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TAKING THE CARE OUT OF HOME CARE

Decisions that have **DISMANTLED** Manitoba's Home Care System

MANITOBA NURSES UNION

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TAKING THE CARE OUT OF HOME CARE:

Decisions that have dismantled Manitoba's Home Care System

Written and produced by the staff at Manitoba Nurses Union

MANITOBA ONCE LED THE COUNTRY IN HOME CARE INNOVATION.

It was a system built on trust — a promise that when you or your loved one needed help, someone would arrive.

THAT PROMISE IS NOW BREAKING DOWN.

Over the past decade, a series of government decisions has dismantled what was once a model of stability and compassion. Specialized nursing teams were dissolved, rapid response programs were cut, and home care aides were asked to take on tasks beyond their scope of practice. Nurses were uprooted from their communities, and families were left to fill the gaps.

The results have been as predictable as they are devastating—medication errors, missed visits, long delays, burnout among nurses, and unsafe conditions for clients.

This paper outlines how the foundation of Manitoba's home care system has been eroded and what must be done to rebuild it. Drawing on data and firsthand accounts, it exposes the human cost of inaction and presents a path to restore safety, reliability, and dignity to this essential public service.

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A BRIEF HISTORY OF HOME CARE IN MANITOBA

In the early 2000s, Manitoba was considered the gold standard for home care in Canada. The program's strength lay in its people and its structure: specialized nursing teams provided expert care in areas such as respiratory care, diabetes, wound management, and ostomy care.

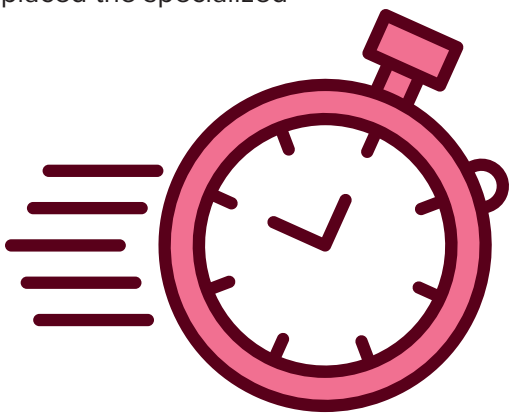
These nurses pursued specialized training and became trusted resources — not only for their clients, but for their colleagues across the system.

That changed in 2014. The provincial government introduced a new "pod model" of home care, where five nurses shared a group of clients in one geographic area rather than maintaining individual caseloads. While the intent was to ensure broader coverage and flexibility, the effect was the opposite. Continuity of care disappeared. Clients no longer knew who would arrive at their home, and nurses spent more time getting up to speed than providing consistent, specialized care.

Despite repeated concerns, the pod model ultimately replaced the specialized approach across Winnipeg and remains in place today.

The Hospital Home Team and Rapid Response Program

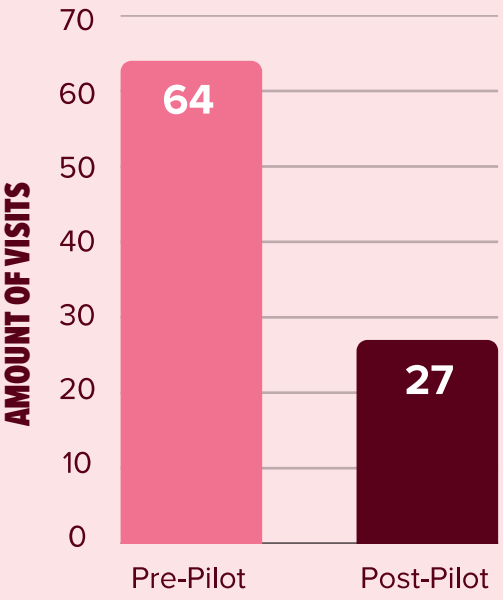
In 2011, Manitoba piloted an innovative approach to reduce hospital visits for chronically ill patients at ACCESS River East. The Hospital Home Team paired a nurse practitioner, physician, a home care case coordinator, and a registered nurse to support patients at home.



THE PILOT WAS A RESOUNDING SUCCESS, ACHIEVING A 60% REDUCTION IN EMERGENCY VISITS AND HOSPITAL STAYS, SAVING AN ESTIMATED $140,000.

(SEE FIGURE 1)

EMERGENCY DEPARTMENT VISITS (ANNUAL)



HOSPITAL LENGTH OF STAY

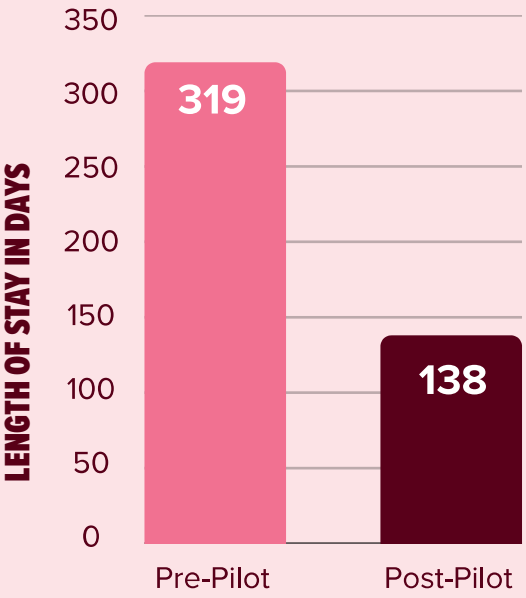


FIGURE 1.
Emergency Department Visits and Length of Stay Before and After the Hospital Home Team Pilot Project

Source: Health Innovations Hospital Home Team Report

The pilot was a resounding success, achieving a 60% reduction in emergency visits and hospital stays (see Figure 1), saving an estimated $140,000. Clients and their families felt confident and supported. The success of the pilot led to the rest of the WRHA adopting the program. The team was even invited to present their results at a national healthcare conference in Vancouver in 2016.

Then, in 2017, funding for the Hospital Home Team was revoked. Around the same time, another promising initiative — the Rapid Response Team — was launched to identify patients at risk of frequent readmission. Both programs reflected forward-thinking models of integrated care. Yet while one was cut, the other was left to slowly erode.

When COVID-19 hit, the Rapid Response Team was gutted. Nurses were redeployed for testing, and after the crisis, the team was never restored. By 2023, decentralization had fragmented communication, nurses lost access to electronic medical records, and they were no longer included in emergency rounds.

The Rapid Response Team still exists in name, but not in function.

The Auditor General's Report and Home Care Leadership Team

In 2015, Manitoba's Auditor General reviewed the home care program amid concerns about rising costs, inconsistent delivery, and lack of oversight. The report contained more than two dozen recommendations, including reducing wait times, standardizing service delivery, and establishing provincial performance monitoring.

Following the audit, the Home Care Leadership Team was established to implement these recommendations and plan for the future. Some of the long-term projections from their planning indicated that by 2037, the number of seniors requiring home care would double, requiring 2,000 additional staff, and nearly tripling costs to $900 million annually — underscoring the urgent need for planning and investment.

However, a decade later, many of those warnings remain unaddressed.

BY 2037, PROJECTIONS FROM THE HOME CARE LEADERSHIP TEAM INDICATED:

X2

The number of seniors needing home care would double.

The system would require 2,000 more staff to meet demand.

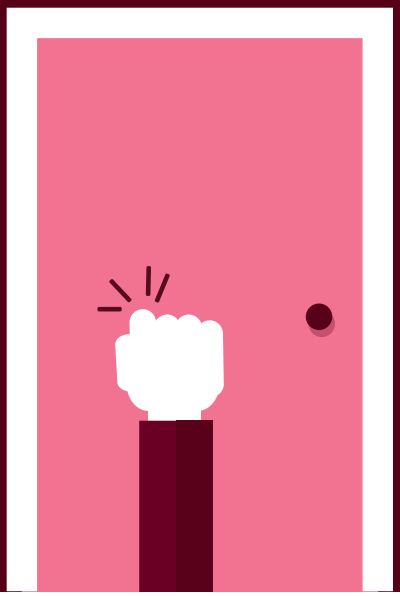
2,000+

$900 MILLION

Costs would nearly triple to $900 million a year.

WHERE WE ARE NOW:
HOME CARE IN 2025

Data obtained by the Manitoba Nurses Union from the Winnipeg Regional Health Authority (WRHA) reveal a widening gap between growing demand and stagnant resources.



Meanwhile, home care aides are being asked to take on new medical tasks such as administering prescription drops and creams. These changes, framed as "efficiency," blur professional boundaries and raise serious safety concerns.

Workload Staffing Reports (WSRs) — a joint union/management problem-solving tool for documenting and addressing unresolved workload and staffing concerns — reveal the growing strain. In 2024, only 13 were filed within the WRHA Home Care Program. This year, as of October 2025, 109 have been submitted; eight times more. While some relate to the centralized scheduling crisis, many predate it, showing deep-rooted issues.

Outside of Winnipeg, rural nurses face additional challenges, including fewer resources, vast geographic areas, and little backup.

As one nurse shared on MNU's *Shift Happens* podcast:

> *"In my world, I'm in rural. There are often times I'm without cell service. I'm down a six-mile road to the end of nowhere, where it's just me and my client and their country home — and if there was ever an emergency, I'd probably have zero chances of getting help before something terrible would even happen."*

AS SHOWN IN FIGURE 2, BETWEEN JANUARY 2015 AND JANUARY 2025:

Clients receiving home care increased by

41%

Total nursing hours increased by only

2%

Full-time nursing positions rose by just

5% **from 255 to 267**

PUT SIMPLY, THERE ARE MORE CLIENTS, BUT ALMOST NO INCREASE IN NURSING HOURS.

(SEE FIGURE 3)

NURSING CLIENTS VS. NURSING HOURS - 2015, 2020 AND 2025

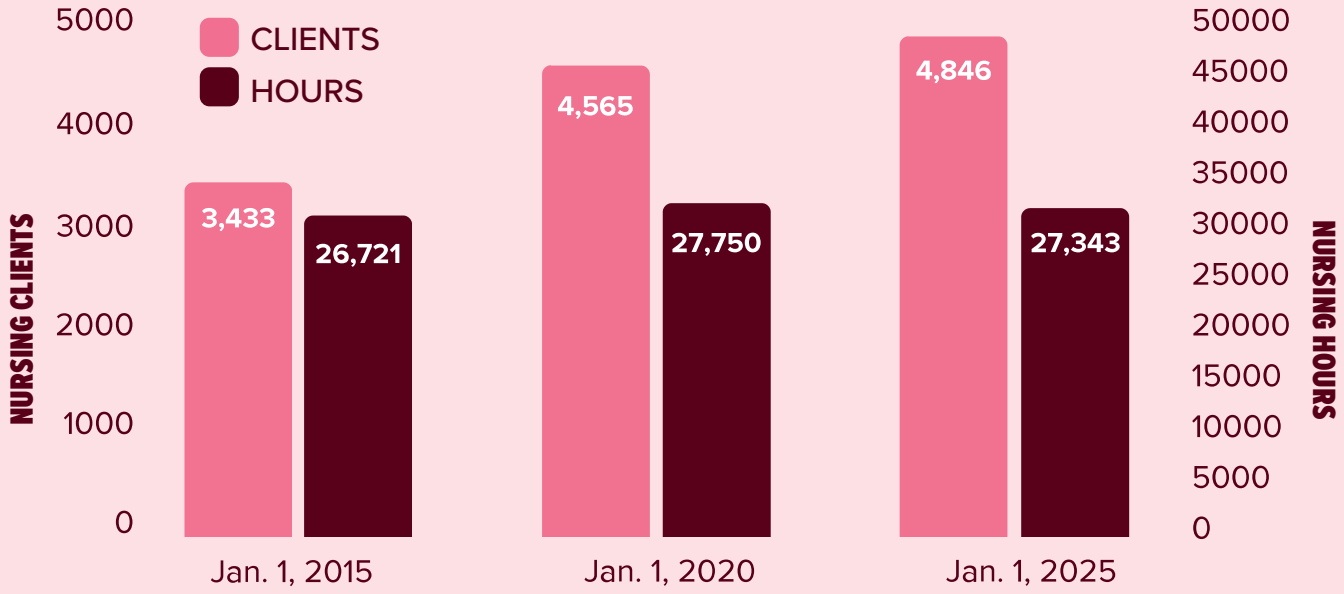


FIGURE 2.
Number of Clients and Total Client Hours in WRHA Home Care Services (2015, 2020, and 2025)
Source: FIPPA request to WRHA

NURSING HOURS PER CLIENT - 2015, 2020 AND 2025

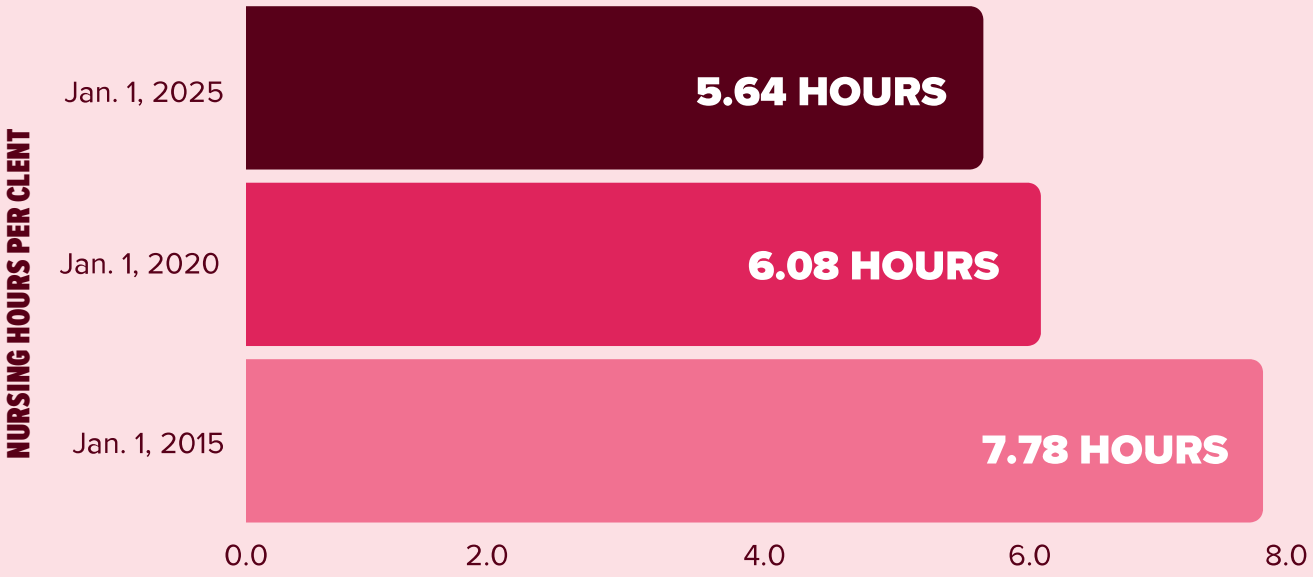


FIGURE 3.
Nursing Hours Available Per Client in WRHA Home Care Services
Source: FIPPA request to WRHA

THE WRHA SCHEDULING DEBACLE

In March 2025, home care in Manitoba reached a breaking point. Under the guise of improving efficiency, the WRHA centralized all home care scheduling without pilot testing. The result was a province-wide collapse in service delivery:

NO-SHOWS AND MISSED VISITS:
On one Saturday in July, more than 4,200 unassigned visits affected over 2,400 clients.

STAFF CONFUSION:
Shifts were double-booked or missed, with workers waiting hours to reach central scheduling.

EROSION OF TRUST:
Families and staff lost confidence in the system.

This was not just an administrative failure — it was the predictable result of years of cuts, ignored warnings, and underinvestment.

In October 2025, the government announced a rollback of centralized scheduling. But for many clients and nurses, the damage was already done.

As one client stated, the announcement of the rollback felt like "I'm going to do something, and I hope I can fool everybody into believing there's going to be a change."

In the Prairie Mountain Health region, home care nurses are now facing similar scheduling "standardization" efforts, some modelled after ineffective WRHA processes. Most home care nurses in the region were only recently made aware of the project and say their input has been largely ignored. Changes have already been introduced without frontline input, and some fear retaliation for raising concerns. These new procedures threaten to strip away nurses' ability to exercise their invaluable clinical judgment. Home care nurses have submitted a detailed proposal for safer, more efficient scheduling, but it remains unanswered.

Home care clients continue to see gaps in service and a lack of continuity of care that was once the hallmark of the Manitoba Home Care Program.

As one client stated, the announcement of the rollback felt like "I'm going to do something, and I hope I can fool everybody into believing there's going to be a change."

EARLY 2000s

EARLY 2000s:
Specialty Nursing Teams Implemented

2011:
Hospital Home Team Established

2014:
Specialty Nursing Teams Dissolved

2015:
Auditor General Report Published

2016:
Home Care Leadership Team Established

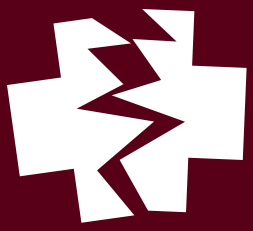
2017:
Hospital Home Team Dissolved

2017:
Rapid Response Team Established

2023:
Rapid Response Team Established Under-Resourced

2025:
WRHA Home Care Scheduling Debacle

PRESENT DAY



THE HUMAN COST OF POLICY FAILURE

Behind every scheduling change, budget cut, or reallocation is a person. The human cost of these decisions is impossible to ignore.

CLIENTS AND FAMILIES:

"Home care attendants are not trained to provide medications to the elderly, let alone know what they are giving or the potential risk of side effects."

"Our family had to install cameras, and we were told by the WRHA that it was forbidden... What happens to a patient who has no family? Home care is not reliable and not safe as far as I am concerned."

"My Dad had to have his evening medication at 8 p.m. and no one arrived... at 10 p.m. someone showed up and almost double-dosed my father as they did not know how to administer a bubble pack."

"The negligence, ignorance, and thoughtlessness of WRHA administration are costing human lives. People's lives are at risk."

NURSES AND HOME CARE WORKERS:

"As a nursing resource coordinator, spending the majority of your shift cancelling nursing visits causes moral distress. 50 phone calls a day. On the end of every phone call is a human being who is upset and scared that their nursing visits are being cancelled. Clients are crying, yelling, and begging you to keep their visit. And you want to. But you can't, because there is no nurse to send. No one is coming. That weighs heavily on you. It's not the leadership making those soul-crushing phone calls, it's me".

"I'm very disappointed in this government that was voted in on the backs of nurses and vouched so hard for health care, but has been beyond disappointing."

"An individual was assessed as a two-person lift with all care, and home care is supposed to send in two staff four times per day, plus respite, and bathing assist. Home care filled 1/8 of the calls in the last month, and the remainder of the time, the client's spouse had to provide all the heavy care on their own. The emotional and physical toll that this scenario took on them was astronomical, and the credibility of the home care program vanished."

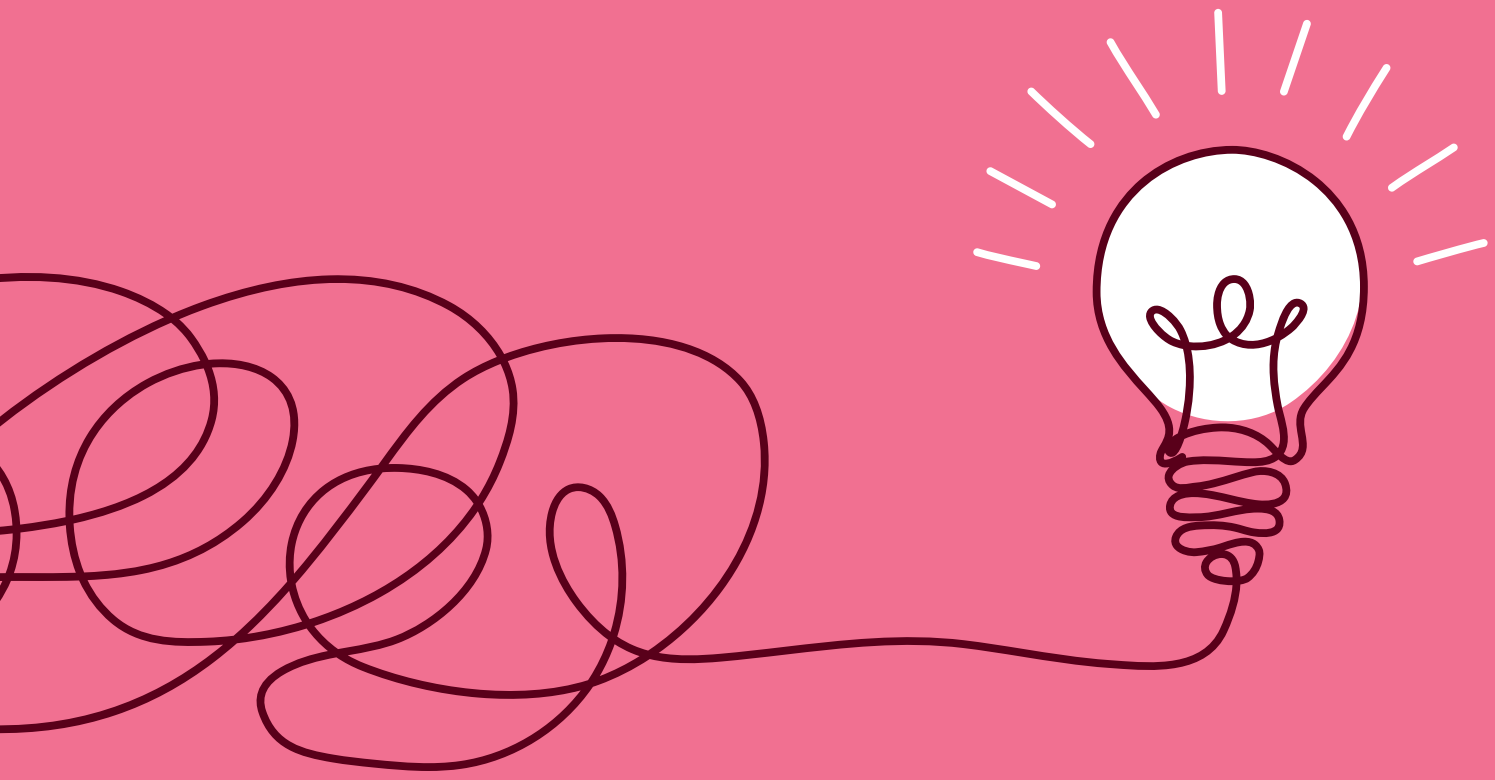
"The home care program is no longer a program to model; it is one to avoid for clients and families. Hospitals are struggling to get clients out of hospital due to the lack of community resources, and the community is struggling to schedule all of the visits that are thrown at them daily. I have worked with this program for over 30 years, and it has never been as bad as it is currently. I am embarrassed to say I work for a program that clearly is not willing to put patients first."

"I want to feel proud of being a nurse again. I want to feel like I'm making a difference in this world again... I just feel so broken and drained, and I've run out of gas, beyond empty."

"As a hospital-based case coordinator, when I talk to clients about sending their loved ones home with home care, they are terrified to have their family members discharged due to the current state of unreliability that home care brings. It is disheartening as a case coordinator, who believes in Manitoba home care, to have family members beg to send their loved ones to a long-term care facility instead of home with home care, because they feel the client will be safer".

ISSUES & FAILURES

ISSUE	EXAMPLE	SOLUTION
LACK OF COLLABORATION WITH FRONTLINE WORKERS	Restructuring imposed without input	**Involve nurses directly in decision-making**
COMMUNICATION FAILURES	Scheduling by voicemail; nurses double-booked	**Implement modern, accountable digital systems**
OVERBOOKING	Nurses scheduled 9 hours in 7.75-hour days	**Cap visits at 6.25 hours to allow for travel and safe care**



ISSUE	EXAMPLE	SOLUTION
SUPPLIES	Courier delays leave clients without essentials	**Restore nurse courier process or create dedicated WRHA courier service**
DOCUMENTATION	Charting only on mobile phones	**Provide tablets for safe, accurate, and efficient charting**
TRANSPARENCY & ACCOUNTABILITY	No updated home care statistics since 2019	**Create benchmarks and publicly report wait times for home care services and missed visits for accountability**

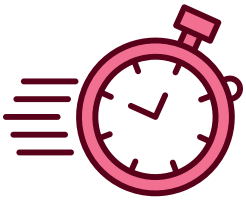
SOLUTIONS AND A WAY FORWARD

Manitoba's home care system didn't fail overnight, and it won't be rebuilt overnight. But immediate steps can be taken to begin restoring stability, trust, and safety.

SOLUTION 1: MAKE HOME CARE NURSING DESIRABLE AGAIN

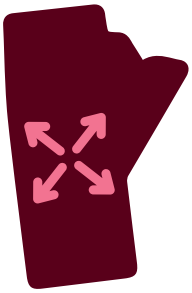
- Implement clear, consistent **safety policies across the province.**
- Ensure nurses who identify workload or scheduling concerns are **respected, consulted, and supported** to find timely solutions and improve the work environment.

SOLUTION 2: REBUILD RAPID RESPONSE TEAMS



- **Reinstate the Rapid Response Team nurses** in all emergency departments.
- Restore the Rapid Response Team's **access to electronic medical records** to ensure they are properly and thoroughly informed regarding their clients' medical needs and history.

SOLUTION 3: SET PROVINCE-WIDE STANDARDS



- **Guarantee equal access to the same level of core services for all Manitobans,** regardless of postal code.
- **Establish publicly reported benchmarks** for wait times and missed visits to ensure accountability.

SOLUTION 4: SUPPORT CAREGIVERS

- Provide respite care, tax credits, and mental health supports **for families.**
- **Ensure home care visits include time for education** so clients and caregivers can safely manage care between visits.

As the current health minister once said while in opposition, "Manitobans and their families depend on this healthcare service in order to successfully age in place in their communities... and avoid going to emergency rooms and acute care settings."

SOLUTION 5: INVEST IN TECHNOLOGY

- **Adopt modern scheduling and reporting tools** to reduce errors, prevent double-bookings, and ensure continuity of care
- **Involve nurses and healthcare professionals** in developing and testing these tools, not just administrators.

SOLUTION 6: STAY WITHIN REGULATED SCOPES OF PRACTICE

- Ensure medication administration **remains the responsibility of licensed nurses**.
- **Provide unregulated care providers with proper training, supervision, and a clear scope of practice** to protect clients and themselves.

If the Minister of Health continues to acknowledge the critical role that home care plays in Manitoba's healthcare system, MNU hopes to see immediate movement on these suggestions.

However, in a recent news release, the government stated that "Manitoba also recorded the shortest wait in the country for hospital discharge while patients await home care services, a median of two days, compared to eight days nationally. That means Manitobans are returning home sooner after hospital stays, and beds are available faster for new patients who need them, the minister noted."

MNU investigated the indicator in question, and determined that government is celebrating Manitoba's performance on an indicator that has not changed over the past 5 years. It is calculated based on coding that is applied inconsistently across the province, and is likely not at all reflective of the true impact of home care waits on discharge.

CONCLUSION

Over the last decade, Manitoba's home care program has been systematically dismantled through short-sighted decisions and underinvestment. The result is a fragile, inconsistent program that too often fails the people it was built to serve.

This is not just about policy. It is about the right of our parents, grandparents, and loved ones to receive safe, reliable care. It is about whether families can trust the system meant to support them. And ultimately, it is about whether Manitobans can age with dignity in their own homes.

Rebuilding home care will require political courage, collaboration, and investment. But the cost of doing nothing is far greater — measured not only in dollars, but in human lives.

We can pay with foresight, or we can pay with crisis. Either way, the bill is coming.

> *"Calls to action have been answered with excuses — ones of 'we are working on it', 'we are looking into it' and 'we recognize there are issues but cannot offer a plan going forward'. This is unacceptable to the people of Winnipeg, of Manitoba, and it must be dealt with like a crisis with an immediate response."*

> *"Shoutout to the nurses who are still going strong. Shoutout to the incredibly understanding patients who can see we are working in a starving system."*

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