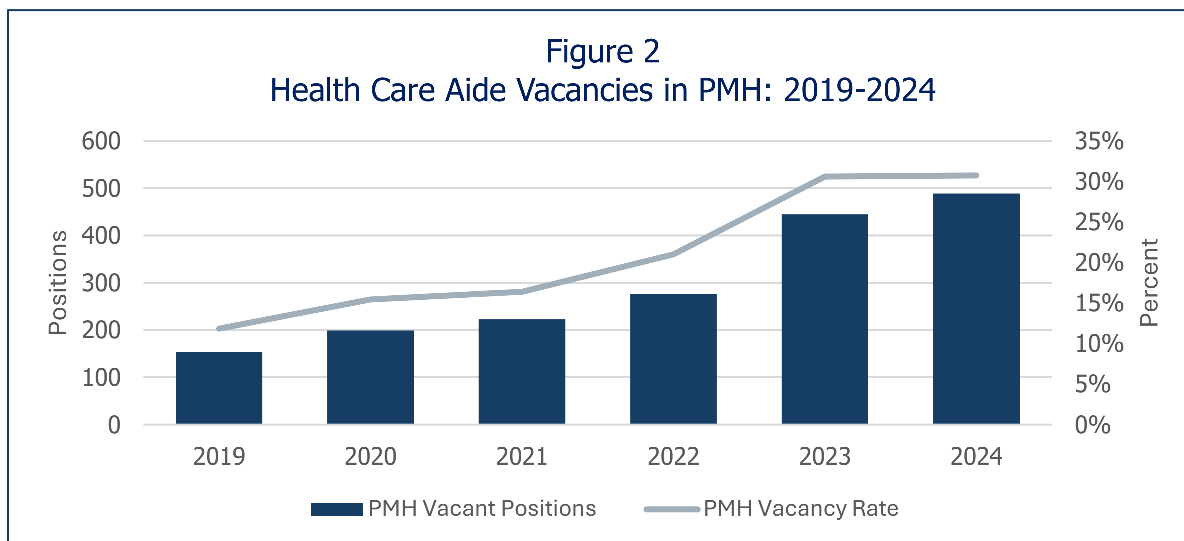
The MGEU represents approximately 3,000 members who work in the Community Support Component.

Health Care Aides

MGEU represents roughly 1,800 Health Care Aides (HCAs) across two health regions who provide direct care to patients and clients in long-term care and hospital settings. They are integral members of the health care team who care for Manitobans with medical conditions, recovering from surgery, or with developmental disabilities. Providing assistance with bathing, wound care, transferring patients, exercise, and companionship are just a few of the daily responsibilities for HCAs. These vital care providers are dedicated to providing the highest quality of care, but unsustainable vacancy rates in the HCA positions across PMH have reached a crisis point.

Shared Health has designated the supply of HCAs as a "high risk" human resources concern in successfully executing their province-wide Clinical & Preventative Services Plan (CPSP). They cite "Supply Shortage Issues, Training Capacity Issues, Clinical Model Related Issues, and Compensation Related Issues" as "Operational Challenges". [xxxiii]

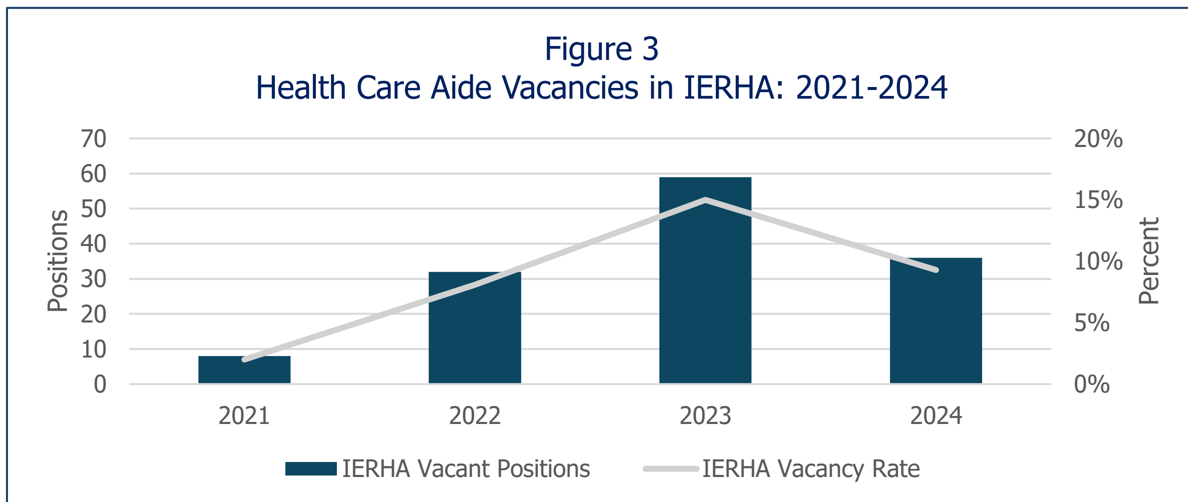
Data obtained by MGEU in Figure 2[xxxiv] provides insight into the magnitude of the staffing crisis, revealing HCA vacancy rates that are over 30 percent in PMH, including sixteen facilities with vacancy rates that exceed 40 percent. The sharp increase in staff vacancies, from 11 percent in 2019 to 30 percent in 2024, is cause for serious concern. This means that 489 more HCAs are needed to ensure a full complement of staff to provide these vital services in PMH alone.



In a 2022 Probe Research survey, 69 percent of those working in personal care homes reported that staffing levels had worsened since the beginning of the pandemic, including 68 percent who said they worked short-staffed at least a few times per week, and 22 percent working short daily.[xxxv]

The consequences of staffing shortages at the bedside directly impact the quality-of-care patients and clients receive. Insufficient staff means that each patient gets less time with a care provider. The results are fewer baths, diapers going unchanged, wounds not being monitored or re-dressed as often, exercise routines getting rescheduled, mealtimes being rushed, and less time for conversation and companionship. Patients become upset and aggressive and sometimes violent, while care providers rush more to care for patients.

The IERHA's latest data from March 2024, shows a more manageable vacancy rate of 9.3 percent, which represents a drop from a high of 15 percent in 2023. The data available indicates a steady increase of vacancy rates from 2021 to 2023 before coming down slightly in 2024, with 36 of 388 Health Care Aide positions currently vacant. One of the ways the region has been able to fill vacancies is by using uncertified HCAs, who are performing the duties of certified aides. But this is not a viable long-term solution. In the MGEU's view, all efforts must be taken to either hire certified HCAs or move uncertified HCAs into training opportunities as quickly as possible to ensure they are equipped with the skills and knowledge to fulfill the role of a certified HCA.



There is a broad collection of evidence that clearly supports increasing staffing ratios in health care to improve patient care. [xxxvi][xxxvii] Manitoba's Department of Health has set notional targets for 3.8 paid daily hours of care in PCHs, but there is no evidence that these guidelines are being evaluated or met.[xxxviii] Ontario and Nova Scotia have moved to establish higher staff to patient ratios of 4.0 and 4.1 daily paid hours of care in personal care homes respectively.[xxxix]

A recent bilateral funding agreement between the Governments of Canada and Manitoba outlined requirements for staffing ratios in personal care homes, stating that the announced funding would "help to bring all PCHs up to a common standard of care and Manitoba is working towards a 4.1 HPRD (hours per resident day) benchmark standard over time."[xl]

Manitoba's 2024 budget promised to hire an additional 600 HCAs and reaffirmed the goal of increasing hours of care for patients in long-term care to 4.1 hours per resident day (HPRD) for direct staffing (e.g., registered nurses, licensed practical nurses, and health care aides).[xli]

Home Care

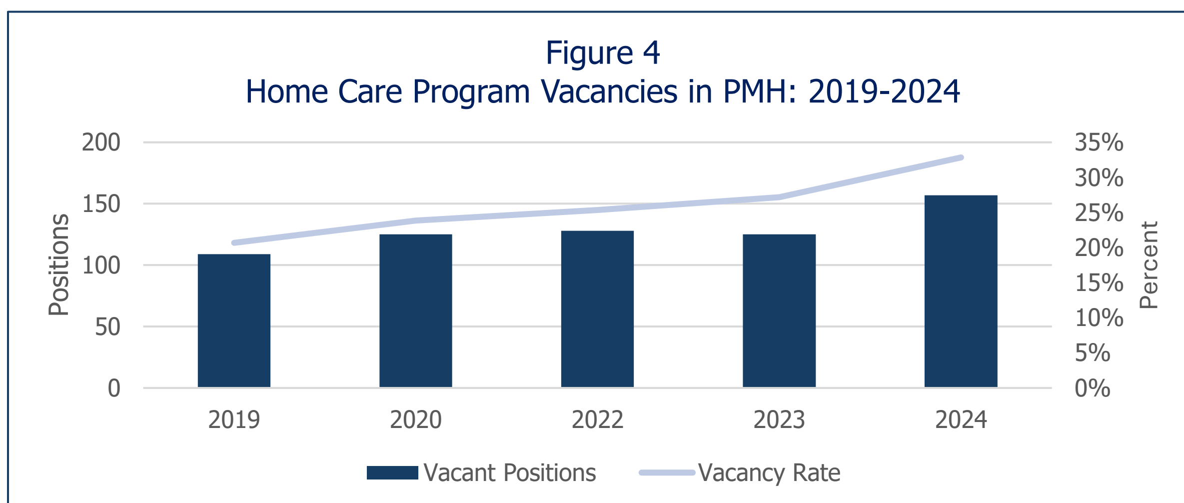
One of the most innovative health care developments in Manitoba's history is the province's universal Home Care Program – a publicly provided service that allows Manitobans to remain in their own homes, while receiving support. The first province in Canada to establish such a program, home care services were first offered in 1974 as a comprehensive, province-wide, and universal made-in-Manitoba solution. Home care in Manitoba is crucial to aging with dignity and respect and has also proven over many decades to be a cost-effective way for seniors to remain in their homes as long as possible. As of 2019, 7,600 clients were receiving home care services in PMH and IERHA combined – a number that is likely significantly higher today. [xlii]

Home Care providers travel to the homes of their clients to assist with tasks that range from preparing meals, feeding, bathing, and helping clients get dressed / undressed to administering medications, changing dressings, and completing housekeeping duties. Members of the Home Care team also take immense pride in providing companionship to clients who are often isolated. It is a vital, and often underappreciated, part of the role. But due to short-staffing, it's also one aspect of care that Home Care providers increasingly do not have enough time to properly provide.

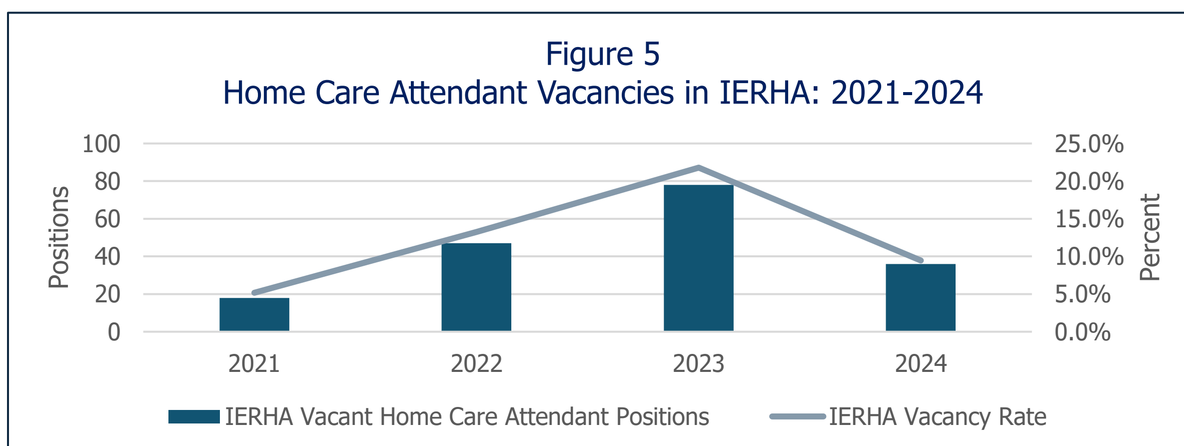
A recent survey of health care workers found that 75 percent of home care providers indicated that staffing levels have deteriorated since the pandemic, with around half reporting that staffing levels

have worsened "a lot." Of those surveyed, 64 percent reported working short at several times per week and 35 percent reported working short on a daily basis.[xliii]

Information from PMH supports the concerns reported by frontline home care providers. In 2019, the vacancy rate in the Home Care Program was 20.7 percent, rising to 33 percent in 2024 (Figure 4). There are 157 out of 478 total positions currently vacant in the program, leaving existing staff rushing to fill gaps in service, clients going without any service, or private providers moving in to cover the lack of available resources.



Staffing in the IERHA Home Care Program appears to have stabilized in 2024, following a rapid rise in vacancy rates and vacant positions in the Home Care Attendant job classification from 2021 to 2023. The vacancy rates demonstrated in Figure 5, show a rate of 5 percent in 2021 that steadily climbed to 21.8 percent in just a couple of years, before dropping to 9.5 percent in 2024.

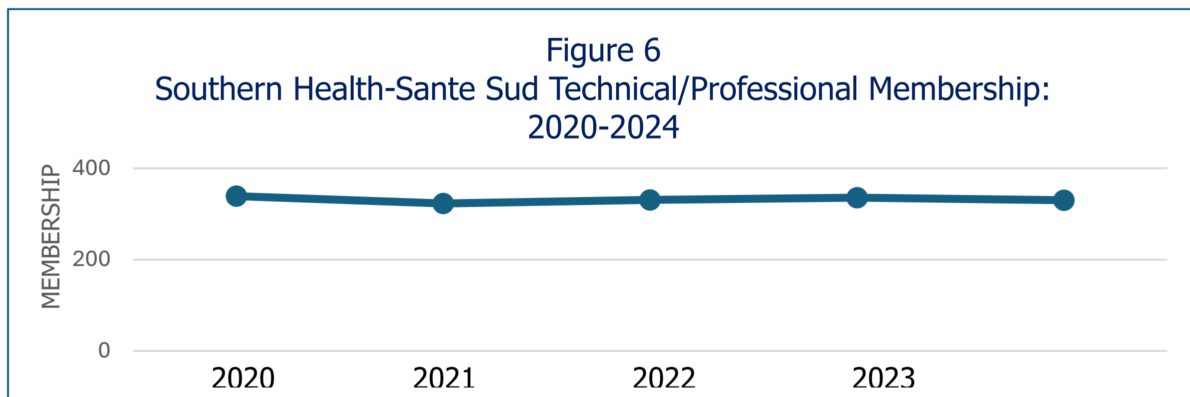


Technical/Professional

MGEU's Technical/Professional members work throughout Manitoba's Interlake-Eastern, Southern, and Prairie Mountain health regions. These 965 dedicated health care professionals provide services, including Mental Health Workers, speech therapy, audiology screening and assessment, nutrition and dietetic counseling, respiratory therapy, occupational therapy, and public health education. They work in hospitals, health centres, clinics, and personal care homes.

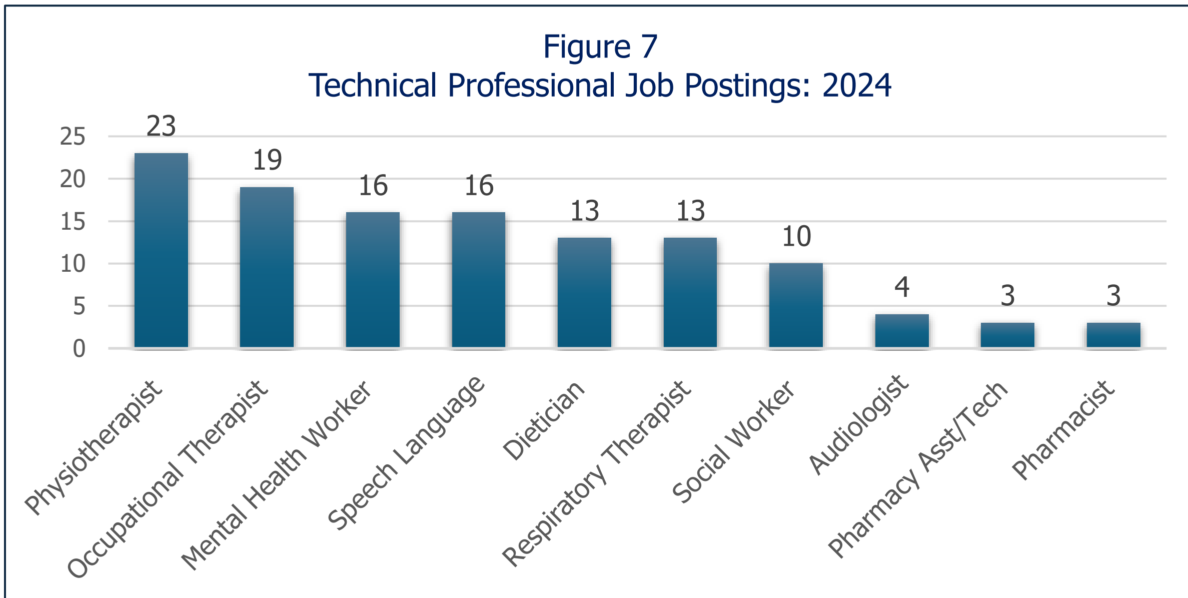
These service providers have post-secondary education and/or higher levels of specialized training. Their services are often in high demand across the system, and with large urban centres providing more opportunities for advancement, amenities, and variety of social activities, it creates additional challenges for small and medium-sized communities to recruit and retain providers in this high-demand sub-sector of the health care team.

Using MGEU's membership data for Southern Health-Sante Sud Technical/Professional subgroup provided by the employer, a clear flatline in the total number providers in the Region is illustrated in Figure 6. These troubling statistics can be attributed to a combination of cost-cutting measures and recruitment and retention challenges that have created a staffing shortage. The trend in the other two regions shows a slight increase in the overall numbers, however, when considering the demographics that require more services, a clear capacity deficit is evident in this group of service providers.



Shared Health has classified the shortage of many of these occupations as a risk to the implementation of the Clinical and Preventative Services Plan (CPSP), including Respiratory Therapists, Occupational Therapists, Pharmacists, Pharmacy Technicians, Physiotherapists, Audiologists, Speech Language Pathologists, and Clinical Psychologists. They cite supply of workers, compensation, and training capacity as the primary reason for the staffing challenges.

There are currently close to 150 jobs posted on the career pages of PMH, IERHA, and SH for positions in the Technical/Professional sector, as summarized in Figure 6. Mental Health Workers, Physiotherapy, Occupational Therapy, Respiratory Therapy, and Dietician jobs have the most postings. Considering there are only about 900 MGEU members providing these services, the large number of postings is a strong indicator that retention for these key jobs remains a challenge.

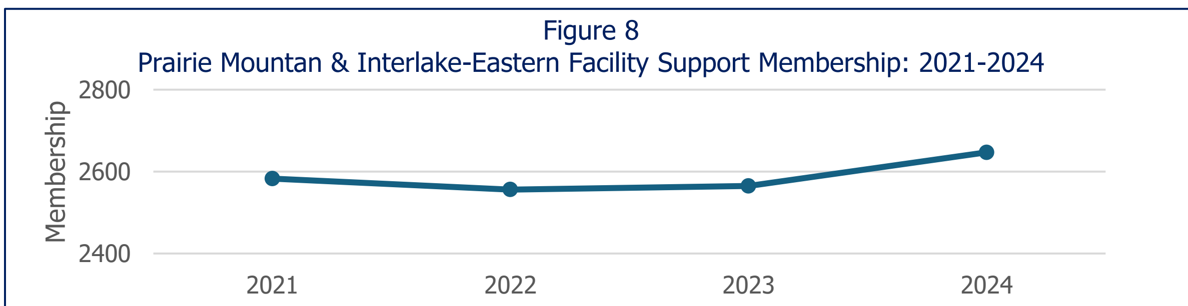


Manitoba's 2024 budget made reference to hiring more Technical/Professional workers, with a goal of 0.33 hours per resident day (HPRD) for allied health professionals (e.g., occupational therapists, physiotherapists, rehabilitation assistants) working in personal care homes.[xliv] The staff to resident ratios have not been formally or consistently tracked, to MGEU's knowledge, making it difficult to determine how this compares to current levels of care. However, members in these roles across the health system have been concerned about staffing levels for many years.

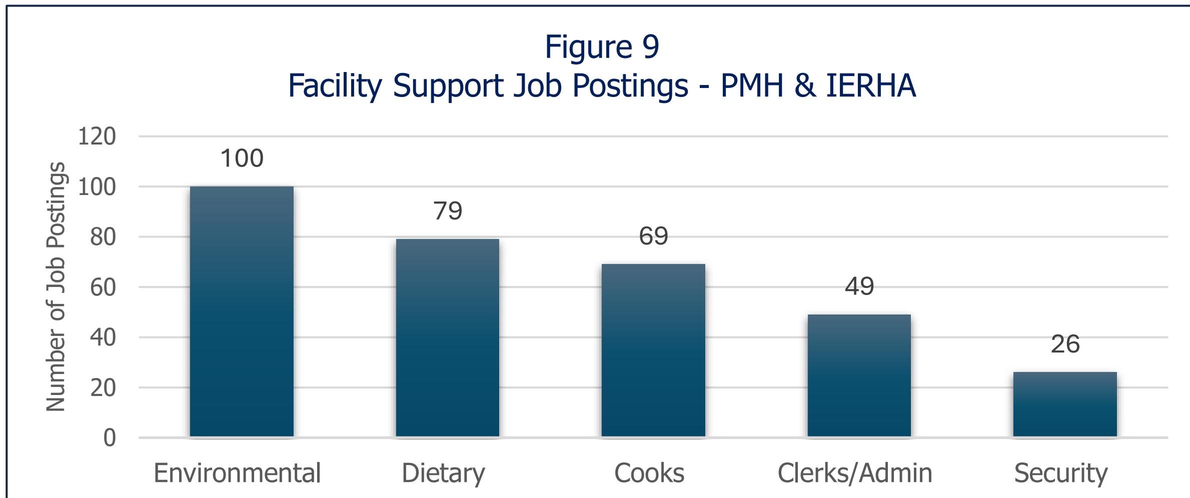
Facility Support

MGEU represents over 2,600 Facility Support members who provide services in health care facilities across PMH and IERHA. They provide illness/infection protection, scheduling, financial administration, facility maintenance, and security services for patients and colleagues.

During the COVID-19 pandemic, environmental services like cleaning, disinfection, waste management, and laundry services were critical to infection control and prevention. Wiping surfaces and reconfiguring hospital and PCH rooms was an ongoing effort to keep the virus from spreading. The excessive strain this put on this group of members was unparalleled and they continue to step up during outbreaks in facilities to keep patients safe. Figure 8 illustrates the total number of Facility Support members in PMH and IERHA. There has been a very slight increase of 64 additional members with most new hires coming on board from 2023 to 2024. To put this number in perspective, there are over 120 facilities in both regions combined with cleaning and maintenance requirements, so the small increase in members does not substantively alleviate the staffing issues in these areas of service.



Nearly 400 jobs are currently posted on the two health regions' career websites for positions in many service areas, including Environmental Services, Clerks and Administrative Assistants, Dietary Aides, Cooks, and Security Officers. Environmental services (laundry, housekeeping) jobs are the most common postings, with 100 jobs posted in the two health regions, which suggests particular recruitment difficulties in this area. It is also evident that these jobs are some of the lowest paying classifications that compete with minimum wage jobs, making it more difficult to attract prospective workers.



While these workers are rarely mentioned in government announcements or when staffing concerns are highlighted, the health care system cannot function efficiently or provide a high standard of care without them. The staffing crisis in this area requires as much focus and attention to enhance the quality of health services Manitobans deserve.

Health and Safety

Understaffing contributes to burnout and is a leading reason why working in health care, where constant repetitive physical and emotional strain can lead to physical and psychological injury, is now considered one of the most dangerous jobs in the province. A 2023 Workers Compensation Board (WCB) report revealed that health care providers have the highest injury rate of any major sector in Manitoba.

The report showed that from 2017 to 2021, about 14,000 health care workers (4.5 out of every 100) suffered acute injury requiring time off from work.[xlv] The staffing crisis is raising these levels of injury for health care workers, while decreasing the quality of care to patients and clients – a dangerous combination that requires urgent action.

Out of 1,027 health care providers in home care and long-term care, 6 out of 10 workers have been injured on the job on at least one occasion. A staggering 4 in 10 workers reported that they have been forced to take at least a week off for a work-related mental or physical issue.[xlvi]

These high injury rates translate into higher costs for time loss, add to the existing understaffing problem, and exacerbate retention challenges, as more staff consider other safer employment opportunities.

Improving staffing levels, modernizing equipment, and enhancing training would significantly improve the health and safety environment in the sector.

Privatization

Canada's health care system was founded on the values of equity and fairness as stated in the principles of the Canada Health Act – public administration, universality, comprehensiveness, accessibility, and portability. The MGEU believes in these principles and that all decisions must put people before profit. The health care system, which benefits all Manitobans, is at risk when services are underfunded as governments turn to private for-profit care as a misguided solution to the challenges we face.

Proponents of private for-profit health care exploited the cracks that emerged during the global pandemic to push their agenda of expanding private health care services. Evidence that emerged as the pandemic took its toll on seniors and Canadians with underlying health conditions clearly demonstrated that health outcomes and mortality rates were worse in for-profit long-term care facilities during the pandemic.

In Manitoba, severe outbreaks and devastating conditions in private for-profit long-term care facilities brought the lack of staffing resources to light. The Maples Long Term Care Home – where a COVID-19 outbreak infected 231 residents and staff and left 56 dead[xlvii] – and Parkview Place – where 30 residents died during the pandemic – were both owned by Revera[xlviii]. While outbreaks occurred in all long-term facilities, fatal outcomes were highest at privately owned care homes. A CBC Manitoba analysis revealed that, "While for-profit care homes have only one quarter of the nursing home beds in the province, they account for 44 percent of care home deaths."[xlix]

Responding to the public's outcry and revelations of the dire conditions of care, the Province launched an external review of the deaths at Maples PCH. Dr. Lynne Stevenson released the review and outlined seventeen recommendations in January 2021, recommending the development and implementation of a workforce plan including:

- Better remuneration to recruit and bolster the health workforce.
- Reducing the reliance on the unsustainable practice of utilizing staffing agencies to supply staffing to PCHs.
- Increasing funding levels for PCHs to ensure that staffing levels and services provided are appropriate to the complexity of current and future residents.
- Increasing staffing ratios for nurses and HCAs.[l]

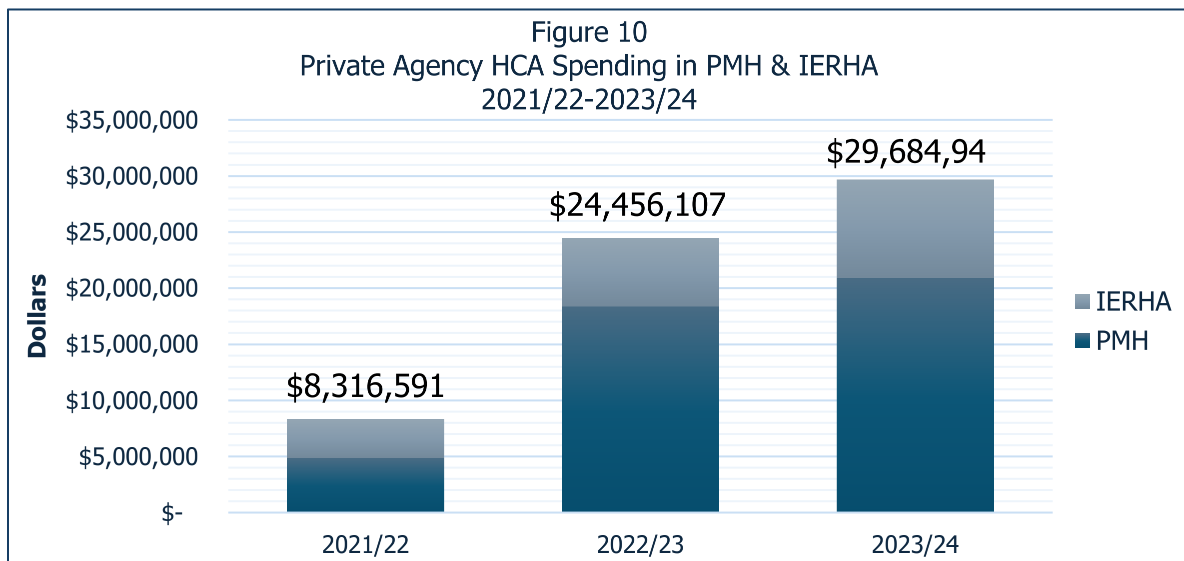
Desperate for staffing resources, health regions expanded the use of private Health Care Aide and nursing staff provided by a patchwork of for-profit agencies. Several years later, the reliance on what was initially intended as a short-term solution has been exposed as a rampant practice across the regions examined in the Stevenson report.

The practice of hiring short-term private staffing agencies to fill open shifts has reached the level where PMH has developed a Regional Agency Procurement Office (APO). The office contacts private agencies, who then send one of their contract employees to the worksite (often travelling in from outside the community) and arranges accommodation for the staff person. The PMH Annual Report states that, "As a result of staffing vacancies and recruitment challenges in order to keep all facilities operational, PMH has historically had to lean on external Agencies to assist with supporting Nursing and HCA vacancies within the Region.

The region started tracking requests for agency staff in October 2022 and found that they were receiving 87 requests for agency HCAs or nurses each day and were filling 95 percent of those requests.[li] A Canadian Centre for Policy Alternatives report surveyed workers in long-term care and home care and found that 70 percent of respondents reported working alongside private agency staff daily or a few times weekly.[lii]

Through a freedom of information request, MGEU discovered that nearly half of PMH's private HCA procurement costs are spent on travel expenses, not direct patient care. In the 2022/23 fiscal year, the region spent $8.4 million on travel costs, rising to $9.7 million in 2023/24. This is an egregious waste of valuable health care dollars that would be better spent on hiring more full-time HCAs to alleviate staffing shortages. This practice is an inefficient use of valuable resources, which also hollows out the local economy of small and medium-sized communities across the province. Vacancy rates in some communities are as high as 60 percent, totaling 489 jobs in these communities.

By bringing in staff from outside the community on short-term contracts, the economic activity generated by hundreds of workers fails to support the local economy to the same degree as full-time local staff. The Association of Manitoba Municipalities (AMM), representing elected officials across the province, states that, "The current shortage of health care professionals is putting a strain on the health care system in Manitoba communities, which not only creates risk for public safety but also hinders economic growth in local communities.[liii]



Frequent contracting with many different private agencies has the potential to incentivize profit maximizing firms to take advantage of the lax oversight and overburdened contract management personnel in the public system.

This was the experience in Eastern Canada, where a Globe and Mail investigation raised red flags over private agencies, including Toronto-based Canadian Health Labs, charging rates of more than $300 per hour – six times what a nurse earns in New Brunswick's public system. The New Brunswick Nurses Union and the Canadian Federation of Nurses Unions called attention to the issue and the Auditor General is now undertaking a value for money audit.[liv]

The Minister of Health in Newfoundland and Labrador has also asked the Comptroller General to investigate financial irregularities associated with CHL who allegedly billed the province for meals, but never passed the funds on to the agency's health care workers.[lv]

Price gouging has also taken hold in Ontario, where private agencies are charging "surge pricing" during peak shifts to extract more funds from health employers. Private agency nurses are making more than double what nurses in the public sector, who work alongside them, are making.[lvi]

Meanwhile in Manitoba, CHL was also recently in the news for not living up to the terms and conditions of their contract to recruit 150 physicians to the province – failing to recruit even a single doctor.[lvii] Manitoba's Premier has also stated that they will be reviewing contracts with the 75 agencies providing nursing services and increasing oversight and accountability.[lviii]

As more cases and claims alleging the misuse of public funds in hiring agency staff arise, it would be prudent for Manitoba's health regions to review their contracts and investigate whether similar schemes are happening here. While enhancing the contract management process and improving oversight is a given, ending the practice of hiring private replacement workers altogether should be the goal.

Investing in Quality Public Health Care

To ensure Manitobans receive the health care they need, both now and into the future, investments must keep up with the demand for services. Years of underfunding, combined with the lasting reverberations of the global pandemic and an aging population, have resulted in a health funding deficit.

Health care is funded in partnership by both the federal and provincial governments, but the federal share has been declining in previous decades. Premiers have been calling on the federal government to restore their share of fiscal transfers to 35 percent of provincial and territorial health expenditures.[lix] The federal government has fiscal flexibility and the most robust revenue generating capacity to support higher levels of support for health care.

However, while provincial leaders have been quick to call for more federal funding, they've been cutting their own revenues through unaffordable tax cuts that largely benefit large profitable corporations and the richest individuals.

This trend has been especially pronounced in Manitoba, where the previous PC Government prioritized tax cuts over investments in vital public services. A recent Canadian Centre for Policy Alternatives Manitoba (CCPA-MB) report, *Funding Our Way: Rebalancing Revenues and Spending for a Fair and Prosperous Manitoba*, recounts this failed public policy approach:

> *The scale of this giveaway is massive: since 2016, the PC government has announced tax cuts that add up to over $1.4 Billion in annual giveaways. When adjusted for the growth of the economy, this adds up to nearly $1.6 Billion in annual revenues lost to date that could be otherwise supporting public services or other affordability measures for Manitobans on a more targeted basis.*[lx]

Unfortunately, in budget 2024 the current New Democratic Party (NDP) Government failed to reverse the bulk of the tax cuts introduced by the PCs, making only minor changes to education property tax cuts that reduce the rebate amount for owners of high-value residential properties and commercial real estate.

To improve health care and other public services, the Government of Manitoba must chart a fiscally responsible path forward that ensures that revenues and expenditures meet the expectations of Manitobans who have clearly prioritized improving services over unaffordable tax cuts.

Conclusion

The staffing crisis in health care is reaching dangerous levels, affecting the quality and accessibility of health care services. Data and research show that recruitment and retention issues are at the root of the challenges in the health care system. The reliance on private agencies to fill staffing gaps is a costly, short-term band-aid solution that poses long-term challenges and disrupts continuity of care.

We recommend a sustainable approach of short-term and long-term strategies to attract and retain a full staffing complement. Immediate actions – such as aggressive recruitment campaigns, competitive incentives, and increased collaboration with educational institutions – are essential to attract new health care workers to these regions.

Long-term solutions – starting with strong federal/provincial investments that keep pace with health care inflation, improving working conditions, and offering robust professional development opportunities – are crucial to retain health care professionals, ensure a sustainable workforce, significantly alleviate the staffing crisis, and improve the overall health care system.

By prioritizing and supporting the health care workforce, the Manitoba Government and health care employers can ensure that all patients, residents, and clients have access to the high-quality and reliable health care services they deserve.

Recommendations

Recommendation 1: Develop and implement a comprehensive public health care retention strategy for all members of the health care team, not solely focused on nurses and doctors. This strategy must address wage disparities, improve working conditions, and make health care a more appealing career path for both current and prospective health care professionals.

Recommendation 2: Provide an attractive salary / benefits package to recruit more health care providers that encourages the best and brightest to remain in their local communities. Future wage increases must be competitive, staying ahead of the cost of living, while addressing recruitment and retention issues in specific areas experiencing shortages.

Recommendation 3: Immediately begin phasing out private for-profit agency staffing resources. Reallocate these savings to enhance wages for difficult-to-recruit job classifications in the public system.

Recommendation 4: Provide training opportunities for high-vacancy job classifications in more communities and offer tuition incentives to attract more Manitobans to occupations in health care.

Recommendation 5: Expand the number of full-time positions across job classifications for health care members who want to work more hours and provide more service.

Recommendation 6: Legislate staffing ratios aligning with the provincial goal of 4.1 hours of care per day for residents in personal care homes to ensure patients get the quality care they deserve.

Recommendation 7: Improve health and safety for health care workers by investing in workplace injury and illness prevention programs that meet the certification standards of Safe Work Manitoba.

Preventing workplace injuries in health care will also require increasing staffing levels in all job classifications, increasing task times in home care, modernizing equipment, and enhancing training.

Recommendation 8: Forge a federal/provincial funding model that invests in a fully public health care system. We strongly urge the Government of Manitoba to dedicate all federal health transfers to the provision of health care services and put an end to unaffordable tax cuts that benefit large corporations and the wealthy.

Recommendation 9: Provide stable funding for health care that addresses inflationary pressures and provides resources to alleviate chronic recruitment and retention challenges.

Recommendation 10: End unnecessary system-wide restructuring exercises and focus on investing in and improving working conditions.

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