

Long Term Care Covid-19 Commission Mtg.

Dr. Bernard Leduc, President & CEO, Montfort
Hospital
on Monday, October 19, 2020



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

neesonsreporting.com | 416.413.7755

1 MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

2

3

4 -----

5

6 --- Held Virtually via Zoom, with all participants
7 attending remotely, on the 19th day of October, 2020,
8 2:58 p.m. to 3:30 p.m.

9

10 -----

11

12

13

14 BEFORE:

15

16 The Honourable Frank N. Marrocco, Lead Commissioner
17 Angela Coke, Commissioner
18 Dr. Jack Kitts, Commissioner

19

20

21 PRESENTING:

22

23 Dr. Bernard Leduc,
24 President and CEO Montfort Hospital

25

1 PARTICIPANTS:

2

3 Jessica Franklin, Policy Lead, Ministry of
4 Long-Term Care

5

6 Alison Drummond, Assistant Deputy Minister,
7 Long-Term Care Commission Secretariat

8

9 Derek Lett, Policy Director, Long-Term Care
10 Commission Secretariat

11

12 John Callaghan, Lead Counsel, Long-Term Care
13 Commission Secretariat

14

15 Dawn Palin Rokosh, Director Of Operations at
16 Ontario's Long Term Care Commission Secretariat

17

18

19

20 ALSO PRESENT:

21

22 Pierre Flez, French Interpreter for Dr. Leduc

23

24 Judith M. Caputo, Stenographer/Transcriptionist

25

DOCUMENTS TO BE PRODUCED BY DR. LEDUC

IDENTIFICATION PAGE

1) White's Book published in September 2019 7
by the Assembly of the Francophone Language in
Ontario.

2) Report for the Healthcare Region of 7
the East of Ontario For the Champlain Region.

1 -- Upon commencing at 2:58 p.m.

2

3 COMMISSIONER MARROCCO: Doctor, if
4 you're ready, we are.

5 We're trying to understand the
6 implications of something that's going on around us
7 as we're trying to understand it. So it's a bit
8 confusing on our end.

9 When I'm speaking to you, Doctor, I
10 don't have to worry about the English, it's only
11 the others that have to worry about my ability to
12 understand en Francais. So I'll speak normally
13 unless you tell me I should stop.

14 DR. LEDUC: (In English) No, we are
15 good. Thank you.

16 COMMISSIONER MARROCCO: Okay.

17 THE INTERPRETER: Sorry, this is the
18 interpreter.

19 Do I understand, therefore, I only
20 interpret into English?

21 DR. LEDUC: (In English) yes.

22 THE INTERPRETER: Okay, thank you.

23 COMMISSIONER MARROCCO: So, Doctor, I
24 think probably the best thing is to let you start.

25 Do you mind if we interrupt with

1 questions as we go along?

2 DR. LEDUC: (In English) let's do.

3 COMMISSIONER MARROCCO: Okay.

4 DR. LEDUC: I'd like to thank the
5 Commission for allowing me to share my experience
6 in long-term care facilities around COVID-19.

7 So my name is Dr. Bernard Leduc, I have
8 over 20 years experience in family medicine as well
9 as hospital settings.

10 When I arrived in Ottawa, I had the
11 chance to work for two to three years in a
12 retirement residence. And since 2010, I have the
13 pleasure and privilege of working in the Montfort
14 Hospital as CEO, that's a university hospital,
15 since 2013.

16 I'm also, since August of this year,
17 CEO of the Health Standards Association of
18 Standards Canada -- (In English) Accreditation
19 Canada.

20 THE INTERPRETER: Accreditation Canada --
21 I'm sorry.

22 DR. LEDUC: (In English) and policy
23 CEO, and board chair.

24 So the Montfort Hospital is a
25 university hospital of world class focused on the

1 best care for the people. In early 2000, we
2 developed a partnership with long-term care partner
3 in the private sector, which is now Revera, to open
4 a long-term care facility of 128 beds on the
5 grounds of the hospital. And this long-term care
6 facility targets mainly Francophone residents.

7 So the Montfort Hospital is engaged in
8 the fight against COVID-19, and it had 18
9 hospitalized patients during the first wave, and we
10 were up to 15 last week. And we were asked to be
11 involved in the outbreaks on the long-term care
12 facility on the grounds of the hospital as well as
13 for another long-term care facility.

14 We also opened the COVID-19 Assessment
15 Centre in April, and I'm particularly proud to say
16 that we opened, starting today, a new assessment
17 centre in Orleans.

18 So for sure the pandemic has
19 highlighted deficiencies in the systems,
20 specifically for long-term care. So we often said
21 that mental health came second when it comes to
22 healthcare, but I think now we can agree that our
23 elders are also second class citizens when it comes
24 to healthcare.

25 The pandemic highlighted the age, and

1 derelict state of some of the residences, as well
2 as the state of care for the residents. And those
3 who were in rooms of three to four residents were
4 particularly vulnerable.

5 And talking of equality, I'd like to
6 draw your attention to the fact that availability
7 to Francophone residents is much lower than the
8 average for the province. And the White's Book
9 published in September 2019 by the Assembly of the
10 Francophone Language in Ontario does reveal this.
11 And the recent report for the healthcare region of
12 the east of Ontario for the Champlain region as
13 well highlights the same fact; and it reveals
14 there's a lack of about 405 beds for the
15 Francophone population.

16 So if you believe it necessary, I'll be
17 happy to transfer these documents to the
18 Commissioners.

19 COMMISSIONER MARROCCO: That would be
20 very helpful, Doctor, thank you very much.

21 DR. LEDUC: Thank you.

22 COMMISSIONER MARROCCO: Alison Drummond
23 our executive director, and Dawn will be happy to
24 receive them from you when you're in a position to
25 send them.

1 DR. LEDUC: Thank you.

2 So I'll humbly share my experience that
3 I see as a board chair of the first wave and now
4 the second wave.

5 So the first wave revealed all the
6 unknown about this new disease and all the
7 difficulties linked to that; and anxiety, as well
8 as fears about the stocks of PPEs. We focused a
9 lot on intensive care at first, and the orders we
10 received was to cease all other activities as much
11 as possible and create capacity. And after news,
12 this image we have now of a credit card with no max
13 on it, and we have to do what was needed to be able
14 to tackle this wave that was coming.

15 It's not necessarily clear in my mind
16 that the same thing was done for long-term care.
17 So at the hospital in the first wave, the fact of
18 ceasing our activities meant we had a pool of
19 resources that was available. That meant we were
20 able to open up assessment centres and go and help
21 in long-term care facilities.

22 The big concerns about the availability
23 of PPEs, meant that we took maybe the wrong
24 decisions or decisions that had detrimental impacts
25 in long-term care. For example, excluding visitors

1 and caregivers from long-term care facilities and
2 hospitals, and that limited greatly the capacity of
3 caregiving.

4 And there was limiting one worker to a
5 single site, that was also the timing of the
6 pandemic with school holidays, where people had to
7 self-isolate upon return from travel.

8 So we created an environment that was
9 quite different from us in hospitals, where there
10 was a full lack of resources. And whereas we could
11 tackle more, they had difficulties having staffing
12 at 50 percent of their usual capacity.

13 And we had a case where all the staff,
14 and the cooking and nutrition staff for residents,
15 had to be at home isolating because they tested
16 positive, or for whatever reasons. And we saw it
17 as a real difference in culture between long-term
18 care and intensive care -- (in English) that was
19 acute care.

20 (Through interpreter) because long-term
21 care facilities is seen as a place where people
22 live, and there was a lot of reluctance due to the
23 fact that hospitals would come in and take control,
24 and would change the place of residence for those
25 people.

1 They had their limited possibility of
2 stocking up on PPEs, and the practices for
3 infection, prevention and control were not up to
4 the standards that we were used to in a hospital
5 setting, which brings me to the need of
6 reintroducing inspections for long-term care. Not
7 necessarily just to react or to punish, but truly
8 to help the residences to improve the quality of
9 care and safety of residents.

10 And the Accreditation of Canada is now
11 reviewing its accreditation process, so they can
12 have a continuous and collaborative approach with
13 the organizations rather than just doing
14 inspections every four years. That's important to
15 have standards that the organizations can respect.

16 And maybe to conclude, what I see with
17 the second wave is really the availability of human
18 resources. Hospitals are now at capacity, not
19 necessarily only because of COVID-19, we have
20 increased our efforts for testing clinics, and we
21 are another trying to catch up on the backlog of
22 surgeries that were cancelled previously. But we
23 see the level of patients for other levels of care
24 increasing, and that's due to our incapacity to
25 transfer those patients to long-term care

1 facilities.

2 In the Champlain region, there's about
3 900 long-term care beds that are vacant. So we
4 need to find alternatives for these patients so
5 that we can continue our activity. In other words,
6 by opening up spaces in hotels or in new retirement
7 residences, for example. But as we increase the
8 number of beds, then comes the issue of recruitment
9 of personnel.

10 So these are my humble thoughts about
11 the situation.

12 COMMISSIONER MARROCCO: Doctor, who do
13 you think should lead the effort to deal with the
14 problems?

15 DR. LEDUC: I believe the efforts are
16 done regionally, with the assistance of Health
17 Ontario. And Jack can possibly attest to the good
18 collaboration we have between colleagues,
19 (In English) in Ottawa.

20 (Through interpreter) so we have
21 regional tables that look at the activities
22 reopening for long-term care facilities and the
23 COVID testing.

24 COMMISSIONER KITTS: Bernard, can I ask
25 a question? I didn't catch at the beginning, the

1 relationship between the Montfort Hospital and the
2 long-term care home; it's beside your facilities,
3 is that what you said?

4 DR. LEDUC: (In English) so we did
5 strike a partnership with a private long-term care
6 home operator. They have the licence, so they
7 operate. But the building is on our site, we own
8 the building.

9 COMMISSIONER KITTS: Was that one of
10 the buildings that the hospital had to go in
11 because of the COVID spread?

12 DR. LEDUC: (In English) yes, they had
13 a bad outbreak in April.

14 COMMISSIONER KITTS: So the question
15 then becomes, should Public Health long-term care
16 homes and hospitals that triad, be a triad not just
17 in response to an outbreak, but have that
18 relationship that's fluid and smooth all the time?

19 DR. LEDUC: Having more formal
20 relations with long-term care facilities would
21 surely help, yes.

22 COMMISSIONER KITTS: Okay.

23 COMMISSIONER MARROCCO: Is there a
24 reason why it didn't happen in the past, that these
25 relationships were established?

1 DR. LEDUC: We have an excellent
2 relationship with our partner, Revera. So we have
3 quarterly meetings, and we look at a variety of
4 indicators linked to the safety of patients, such
5 as falls or wounds, etcetera.

6 We look at the satisfaction of
7 residents and family boards. Where we didn't have
8 that kind of relation with the second centre.

9 COMMISSIONER MARROCCO: Commissioner
10 Coke?

11 COMMISSIONER COKE: Can you elaborate a
12 bit more on some of the issues underlying the lack
13 of support for Francophone population in long-term
14 care?

15 DR. LEDUC: I think it's in the last
16 report of the Health Services in French of 2019
17 with the French Health Services Commissioner 2019.
18 So it was said at the time we had one designated
19 bed for 3,400 Francophone people; compared to the
20 average of one bed for 170 Ontarians.

21 COMMISSIONER MARROCCO: We were told
22 that there's a waiting list in Ontario of 38,000
23 people. Do you have any sense of what percentage
24 would be Francophone?

25 DR. LEDUC: (In English), I don't think

1 I have this --

2 (Through interpreter) no, I don't think
3 I have that number. So out of the 128 Francophone
4 beds, we do have some Anglophone patients that they
5 understand they are joining a Francophone environment.
6 But it's no more than three out of five. And the
7 waiting list for the centre at the back was 180
8 Francophone patients.

9 COMMISSIONER KITTS: Bernard, can I
10 come back to the relationships with the long-term
11 care homes. Your relationship with Revera sounds
12 excellent, and I think that relationship will help
13 things.

14 You said that you were called into a
15 second long-term care home, but that wasn't so
16 smooth. Can you let us know, compare and contrast,
17 what worked in the first instance and what didn't
18 in the second?

19 DR. LEDUC: Issues were different. The
20 category of building in terms of long-term care
21 facility was different. In both places, the
22 clinical care was good, but the infection
23 prevention control had to be improved.

24 And in the second residence, that's
25 where we had an important lack of staff. There was

1 staffing issues in both, but in the second one it
2 was more dramatic. And both residences had, at
3 some point or another, due to isolation or testing,
4 some leadership absence in the staffing on the
5 spot.

6 COMMISSIONER MARROCCO: Do you have a
7 sense, Doctor, what could be done to most quickly
8 or promptly address the staffing problem or make it
9 a little better than it is?

10 DR. LEDUC: I wish there was a silver
11 bullet. And again, here is my personal perception
12 that I feel that for a very long time now,
13 long-term care has missed any kind of backup
14 capability. And so we created a perfect storm here
15 by removing the caregivers, the families and by
16 increasing the workload.

17 You have to bear in mind the long-term
18 care residents eat together, we're trying to foster
19 social interactions. And from overnight, the
20 residents were then confined to their rooms, which
21 meant that the meals had to be brought to them into
22 their rooms.

23 COMMISSIONER COKE: Bernard, the
24 partnership with Revera, you say staffing, PPE,
25 IPAC and sometimes leadership, those were four

1 important factors in these long-term care homes,
2 and part of the differentiation between the two.

3 Does the hospital, because it's
4 partnered with Revera, supply staff PPE, IPAC
5 expertise, leadership to the Revera long-term care
6 home?

7 DR. LEDUC: Not currently. Those we
8 did for the first residence in the first wave, we
9 had to supply PPEs and IPAC expertise and staff.

10 COMMISSIONER KITTS: Will that be the
11 same for other long-term care homes in your area
12 that you're not formally partnered with?

13 DR. LEDUC: We are occasionally
14 approached by other residences. We had some
15 residence that had an outbreak approach us for some
16 help with residents. And I think we can help with
17 infection, prevention and control.

18 COMMISSIONER KITTS: Does Public Health
19 play a large role in these relationships?

20 DR. LEDUC: Yes. Public Health plays a
21 role in maintaining the high standards of
22 infection, prevention and control.

23 COMMISSIONER KITTS: Thank you.

24 COMMISSIONER MARROCCO: How do those
25 relation -- how does the request occur? Who

1 originates, and once the request is made, who takes
2 charge?

3 DR. LEDUC: So the beginning of the
4 pandemic the request came through the regional
5 table for the long-term care, and that's where it
6 was culminated and there were representatives of
7 the hospital, of Public Health and the region.

8 Does anybody have any further questions
9 for Dr. Leduc?

10 COMMISSIONER KITTS: Just one. Do you
11 feel that your area, Champlain, is better or much
12 better prepared for Wave 2 than Wave 1?

13 DR. LEDUC: I believe we are better
14 prepared. We understand the issues better. We're
15 not as concerned about the supply of PPEs anymore.
16 However, there's still a concern that it's a very
17 vulnerable environment.

18 One of the things we did for the first
19 wave that was a bit difficult at first was the
20 principle of creating cohorts, so red zones, green
21 zones. It's a bit different than a hospital where
22 you can only assign a patient to a bed.

23 Over there, it's their place of
24 residence, their apartments, so it was a bit of
25 reluctance to us coming in and imposing that. But

1 I consider it wasn't one of the factors to best
2 control the outbreak.

3 COMMISSIONER KITTS: Thank you.

4 COMMISSIONER MARROCCO: Well, Doctor,
5 thank you for the presentation and thank you for
6 answering our questions.

7 This fills in another portion of the
8 story for us, and we want to thank you for your
9 time. And if we have further questions, I hope you
10 won't mind if we bother you again.

11 DR. LEDUC: Never a problem and thank
12 you for the invitation, giving me the chance to
13 chat with you.

14 COMMISSIONER MARROCCO: Thank you very
15 much, Doctor. Thank you. Good afternoon.

16 COMMISSIONER COKE: Thank you.

17 DR. LEDUC: Goodbye, thank you.

18

19 -- Hearing concluded at 3:30 p.m.

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, JUDITH M. CAPUTO, RPR, CSR, CRR,
4 Certified Shorthand Reporter, certify;

5
6
7 That the foregoing proceedings were
8 taken before me at the time and place therein set
9 forth;

10
11 That all remarks made at the time
12 were recorded stenographically by me and were
13 thereafter transcribed;

14
15 That the foregoing is a true and
16 correct transcript of my shorthand notes so taken.

17
18
19 Dated this 20th day of October, 2020.

20
21 

22 _____
23 NEESONS, A VERITEXT COMPANY

24 PER: JUDITH M. CAPUTO, RPR, CSR, CRR

WORD INDEX

< 1 >

1 3:5 17:12
128 6:4 14:3
15 6:10
170 13:20
18 6:8
180 14:7
19th 1:7

< 2 >

2 3:9 17:12
2:58 1:8 4:1
20 5:8
2000 6:1
2010 5:12
2013 5:15
2019 3:5 7:9
13:16, 17
2020 1:7 19:19
20th 19:19

< 3 >

3,400 13:19
3:30 1:8 18:19
38,000 13:22

< 4 >

405 7:14

< 5 >

50 9:12

< 7 >

7 3:5, 9

< 9 >

900 11:3

< A >

ability 4:11
absence 15:4
Accreditation
5:18, 20 10:10,
11
activities 8:10,
18 11:21
activity 11:5
acute 9:19
address 15:8
after 8:11
afternoon 18:15
age 6:25

agree 6:22
Alison 2:6 7:22
allowing 5:5
alternatives 11:4
Angela 1:17
Anglophone
14:4
answering 18:6
anxiety 8:7
anybody 17:8
anymore 17:15
apartments
17:24
approach 10:12
16:15
approached
16:14
April 6:15
12:13
area 16:11
17:11
arrived 5:10
asked 6:10
Assembly 3:6
7:9
Assessment
6:14, 16 8:20
assign 17:22
assistance
11:16
Assistant 2:6
Association
5:17
attending 1:7
attention 7:6
attest 11:17
August 5:16
availability 7:6
8:22 10:17
available 8:19
average 7:8
13:20

< B >

back 14:7, 10
backlog 10:21
backup 15:13
bad 12:13
bear 15:17
bed 13:19, 20
17:22
beds 6:4 7:14
11:3, 8 14:4
beginning
11:25 17:3

believe 7:16
11:15 17:13
Bernard 1:23
5:7 11:24 14:9
15:23
best 4:24 6:1
18:1
better 15:9
17:11, 12, 13, 14
big 8:22
bit 4:7 13:12
17:19, 21, 24
board 5:23 8:3
boards 13:7
Book 3:5 7:8
bother 18:10
brings 10:5
brought 15:21
building 12:7, 8
14:20
buildings 12:10
bullet 15:11

< C >

Callaghan 2:12
called 14:14
Canada 5:18, 19,
20 10:10
cancelled 10:22
capability 15:14
capacity 8:11
9:2, 12 10:18
Caputo 2:24
19:3, 24
card 8:12
CARE 1:1 2:4,
7, 9, 12, 16 5:6
6:1, 2, 4, 5, 11,
13, 20 7:2 8:9,
16, 21, 25 9:1,
18, 19, 21 10:6,
9, 23, 25 11:3,
22 12:2, 5, 15,
20 13:14 14:11,
15, 20, 22 15:13,
18 16:1, 5, 11
17:5
caregivers 9:1
15:15
caregiving 9:3
case 9:13
catch 10:21
11:25
category 14:20

cease 8:10
ceasing 8:18
Centre 6:15, 17
13:8 14:7
centres 8:20
CEO 1:24 5:14,
17, 23
CERTIFICATE
19:1
Certified 19:4
certify 19:4
chair 5:23 8:3
Champlain 3:10
7:12 11:2 17:11
chance 5:11
18:12
change 9:24
charge 17:2
chat 18:13
citizens 6:23
class 5:25 6:23
clear 8:15
clinical 14:22
clinics 10:20
cohorts 17:20
Coke 1:17
13:10, 11 15:23
18:16
collaboration
11:18
collaborative
10:12
colleagues
11:18
come 9:23
14:10
comes 6:21, 23
11:8
coming 8:14
17:25
commencing
4:1
COMMISSION
1:1 2:7, 10, 13,
16 5:5
Commissioner
1:16, 17, 18 4:3,
16, 23 5:3 7:19,
22 11:12, 24
12:9, 14, 22, 23
13:9, 11, 17, 21
14:9 15:6, 23
16:10, 18, 23, 24
17:10 18:3, 4,
14, 16

Commissioners
7:18
COMPANY
19:23
compare 14:16
compared 13:19
concern 17:16
concerned
17:15
concerns 8:22
conclude 10:16
concluded 18:19
confined 15:20
confusing 4:8
consider 18:1
continue 11:5
continuous
10:12
contrast 14:16
control 9:23
10:3 14:23
16:17, 22 18:2
cooking 9:14
correct 19:16
Counsel 2:12
COVID 11:23
12:11
COVID-19 1:1
5:6 6:8, 14
10:19
create 8:11
created 9:8
15:14
creating 17:20
credit 8:12
CRR 19:3, 24
CSR 19:3, 24
culminated 17:6
culture 9:17
currently 16:7

< D >

Dated 19:19
Dawn 2:15 7:23
day 1:7 19:19
deal 11:13
decisions 8:24
deficiencies
6:19
Deputy 2:6
Derek 2:9
derelict 7:1
designated
13:18

<p>detrimental 8:24 developed 6:2 difference 9:17 different 9:9 14:19, 21 17:21 differentiation 16:2 difficult 17:19 difficulties 8:7 9:11 Director 2:9, 15 7:23 disease 8:6 Doctor 4:3, 9, 23 7:20 11:12 15:7 18:4, 15 DOCUMENTS 3:1 7:17 doing 10:13 dramatic 15:2 draw 7:6 Drummond 2:6 7:22 due 9:22 10:24 15:3</p> <p>< E > early 6:1 East 3:10 7:12 eat 15:18 effort 11:13 efforts 10:20 11:15 elaborate 13:11 elders 6:23 en 4:12 engaged 6:7 English 4:10, 14, 20, 21 5:2, 18, 22 9:18 11:19 12:4, 12 13:25 environment 9:8 14:5 17:17 equality 7:5 established 12:25 etcetera 13:5 example 8:25 11:7 excellent 13:1 14:12 excluding 8:25 executive 7:23 experience 5:5,</p>	<p>8 8:2 expertise 16:5, 9</p> <p>< F > facilities 5:6 8:21 9:1, 21 11:1, 22 12:2, 20 facility 6:4, 6, 12, 13 14:21 fact 7:6, 13 8:17 9:23 factors 16:1 18:1 falls 13:5 families 15:15 family 5:8 13:7 fears 8:8 feel 15:12 17:11 fight 6:8 fills 18:7 find 11:4 Flez 2:22 fluid 12:18 focused 5:25 8:8 foregoing 19:7, 15 formal 12:19 formally 16:12 forth 19:9 foster 15:18 Francais 4:12 Francophone 3:6 6:6 7:7, 10, 15 13:13, 19, 24 14:3, 5, 8 Frank 1:16 Franklin 2:3 French 2:22 13:16, 17 full 9:10</p> <p>< G > giving 18:12 good 4:15 11:17 14:22 18:15 Goodbye 18:17 greatly 9:2 green 17:20 grounds 6:5, 12</p> <p>< H ></p>	<p>happen 12:24 happy 7:17, 23 Health 5:17 6:21 11:16 12:15 13:16, 17 16:18, 20 17:7 Healthcare 3:9 6:22, 24 7:11 Hearing 18:19 Held 1:6 help 8:20 10:8 12:21 14:12 16:16 helpful 7:20 high 16:21 highlighted 6:19, 25 highlights 7:13 holidays 9:6 home 9:15 12:2, 6 14:15 16:6 homes 12:16 14:11 16:1, 11 Honourable 1:16 hope 18:9 Hospital 1:24 5:9, 14, 24, 25 6:5, 7, 12 8:17 10:4 12:1, 10 16:3 17:7, 21 hospitalized 6:9 hospitals 9:2, 9, 23 10:18 12:16 hotels 11:6 human 10:17 humble 11:10 humbly 8:2</p> <p>< I > IDENTIFICATION 3:3 image 8:12 impacts 8:24 implications 4:6 important 10:14 14:25 16:1 imposing 17:25 improve 10:8 improved 14:23 incapacity 10:24 increase 11:7 increased 10:20 increasing</p>	<p>10:24 15:16 indicators 13:4 infection 10:3 14:22 16:17, 22 inspections 10:6, 14 instance 14:17 intensive 8:9 9:18 interactions 15:19 interpret 4:20 Interpreter 2:22 4:17, 18, 22 5:20 9:20 11:20 14:2 interrupt 4:25 invitation 18:12 involved 6:11 IPAC 15:25 16:4, 9 isolating 9:15 isolation 15:3 issue 11:8 issues 13:12 14:19 15:1 17:14</p> <p>< J > Jack 1:18 11:17 Jessica 2:3 John 2:12 joining 14:5 Judith 2:24 19:3, 24</p> <p>< K > kind 13:8 15:13 Kitts 1:18 11:24 12:9, 14, 22 14:9 16:10, 18, 23 17:10 18:3</p> <p>< L > lack 7:14 9:10 13:12 14:25 Language 3:6 7:10 large 16:19 Lead 1:16 2:3, 12 11:13 leadership 15:4, 25 16:5</p>	<p>Leduc 1:23 2:22 3:1 4:14, 21 5:2, 4, 7, 22 7:21 8:1 11:15 12:4, 12, 19 13:1, 15, 25 14:19 15:10 16:7, 13, 20 17:3, 9, 13 18:11, 17 Lett 2:9 level 10:23 levels 10:23 licence 12:6 limited 9:2 10:1 limiting 9:4 linked 8:7 13:4 live 9:22 Long 2:16 15:12 LONG-TERM 1:1 2:4, 7, 9, 12 5:6 6:2, 4, 5, 11, 13, 20 8:16, 21, 25 9:1, 17, 20 10:6, 25 11:3, 22 12:2, 5, 15, 20 13:13 14:10, 15, 20 15:13, 17 16:1, 5, 11 17:5 lot 8:9 9:22 lower 7:7</p> <p>< M > made 17:1 19:11 maintaining 16:21 Marrocco 1:16 4:3, 16, 23 5:3 7:19, 22 11:12 12:23 13:9, 21 15:6 16:24 18:4, 14 max 8:12 meals 15:21 meant 8:18, 19, 23 15:21 medicine 5:8 MEETING 1:1 meetings 13:3 mental 6:21 mind 4:25 8:15 15:17 18:10</p>
---	---	---	--	--

<p>Minister 2:6 Ministry 2:3 missed 15:13 Montfort 1:24 5:13, 24 6:7 12:1</p> <p>< N > necessarily 8:15 10:7, 19 necessary 7:16 needed 8:13 NEESONS 19:23 new 6:16 8:6 11:6 news 8:11 normally 4:12 notes 19:16 number 11:8 14:3 nutrition 9:14</p> <p>< O > occasionally 16:13 occur 16:25 October 1:7 19:19 Ontarians 13:20 Ontario 3:7, 10 7:10, 12 11:17 13:22 Ontario's 2:16 open 6:3 8:20 opened 6:14, 16 opening 11:6 operate 12:7 Operations 2:15 operator 12:6 orders 8:9 organizations 10:13, 15 originates 17:1 Orleans 6:17 Ottawa 5:10 11:19 outbreak 12:13, 17 16:15 18:2 outbreaks 6:11 overnight 15:19</p> <p>< P > p.m 1:8 4:1 18:19 Palin 2:15</p>	<p>pandemic 6:18, 25 9:6 17:4 part 16:2 participants 1:6 2:1 particularly 6:15 7:4 partner 6:2 13:2 partnered 16:4, 12 partnership 6:2 12:5 15:24 patient 17:22 patients 6:9 10:23, 25 11:4 13:4 14:4, 8 people 6:1 9:6, 21, 25 13:19, 23 percent 9:12 percentage 13:23 perception 15:11 perfect 15:14 personal 15:11 personnel 11:9 Pierre 2:22 place 9:21, 24 17:23 19:8 places 14:21 play 16:19 plays 16:20 pleasure 5:13 point 15:3 Policy 2:3, 9 5:22 pool 8:18 population 7:15 13:13 portion 18:7 position 7:24 positive 9:16 possibility 10:1 possible 8:11 possibly 11:17 PPE 15:24 16:4 PPEs 8:8, 23 10:2 16:9 17:15 practices 10:2 prepared 17:12, 14 PRESENT 2:20 presentation 18:5</p>	<p>PRESENTING 1:21 President 1:24 prevention 10:3 14:23 16:17, 22 previously 10:22 principle 17:20 private 6:3 12:5 privilege 5:13 problem 15:8 18:11 problems 11:14 proceedings 19:7 process 10:11 PRODUCED 3:1 promptly 15:8 proud 6:15 province 7:8 Public 12:15 16:18, 20 17:7 published 3:5 7:9 punish 10:7</p> <p>< Q > quality 10:8 quarterly 13:3 question 11:25 12:14 questions 5:1 17:8 18:6, 9 quickly 15:7 quite 9:9</p> <p>< R > react 10:7 ready 4:4 real 9:17 really 10:17 reason 12:24 reasons 9:16 receive 7:24 received 8:10 recorded 19:12 recruitment 11:8 red 17:20 Region 3:9, 10 7:11, 12 11:2 17:7 regional 11:21 17:4 regionally 11:16 reintroducing 10:6</p>	<p>relation 13:8 16:25 relations 12:20 relationship 12:1, 18 13:2 14:11, 12 relationships 12:25 14:10 16:19 reluctance 9:22 17:25 remarks 19:11 remotely 1:7 removing 15:15 reopening 11:22 Report 3:9 7:11 13:16 Reporter 19:4 REPORTER'S 19:1 representatives 17:6 request 16:25 17:1, 4 residence 5:12 9:24 14:24 16:8, 15 17:24 residences 7:1 10:8 11:7 15:2 16:14 residents 6:6 7:2, 3, 7 9:14 10:9 13:7 15:18, 20 16:16 resources 8:19 9:10 10:18 respect 10:15 response 12:17 retirement 5:12 11:6 return 9:7 reveal 7:10 revealed 8:5 reveals 7:13 Revera 6:3 13:2 14:11 15:24 16:4, 5 reviewing 10:11 Rokosh 2:15 role 16:19, 21 rooms 7:3 15:20, 22 RPR 19:3, 24</p> <p>< S ></p>	<p>safety 10:9 13:4 satisfaction 13:6 school 9:6 Secretariat 2:7, 10, 13, 16 sector 6:3 self-isolate 9:7 send 7:25 sense 13:23 15:7 September 3:5 7:9 Services 13:16, 17 set 19:8 setting 10:5 settings 5:9 share 5:5 8:2 Shorthand 19:4, 16 silver 15:10 single 9:5 site 9:5 12:7 situation 11:11 smooth 12:18 14:16 social 15:19 Sorry 4:17 5:21 sounds 14:11 spaces 11:6 speak 4:12 speaking 4:9 specifically 6:20 spot 15:5 spread 12:11 staff 9:13, 14 14:25 16:4, 9 staffing 9:11 15:1, 4, 8, 24 Standards 5:17, 18 10:4, 15 16:21 start 4:24 starting 6:16 state 7:1, 2 Stenographer/Tra nscriptionist 2:24 stenographically 19:12 stocking 10:2 stocks 8:8 stop 4:13</p>
--	--	---	---	---

<p>storm 15:14 story 18:8 strike 12:5 supply 16:4, 9 17:15 support 13:13 surely 12:21 surgeries 10:22 systems 6:19</p> <p>< T > table 17:5 tables 11:21 tackle 8:14 9:11 takes 17:1 talking 7:5 targets 6:6 Term 2:16 terms 14:20 tested 9:15 testing 10:20 11:23 15:3 thing 4:24 8:16 things 14:13 17:18 thoughts 11:10 time 12:18 13:18 15:12 18:9 19:8, 11 timing 9:5 today 6:16 told 13:21 transcribed 19:13 transcript 19:16 transfer 7:17 10:25 travel 9:7 triad 12:16 true 19:15 truly 10:7 trying 4:5, 7 10:21 15:18</p> <p>< U > underlying 13:12 understand 4:5, 7, 12, 19 14:5 17:14 university 5:14, 25 unknown 8:6</p>	<p>usual 9:12</p> <p>< V > vacant 11:3 variety 13:3 VERITEXT 19:23 Virtually 1:6 visitors 8:25 vulnerable 7:4 17:17</p> <p>< W > waiting 13:22 14:7 wave 6:9 8:3, 4, 5, 14, 17 10:17 16:8 17:12, 19 week 6:10 White's 3:5 7:8 wish 15:10 won't 18:10 words 11:5 work 5:11 worked 14:17 worker 9:4 working 5:13 workload 15:16 world 5:25 worry 4:10, 11 wounds 13:5 wrong 8:23</p> <p>< Y > year 5:16 years 5:8, 11 10:14</p> <p>< Z > zones 17:20, 21 Zoom 1:6</p>			
--	--	--	--	--