

# Ministry of Long-Term Care's Pandemic Response Structure and Actions Briefing

Covid-19 Commission  
on Wednesday, September 9, 2020



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

[neesonsreporting.com](http://neesonsreporting.com) | 416.413.7755

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

-----

--- Held Virtually via Zoom, with all participants  
attending remotely, on the 9th day of September,  
2020, 10:00 a.m. to 12:37 p.m.

-----

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8

9 Richard Steele, Deputy Minister, Long-Term Care

10 Janet Hope, Assistant Deputy Minister, Long-Term

11 Care Policy Division

12 Judith Parker, Esq., Crown Law Office, Civil

13 Sunil Mathai, Esq., Crown Law Office, Civil

14 Roopa Mann, Ministry of the Attorney General

15

16 PARTICIPANTS:

17

18 Alison Drummond, Assistant Deputy Minister,

19 Long-Term Care Commission Secretariat

20 Ida Bianchi, Counsel, Long-Term Care Commission

21 Secretariat

22 Kate McGrann, Counsel, Long-Term Care Commission

23 Secretariat

24 John Callaghan, Counsel, Long-Term Care Commission

25 Secretariat

1 Derek Lett, Policy Director, Long-Term Care  
2 Commission Secretariat  
3 Dawn Palin Rokosh, Director, Operations, Long-Term  
4 Care Commission Secretariat

5

6 ALSO PRESENT:

7

8 Olivia Arnaud, Stenographer/Transcriptionist

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 -- Upon commencing at 10:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 Good morning.

4 RICHARD STEELE: Good morning to you.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 Well, thanks for joining us, and I guess we'll  
7 just -- we know who you are, and, you know, I'm  
8 Frank Marrocco, and Ms. Coke you may know from a  
9 previous life, and Commissioner Kitts.

10 RICHARD STEELE: Nice to see you,  
11 Angela.

12 COMMISSIONER ANGELA COKE: Nice to see  
13 you.

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 And you also know from a previous -- I feel like a  
16 bit of a stranger to this --

17 COMMISSIONER JACK KITTS: Hi, Richard.

18 RICHARD STEELE: And Justice Marrocco,  
19 did you prefer to be "Justice Marrocco" or "Frank"  
20 or -- whatever you prefer.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 Well, you know, Commissioner Kitts and I have the  
23 same sort of reluctance about formality, so why  
24 don't you just call us -- but we do need to  
25 maintain some formality here --

1 RICHARD STEELE: Of course.

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 -- so why don't we just do "Commissioner."

4 RICHARD STEELE: That's fine.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 "Commissioner" for each one of us, and that  
7 introduces an element of equality to it that's  
8 probably better.

9 RICHARD STEELE: That's fine.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Everybody -- the other --

12 JUDITH PARKER: If I may, I just wanted  
13 to also introduce Assistant Deputy Minister  
14 Janet Hope, who's also joined us now.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 Oh, good morning.

17 JUDITH PARKER: I see she's on mute,  
18 but she nodded, so I'll let you guys --

19 JANET HOPE: Good morning.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Good morning.

22 All right. I think we've now got  
23 straightened away.

24 Mr. Steele, are you in charge?

25 RICHARD STEELE: Certainly, yeah.

1 So -- and there is a deck that was provided in  
2 advance. I'm not sure with Zoom if we're  
3 projecting the deck or how that's working.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 The deck is on the --

6 RICHARD STEELE: Yes, it is.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Ms. Arnaud is projecting the deck.

9 RICHARD STEELE: Okay. Super.

10 So first of all, you know, I will talk  
11 her through the deck. Obviously in your hands in  
12 terms of, you know, how deep you want to go, how  
13 you want to handle questions, whatever works for  
14 you. So --

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 The practice we have followed is, as you're  
17 presenting, if a question occurs to one of us, we  
18 will interrupt. Sorry for that --

19 RICHARD STEELE: Yeah.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 -- and then ask the question rather than waiting.

22 RICHARD STEELE: That's fine by me.  
23 That makes sense.

24 So obviously I'm not going to read  
25 through every bullet on the slide, so I will talk

1 our way through this, and of course happy to go  
2 deeper on anything. I'm sure -- well, I know there  
3 are already a lot of follow-up briefings scheduled  
4 on different aspects of this. So this is a bit of  
5 an overview, but of course happy to take it --  
6 happy to take it wherever you wish to take it.

7 So maybe we can just go straight to  
8 Slide 3. Okay.

9 So this is a bit of a background, and I  
10 believe the Commissioners, you have had a briefing  
11 on the Long-Term Care Homes Act, and this slide  
12 really provides a bit of a summary of the formal  
13 structure of long-term care homes under the act and  
14 the associated regulations. I won't go into too  
15 much detail on that because you have had that  
16 briefing.

17 Just to note a couple of points that I  
18 think have been relevant and germane to the  
19 pandemic response, and something that certainly,  
20 you know, continues to be something that gets  
21 worked through in terms of what does it mean, and  
22 that is the -- you know, under the act, the reality  
23 that a home, that a long-term care home is the home  
24 of its residents. It is not purely a clinical care  
25 setting. It is also a home.

1                   And that is important. It's, I would  
2 say, a key value for the sector, as it should be,  
3 as it is in the legislation. And it does lead to  
4 some distinction, I guess, in terms of long-term  
5 care homes as a setting compared to an acute-care  
6 hospital, for example. And, as we get into, you  
7 know, some of the detail around response, I think,  
8 you know, that was certainly an area where the  
9 long-term care home perspective and the acute-care  
10 perspective, you know, equally valid, equally  
11 important, but perhaps slightly distinct.

12                   The other point to note on the bottom  
13 of the slide here I think, again, is relevant.  
14 It's obviously long-term care as a sector had been  
15 managed from within the combined Ministry of Health  
16 and Long-Term Care for a prolonged period of time.

17                   The Ministry of Long-Term Care itself  
18 was, you know, effectively spun out from the  
19 Ministry of Health last summer in June of 2019 and  
20 through the latter part of 2019 and, in fact, up to  
21 this point, still in a process -- in the process  
22 of, you know, building out the new ministry to  
23 deliver on the mandate that the government has  
24 provided in terms of the strategic modernization of  
25 the long-term care sector.

1           In response to both the Gillese Inquiry  
2 and recommendations included in the Gillese Inquiry  
3 and also to, you know, other -- you know, very key  
4 strategic drivers, including the need for, you  
5 know, very substantial development and  
6 redevelopment of capacity and beds within the  
7 sector.

8           I'll stop there, and I'll just pause as  
9 I move on to each slide in case there are any  
10 questions on each slide.

11           Okay.

12           So we'll go on to Slide 4. Again, I'm  
13 not going to run through every data point on  
14 Slide 4. You can obviously -- you can obviously  
15 read them. You know, I think that the numbers are  
16 significant. The wait list is of some  
17 significance, I think; obviously a key driver for  
18 the need for developing new capacity.

19           The other points, I think, worth noting  
20 on the slide are the significant proportion of  
21 residents that have some form of dementia. You  
22 know, broadly, I would -- I would say broadly, the  
23 fact is that over the years, the acuteness and  
24 severity of health conditions of long-term care  
25 residents has increased, which has certainly

1 increased the challenge on the sector in providing  
2 appropriate care, and certainly a significant focus  
3 for the Ministry as we move forward, strategically  
4 in terms of, you know, what is an appropriate level  
5 of care and mix of staffing that would be required  
6 to provide that level of care.

7           On the right-hand side, you can see the  
8 overall financial picture; of course, we can drill  
9 down into any of that in terms of the funding model  
10 and how that works, but the key point perhaps of  
11 relevance is that while the majority of funding is  
12 provided by the Ministry to long-term care home  
13 operators via the LHINs, there is some funding that  
14 is provided by residents in the form of co-pay for  
15 their contribution to accommodations costs. Those  
16 costs are varied depending on the type of room that  
17 a resident has from basic through to preferred.

18           Perhaps another point worth noting on  
19 the bottom right-hand corner of the slide is the  
20 total number of homes we have in the province, 626.  
21 Close to a half, 300 homes, somewhat less than half  
22 of the total beds are older and eligible for  
23 applying for redevelopment under the redevelopment  
24 program.

25           These are what we typically refer to as

1 Class C and below homes and, you know,  
2 characterized by having been constructed based on  
3 design standards from the 1970s, typically much --  
4 or typically significantly less space per resident,  
5 and certainly including a number of three- and  
6 four-bed ward rooms.

7 And certainly, as we have worked  
8 through our understanding or trying to start  
9 understanding what happened in Wave 1 of COVID, age  
10 of home is certainly one amongst a number of  
11 factors that has received some significant focus.

12 There's a lot on the page here, so  
13 again, I'll pause for a second if there are any  
14 questions.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 Well, actually, I do.

17 Does your ministry have exclusive --  
18 have control over all of this in terms of the homes  
19 and beds, or is it a shared jurisdiction? How does  
20 that work?

21 RICHARD STEELE: So in terms of the --  
22 I would say in terms of the -- you know, in terms  
23 of the policy and funding regarding, you know, the  
24 provision of beds, the funding formula for funding  
25 those beds, co-pay, how that works, all of that

1 is -- very much sits within, you know, the policy  
2 and the funding jurisdiction of the Ministry of  
3 Long-Term Care.

4 In terms of delivery and  
5 implementation, there is a significant role for,  
6 you know, what is now Ontario Health, what would  
7 previously have been the LHINs. The funding flows  
8 from the Ministry through the LHINs to the  
9 individual long-term care operators in most cases.  
10 We do have direct funding relationships as well.  
11 So there's a bit of a bifurcated funding flow.

12 And the other key role that Ontario  
13 Health plays in delivery is they manage the  
14 placement process. So sitting within the LHINs are  
15 essentially the placement coordinators that manage  
16 the wait list and, you know, based on Ministry  
17 policy, will offer places to applicants for  
18 residents in long-term care.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 So if you want to respond -- well, you are told or  
21 you start to see the fact that there's a pandemic,  
22 or a very contagious disease presents itself; in  
23 terms of response, is there a portion of your  
24 ability to respond that's connected to another  
25 ministry or to Ontario Health or Public Health

1 Ontario, or is it entirely within your jurisdiction  
2 to take preventative measures?

3 RICHARD STEELE: So I -- you know, I --  
4 the short answer is absolutely significant  
5 relationship independence with other ministries.

6 So a couple of things I would say:  
7 First of all -- and I think Alison Blair may have  
8 covered, you know, some of this from the Ministry  
9 of Health perspective yesterday, but fundamentally,  
10 in terms of pandemic response, Ministry of Health,  
11 you know, was and remains the lead for the overall  
12 coordination of, you know, preparedness in response  
13 to the pandemic.

14 So while, you know, line ministries  
15 like ourselves have a significant role to play and  
16 we have a number of tools to bring to the table,  
17 the overall leadership for pandemic response, you  
18 know, has and continues to lie with the Ministry of  
19 Health.

20 At Ministry of Long-Term Care, you  
21 know, we have a number of levers that we can use  
22 and pull, but we certainly do not have all of the  
23 levers. So, you know, we are fundamentally, you  
24 know, a policy and regulatory and funding ministry,  
25 and those fundamentally are the levers that we can

1 use, you know, in this and in any other context.

2           So as we'll talk about a bit later, in  
3 the early weeks of the response, we were, you know,  
4 very focused on figuring out what we could do with  
5 our regulatory framework, what we could do with  
6 funding and the provision of guidance to the  
7 sector. As we start getting into guidance, we  
8 start getting very much into the, you know, public  
9 health domain as well. And certainly, you know,  
10 ultimately, the public health direction and  
11 guidance of course comes out of the Chief Medical  
12 Officer of Health.

13           In terms of some of the other players  
14 in the system -- so Public Health Ontario, Ontario  
15 Health, also very much, you know, key partners in  
16 delivery -- they have, obviously, capabilities that  
17 we as a ministry do not have. Public Health  
18 Ontario, of course, provides the scientific advice  
19 to the Chief Medical Officer of Health around the  
20 science of the response and of course have a key  
21 responsibility around, you know, the public health  
22 labs and testing which are key elements that we  
23 have relied on and continue to rely on.

24           Ontario Health plays a number of roles  
25 in terms of their on-the-ground regional presence,

1 obviously critically important. They manage the  
2 relationship with public hospitals, who are a key  
3 partner. They manage the relationship with the  
4 community care sector who, you know, again, are a  
5 key partner in the overall integrated health  
6 experience in the context of pandemic response;  
7 were a source of capacity as well for redeployment.

8 So Ontario Health and the Ontario  
9 Health regions, you know, played and continue to  
10 play a critical role in supporting, you know, the  
11 LTC response.

12 Does that kind of give you a bit of a  
13 flavour? It's something we could probably talk,  
14 you know, quite a lot about, but --

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 No, that's fine for a start. Thank you.

17 RICHARD STEELE: Okay.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Mr. Steele, just a moment.

20 Commissioner Coke?

21 COMMISSIONER ANGELA COKE: Just want to  
22 follow up a bit. You talked about the age of the  
23 homes being a key contributor to the COVID issue,  
24 and 300 of those homes are due for redevelopment.

25 What percentage of those homes are for

1 profit or not-for-profit?

2 RICHARD STEELE: We can get you the  
3 exact numbers. The significant majority of the  
4 older homes are for profit.

5 So as you look over the last 20 years,  
6 what we've seen is there has been more  
7 redevelopment of municipal and not-for-profit  
8 homes. The challenge for the for-profit sector is  
9 the economics haven't worked. So we haven't seen  
10 the investment over the years because, basically,  
11 it was not profitable for them.

12 That is something that has been, you  
13 know, recently addressed through work the Ministry  
14 did over the last, you know, 12 months and received  
15 final approval to implement in the summer is -- the  
16 capital funding formula has been, you know,  
17 refreshed and modernized to make that private  
18 sector investment more viable.

19 But, again, we can absolutely get you  
20 that breakdown between private and not-for-profit  
21 and municipal sector in terms of percentages.

22 COMMISSIONER ANGELA COKE: So up to  
23 now, any investment obviously in redevelopment is  
24 strictly government funded? There's been no  
25 investment from them up to now?

1                   RICHARD STEELE: Well, we provide --  
2 let me put it this way: We provide a -- the way  
3 the funding formula works is -- well, historically,  
4 what was provided was simply an additional -- what  
5 was called capital funding subsidy on a  
6 per-resident, per-diem basis over 25 years. So  
7 essentially, if a home was redeveloped or a new  
8 home was built, we would pay out a fixed amount for  
9 that home over a period of 25 years.

10                   The developer, if you like, whether it  
11 was for-profit or not-for-profit would have to  
12 secure the financing, you know, essentially a  
13 mortgage, and pay that back based on the ongoing  
14 funding we were providing. The new funding formula  
15 does provide a proportion of upfront capital when  
16 the home is actually -- has been built, and the  
17 remainder continues to flow over 25 years.

18                   The reason I'm answering that way is,  
19 certainly, it would be possible; for example, for a  
20 not-for-profit provider to supplement government  
21 funding, similarly for a municipal provider to  
22 supplement government funding with their own  
23 funding.

24                   So, you know, the economics are  
25 complex. Ultimately, I think it's safe to assume

1 that a private sector operator is not going to  
2 engage in a development that isn't going to make  
3 profit -- isn't going to make a profit for them.  
4 But it's a little bit more complicated than, you  
5 know, are they putting any of their money in or  
6 not. They are. Because of the way the funding  
7 formula works, they have to raise the financing,  
8 both, you know -- well, debt and equity, to make  
9 the investment, and then they are paid out over a  
10 25-year period.

11 COMMISSIONER ANGELA COKE: Thank you.

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Commissioner Kitts?

14 COMMISSIONER JACK KITTS:  
15 Deputy Steele, thank you for this. I want to come  
16 back to the leadership and accountability. I'd  
17 like to understand more.

18 From what I've heard, we have four  
19 organizations: The Ministry of Health, the  
20 Ministry of Long-Term Care, Ontario Health, and  
21 Public Health Ontario as leaders in their domains;  
22 is that correct?

23 RICHARD STEELE: That is correct.

24 COMMISSIONER JACK KITTS: Okay. So I  
25 think I heard that Public Health Ontario provides

1 advice on scientific medical advances, evidence,  
2 et cetera, in terms of, you know, the public health  
3 procedures. So their role is really advisory.

4 And is it advisory to the Ministry of  
5 Health or the Ministry of Long-Term Care or Ontario  
6 Health?

7 RICHARD STEELE: That's a good  
8 question. You know, I probably -- in terms of the  
9 kind of formal, legislative mandate, probably  
10 somebody at the Ministry of Health would be best to  
11 respond to that.

12 I would say -- my understanding would  
13 be is their advisory role is essentially to the  
14 Ministry of Health, yes.

15 COMMISSIONER JACK KITTS: Okay. And  
16 Ontario Health, I think, probably are best  
17 described as the operations arm of the Ministry of  
18 Health for the various regions; is that fair to  
19 say?

20 RICHARD STEELE: That would be a fair  
21 characterization, yes.

22 COMMISSIONER JACK KITTS: Okay. And  
23 Ministry of Long-Term Care, I think I gleaned, was  
24 really responsible, I think, for compliance with  
25 the legislation, the regulations, policies,

1 et cetera. Have I got that right?

2 RICHARD STEELE: Well, I would say  
3 that. In addition to that, though, we would be  
4 responsible for policy and funding, which are  
5 obviously two critical levers. So absolutely, yes,  
6 we are the regulator and are responsible for  
7 compliance.

8 But equally, you know, we do own  
9 policy. So again, things like the staffing  
10 strategy, which is a key focus -- the overall, you  
11 know, capacity development program, you know,  
12 really, I'd say are two key pieces that are fairly,  
13 clearly, and squarely within our mandate.

14 There would certainly be aspects of the  
15 policy, of course, that would require  
16 collaboration, as many aspects of policy do, with  
17 other partners. So if you think of policy and  
18 thinking around where does long-term care fit, you  
19 know, as we look into the future in the overall  
20 continuum of care, what is the relationship between  
21 long-term care and home and community care, these  
22 of course are policy issues that would need to be  
23 worked through jointly with our colleagues at the  
24 Ministry of Health.

25 COMMISSIONER JACK KITTS: Okay. And so

1 in terms of funding, you fund the long-term care  
2 homes; you fund the field.

3 Does your funding come from the  
4 Ministry of Health? Does it flow through them to  
5 you, or is it directly from another source?

6 RICHARD STEELE: No, the Ministry of  
7 Long-Term Care has a -- as of this year, has a --  
8 you know, last year, because the Ministry was kind  
9 of set up mid-year, it was -- you know,  
10 fundamentally the money all sat, technically, at  
11 the Ministry of Health.

12 But starting this year, the Ministry of  
13 Long-Term Care has its own appropriation for the  
14 funding.

15 COMMISSIONER JACK KITTS: Okay. And so  
16 Ministry of Health, basically, I think you said, is  
17 kind of the oversight or overlaying the other three  
18 organizations; is that a fair way to describe the  
19 Ministry of Health's role in this?

20 RICHARD STEELE: As it relates to  
21 pandemic response, for sure. Again, as it relates  
22 to other aspects of long-term care, you know, it's  
23 a bit of a different relationship. Again, we would  
24 be the lead for, again, policy and funding, but as  
25 it relates to pandemic response, yes.

1 COMMISSIONER JACK KITTS: Thank you.

2 COMMISSIONER ANGELA COKE: Sorry, just  
3 a funding question: When you did the split, did  
4 you get the exact same funding, or has any of that  
5 increased?

6 RICHARD STEELE: I don't believe there  
7 was a specific increase associated with the split;  
8 however, you know, we -- well, let me rephrase  
9 that, and Janet may be in a position to jump in on  
10 this a bit more. She wasn't there at the split  
11 either, but she did arrive a little before I did.

12 I do think with the creation of the  
13 Ministry, there has been some injection of  
14 additional capacity into the Ministry to -- for the  
15 creation of Janet's division, for example, and some  
16 stand-alone capacity; you know, certainly deputy's  
17 office, communications, and so on.

18 But, Janet, are you able to comment any  
19 further on that?

20 JANET HOPE: So certainly the  
21 administrative capacity, as Richard has described,  
22 for the Ministry of Long-Term Care came initially  
23 out of the Ministry of Health. So my division was  
24 largely a net new division. [Indecipherable] kind  
25 of provide FTEs and funding to support that net

1 new. So there was an extraction of resources from  
2 the Ministry of Health to create the administrative  
3 capacity that was required to set up a new  
4 ministry.

5 But in terms of transfer payment  
6 dollars, the dollars that flow to the homes, those  
7 were clearly ring-fenced from the rest of the  
8 Ministry of Health dollars and continued to flow  
9 last year in that kind of year where the two  
10 ministries were joined at the beginning of the year  
11 but separated during the fiscal year.

12 Those were ring-fenced and transferred  
13 wholly to, as Richard described -- as Deputy  
14 described, the appropriation of the Ministry of  
15 Long-Term Care for this fiscal year. And to the  
16 extent that there were increases in that budget,  
17 that was part of the normal, multi-year planning  
18 process that we went through.

19 COMMISSIONER ANGELA COKE: Okay.

20 RICHARD STEELE: The other point maybe  
21 just, you know, worth noting in terms of the  
22 separation of the two ministries is there are a  
23 number of functions that remain shared functions  
24 between the two ministries.

25 So in addition to corporate services

1 and the chief information officer, you know, INIT,  
2 Michael Hillmer's division, which is the Data and  
3 Analytics Division and also the Strategic Policy  
4 Division, are shared functions between the two  
5 ministries.

6 COMMISSIONER ANGELA COKE: Okay.

7 RICHARD STEELE: Any other questions on  
8 Slide 4?

9 Maybe we'll go on to Slide 5, which I  
10 think, you know, in some ways, gets at and speaks  
11 to one of the questions that was asked in terms of  
12 the respective roles of the ministries in pandemic  
13 response.

14 And again, I believe you may have seen  
15 this slide in Alison's last presentation as well.  
16 But just to reinforce that point: The Ministry of  
17 Health does have the legislative responsibility  
18 for, you know, emergency management and response  
19 and leadership of the pandemic response, and that  
20 is certainly the way it has played out.

21 The Ministry of Long-Term Care,  
22 obviously, you know, very active and engaged in  
23 that process and participating in, you know, all of  
24 the various tables and bringing forward items for  
25 consideration and decision and certainly using the

1 levers that we've described to the best of our  
2 ability in pandemic response but in the context of  
3 an overall provincial pandemic response that was  
4 led through the Ministry of Health.

5 Any further questions on that point?

6 Okay.

7 So we'll move on to the next slide,  
8 Slide 6. And this slide, we really tried to --  
9 really trying to provide a bit of a framing for the  
10 phases of pandemic response. You know, needless to  
11 say, this is a -- you know, to some degree, a  
12 retroactive making sense of phases, and I wouldn't  
13 interpret these phases as kind of hard and fast and  
14 completely sequential. They, to some degree, you  
15 know, blurred into each other and, you know,  
16 activities that are included in the top row there,  
17 you know, were certainly activities that continued  
18 throughout. But trying to provide, you know, a bit  
19 of a sense at a high level how this whole response  
20 unfolded.

21 So you can see what we've described  
22 here is -- you know, again, I won't read the slide,  
23 but you can see the three chunks, and I'll try to  
24 draw out what -- you know, what really  
25 characterized the difference between the three, and

1 of course, happy to take questions.

2 The subsequent slides go into a little  
3 bit more detail on each of these three areas.

4 In the period from -- well, I have to  
5 be careful because I tend to frame the world from  
6 when I arrived in the Ministry in early March, but  
7 of course there was a world before that.

8 For the period up to mid-April, we've  
9 described as early response, and during that  
10 period, you know, there were kind of three key  
11 streams and elements we were engaged on; certainly,  
12 a lot of work around engagement with the sector,  
13 with our partners, trying to ensure the structures  
14 and relationships were being put in place to  
15 respond effectively, that we had good information  
16 flow coming in from the sector, you know, that we  
17 understood what some of the issues and challenges  
18 were. That would be the first bullet.

19 A lot of focus on, really, how could we  
20 use the levers that the Ministry itself had to  
21 support pandemic response. So again, we'll get  
22 into some more detail here, but particularly  
23 focused on provision of emergency funding, looking  
24 at tools we could use, either through regulatory  
25 change or emergency orders to provide additional

1 flexibility to the sector to respond.

2           And then the third point, you know, was  
3 quite specific to the early phase of the pandemic  
4 when, of course, there was a major focus and  
5 concern on what the impact of the pandemic would be  
6 to the acute care sector. Everybody, of course,  
7 was very conscious of what had been happening in  
8 Northern Italy at this time.

9           So a significant piece of work looking  
10 at what was the potential to, you know, increase  
11 admissions from acute care into long-term care to  
12 reduce some of that alternative level of care  
13 patient pressure on the acute care system, also  
14 working with our partners at the Ministry of Health  
15 on establishing a policy framework for alternative  
16 and transitional care settings, again, with a view  
17 to trying to increase the capacity to take some  
18 pressure off the acute care system.

19           Moving into the second period, which  
20 we've said here from mid-April to mid-May, but, you  
21 know, again, it kind of extended into -- certainly  
22 into June was what I would call the implementation  
23 and execution of the action plan that was developed  
24 in the middle part of April to respond to the  
25 critical situation that we were seeing.

1                   A lot of focus on, you know, really  
2 trying to get specific supports into specific  
3 homes, whether that was infection prevention and  
4 control support or health human resource support  
5 from various sources, a lot of this managed through  
6 the Incident Management System through that period,  
7 but very focused on what I would call emergency  
8 response to homes to, you know, a number of homes  
9 that were in critical situations as a result of the  
10 pandemic.

11                   Starting in mid-May, and then the  
12 relative weight of these shifted to the  
13 point where -- you know, from a COVID perspective,  
14 we announced squarely of course in the third row,  
15 which is the recovery and planning phase, and very  
16 focused on preparation for whatever -- you know,  
17 whatever the fall and winter and, you know, Wave 2  
18 or whatever Wave 2 ends up being, ensuring  
19 preparation for that.

20                   So the second and third pieces  
21 certainly co-existed for a period of time, but  
22 essentially, by early July, we were -- you know, we  
23 were out of the emergency period and very much  
24 focused on recovery and planning.

25                   So that's an overview. As I say, I

1 will get into some more specifics on each of those  
2 blocks, but I'm happy to obviously stop and just  
3 take any questions on that overview.

4 COMMISSIONER FRANK MARROCCO (CHAIR): I  
5 do have a question, Mr. Steele.

6 The guidance that you're -- first of  
7 all, you arrive in March, so I'm not sort of -- I'm  
8 interested in the nature of the guidance.

9 Is it by directive, or is it by a  
10 persuasion? Like, how is guidance provided to the  
11 homes, for example?

12 RICHARD STEELE: I think a range of  
13 different tools were and continue to be used. So  
14 at the core -- I would say, at the core of -- two  
15 key areas I would say are the core of it and then  
16 supplemented by others. So certainly directives  
17 from the Chief Medical Officer of Health. You  
18 know, Directive 3 became the long-term-care-focused  
19 directive from Dr. Williams. That, you know,  
20 evolved through the pandemic, but that was a  
21 critical source of direction.

22 There were elements of the directive  
23 that were supplemented by policy developed by the  
24 Ministry in support of the directive.

25 The other set of tools that were used

1 were, you know, again, regulation under the  
2 Long-Term Care Homes Act; emergency management  
3 orders; in a number of instances, ministers'  
4 directives under the Long-Term Care Homes Act.

5 So all of those tools were kind of used  
6 as appropriate to provide direction to the sector,  
7 supplemented, as I mentioned, by, you know,  
8 policies that then tried to clarify some of the,  
9 you know, implementation detail of what was  
10 intended by those directives.

11 In terms of your point around, you  
12 know, moral suasion, certainly, you know, there was  
13 and is always an element of that too in terms of  
14 conversations -- you know, whether "moral suasion"  
15 is the right word, but certainly conversations with  
16 the sector, trying to understand what they were  
17 doing, how they were responding.

18 I'll give an example: During the  
19 emergency phase, for a number of the larger private  
20 sector operators in particular who had a number of  
21 homes that were experiencing difficulties, we did,  
22 for example, require them to submit to us  
23 stabilization plans. That wasn't done through, you  
24 know, a specific legislation or directive, but it  
25 was essentially using our moral authority as the

1 regulator to require them to provide something to  
2 us.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Let's say when the Diamond Princess incident  
5 happens in January, late January, early February,  
6 what's the vehicle for sort of recognizing the  
7 implications that might have for a long-term care  
8 facility or the foreshadowing that that represents?  
9 How would that translate into action, or did it, I  
10 guess is probably -- not would it, but how did it?

11 RICHARD STEELE: Yeah, I --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 And if there are obstacles that -- you know,  
14 structural obstacles, I think we'd been interested  
15 in knowing --

16 RICHARD STEELE: For sure.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 -- if those obstacles can be taken out of your way.

19 RICHARD STEELE: Yeah. Yeah, I mean,  
20 firstly, I will say, I think probably others would  
21 be better positioned to speak to what happened in  
22 January and February because I wasn't there.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Yes, I understand.

25 RICHARD STEELE: But certainly, you

1 know, from conversations, from looking at the  
2 chronology, as the early indications of the  
3 pandemic became clear and the Ministry of Health  
4 did, you know, initiate its emergency response,  
5 there certainly was, in the course of February, I  
6 believe, guidance issued to the sector, to the  
7 long-term care sector in terms of, you know,  
8 guidance for a response to COVID-19.

9           So I believe that guidance started to  
10 get issued as early as February. Again, we can --  
11 the dates, I think, are in the chronology that was  
12 provided. And, you know, that would have been, I  
13 believe, you know, largely led from the  
14 Chief Medical Officer of Health's side but then  
15 certainly distributed through Ministry channels.

16           COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Okay. Thank you.

18           RICHARD STEELE: You're welcome.

19           COMMISSIONER ANGELA COKE: I have a  
20 question.

21           RICHARD STEELE: Of course.

22           COMMISSIONER ANGELA COKE: In terms  
23 of -- sorry, were you finished, Frank?

24           COMMISSIONER FRANK MARROCCO (CHAIR):  
25 Yes, I was, thank you. I was just making a note.

1                   COMMISSIONER ANGELA COKE: So  
2 pre-pandemic, I just want to understand, did each  
3 of the homes have up-to-date pandemic outbreak  
4 plans? And to what extent is planning done with  
5 the local, other health community partners? So  
6 what would they have had in place before the  
7 pandemic broke?

8                   RICHARD STEELE: Yeah, that's a good  
9 question. I believe under the regulations, they  
10 would have been required to have, you know,  
11 outbreak management plans in place.

12                   The extent of, you know, regional-level  
13 pandemic planning that would have happened as a  
14 general course of, you know, emergency preparedness  
15 I actually can't comment on. I don't know the  
16 answer to that.

17                   COMMISSIONER ANGELA COKE: Okay. And  
18 you talked about the desire to increase the  
19 hospital capacity and moving folks out. And what  
20 was the process, then?

21                   I'm trying to figure out, would people  
22 have been transferred out to long-term care homes  
23 that may have already had COVID?

24                   RICHARD STEELE: No. I think generally  
25 this was happening in late March, prior to, you

1 know, significant infection and outbreaks happening  
2 in long-term care. So again, I'd have to go back  
3 and look at the directives. I do not believe  
4 transfers were permitted to any home in outbreak.  
5 I would need to confirm that.

6 The numbers that actually ended up  
7 getting transferred from acute care into long-term  
8 care or the number of different places, beds that  
9 we were able to identify were actually relatively  
10 small despite significant effort simply because the  
11 sector was already at such a high level of capacity  
12 heading into the pandemic.

13 So, you know, while there were a lot of  
14 leads that were pursued with individual long-term  
15 care home operators in terms of the potential to  
16 expand, some of them just weren't suitable. That  
17 was certainly a concern in some places that, you  
18 know, spaces were being identified that were not  
19 appropriate for residents and would have resulted  
20 in, you know, excessive levels of occupancy in a  
21 home.

22 Ultimately -- and again, we can get you  
23 the numbers, but the numbers of additional beds  
24 that were identified were quite low.

25 COMMISSIONER ANGELA COKE: Okay.

1                   COMMISSIONER JACK KITTS: I have a  
2 question, Deputy Steele.

3                   Back to the leadership: So we have  
4 private homes, not-for-profit, and municipal homes.

5                   Do they all have a governing body, a  
6 board, or -- I believe the private sector does, but  
7 not-for-profit and municipal, are they run by the  
8 Ministry of Health or municipal leaders?

9                   RICHARD STEELE: So, you know, the  
10 private sector -- you know, as private sector  
11 corporations, of course, as you say, would have --

12                   COMMISSIONER JACK KITTS: Yeah.

13                   RICHARD STEELE: -- a board. The  
14 not-for-profit corporations running not-for-profit  
15 corporations would also have a board. In the case  
16 of the municipal homes, they would be sitting  
17 within, you know, a municipal structure.

18                   COMMISSIONER JACK KITTS: Okay.

19                   RICHARD STEELE: So, you know, they are  
20 slightly different beasts under the licensing  
21 regime compared to the not-for-profit and  
22 for-profit homes, but effectively, they would  
23 function as an arm of the municipality.

24                   COMMISSIONER JACK KITTS: Okay. And --

25                   JANET HOPE: And I just --

1                   RICHARD STEELE:  -- [indecipherable]  
2   counsel.

3                   JANET HOPE:  I'm sorry, I should just  
4   add one point of clarification to the Deputy's  
5   comment, if I may:  A number of the -- not all of  
6   the for-profit homes have a board, a governing  
7   board.  So many would be privately owned, some of  
8   them might be a family-owned business and so would  
9   not necessarily have a board of governors.

10                  COMMISSIONER JACK KITTS:  Thank you.  
11                  And I think legislation mandates, I  
12   think, an organizational structure where it's led  
13   by a director who, I think, is often a nurse.  Can  
14   you answer that?

15                  Or is that who the main person in the  
16   home is responsible or accountable for managing it?

17                  RICHARD STEELE:  Yeah, the -- yeah, go  
18   ahead, Janet.  You can probably speak to this more  
19   articulately than I can.

20                  But, yes, the legislation does provide  
21   for specific roles in a home.

22                  Go ahead, Janet.

23                  JANET HOPE:  I was going to say,  
24   there's -- I would distinguish between the licence  
25   holder.  So there's the individual or entity, which

1 is the licence holder, and then there are specific  
2 required positions within the home. And I think  
3 I've got this correct: There's an administrator  
4 role, which typically might not be a clinical role;  
5 there's the Director of Nursing or Director of Care  
6 position, which I think is what you're thinking of;  
7 and then there's also a Medical Director role.

8 Those three roles are laid out in the  
9 legislative framework, and requirements around  
10 those roles are articulated there.

11 COMMISSIONER JACK KITTS: And so in  
12 those roles, would the Medical Director be  
13 responsible for the compliance with IPAC standards,  
14 like physical distancing and personal protective  
15 equipment training and supply? Is that who would  
16 be the most accountable in a long-term care home  
17 for the IPAC component?

18 JANET HOPE: I would have to confirm  
19 that. I don't know, Deputy, if you have that  
20 clearly in your mind --

21 RICHARD STEELE: Equally, I would have  
22 to -- I would have to go back and check under the  
23 regulations the respective roles of the  
24 administrator and the Medical Director as it  
25 relates to, specifically, IPAC responsibility.

1                   COMMISSIONER JACK KITTS: Okay. And  
2 the staffing would be, I would suspect, a  
3 combination of the Nursing Director and the  
4 Managing Director? So that would be their  
5 accountability, I suspect?

6                   RICHARD STEELE: [Indecipherable] for  
7 sure, yes.

8                   THE REPORTER: Sorry, can you repeat  
9 that, Deputy? Can you repeat your answer, Deputy?

10                  COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Deputy Steele, we do have a transcript, and the  
12 reporter was asking you to repeat what you just  
13 said.

14                  RICHARD STEELE: Oh, sorry, yes.  
15 Staffing of the home would be the responsibility of  
16 the administrator.

17                  COMMISSIONER JACK KITTS: Thank you.

18                  RICHARD STEELE: Okay.

19                  Okay to move on to Slide 7?

20                  COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Yes.

22                  RICHARD STEELE: So as I mentioned --  
23 and, you know, again, we can go as deep as we wish  
24 to here in that first phase in early response.  
25 Again, one of the key focuses was, you know,

1 engagement.

2 I would say a number of key things  
3 happening here: One of the piece -- one of the  
4 things that our Inspections Branch set up in  
5 mid-March was daily tracking and reach-out to homes  
6 across the province to ensure that we had as  
7 real-time as possible a picture of, you know, what  
8 was happening with COVID, so number of cases,  
9 number of deaths. Also getting some information  
10 from homes around where things stood with PPE and  
11 staffing.

12 So that was stood up and in fact  
13 became a -- excuse me one second. I'm just going  
14 to turn off my phone here.

15 That became, you know, a critical  
16 source of information for us, in fact, throughout  
17 the pandemic while there were, you know, of course  
18 other sources of data from, you know, the public  
19 health, for example. And in terms of mortality,  
20 starting in mid-April from the Coroner's, you know,  
21 really the tracking information we got from the  
22 sector did continue to provide us with, you know,  
23 probably our best real-time sense -- while it  
24 wasn't perfect, it did provide us with our best  
25 real-time sense of what was happening on a daily

1 basis. So that was a critical piece that stood up  
2 in mid-March.

3 A series of tables, engagement tables  
4 or collaboration tables established, you know,  
5 within the broader set of tables that were  
6 established, there was a sector table involving the  
7 two associations, and the Ministry and Ontario  
8 Health that was established, that had subsequently,  
9 you know, evolved into something a bit broader, but  
10 that was put in place in March also.

11 And I would say on a more ad-hoc basis,  
12 a lot of conversations with the associations around  
13 some of the responses that I just discussed in  
14 terms of -- in terms of regulatory and emergency  
15 management provided flexibility and approach to  
16 emergency funding as well.

17 I'll stop there, if there's any  
18 questions.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 The collaboration, was it recorded or documented?  
21 What was the mechanism for the collaboration taking  
22 place?

23 RICHARD STEELE: I would say coming out  
24 of various conversations there, there would have  
25 been action items, but there would not have been

1 formal -- you know, formal minutes kept of those  
2 discussions that I'm aware of.

3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 So if someone wanted to bring something to your  
5 attention, it would be through -- and it very well  
6 may be through a conversation, the only record of  
7 the nature of that would either be what the person  
8 says they said or an action item that resulted from  
9 the conversation?

10 RICHARD STEELE: Or the alternative  
11 would be in a number of cases, you know, leading up  
12 to a particular conversation or subsequent, there  
13 would be, you know, related e-mail trail.

14 So, for example, in setting up a  
15 conversation with the associations on a particular  
16 item -- you know, on a particular aspect, they may  
17 well have reached out by e-mail to indicate that  
18 they wanted to talk about a number of things. That  
19 would be sitting in -- that would be sitting in an  
20 e-mail.

21 In some cases, there would have been an  
22 agenda provided for the meeting, you know, I would  
23 say probably not in all cases for all meetings.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 And one final question from me on this slide: The

1 Ministry of Seniors and Accessibility, hadn't heard  
2 them before. How do they fit in to this?

3 RICHARD STEELE: They are responsible  
4 for the retirement home sector. So, you know,  
5 obviously some similarities but some distinct  
6 differences in terms of -- in terms of the  
7 long-term care and retirement home sector, even  
8 though some of the operators, particularly the  
9 larger chains, operate in both sectors.

10 So the retirement home sector is -- you  
11 know, a couple of fundamental points, is not  
12 publicly funded. It is resident-funded entirely,  
13 and it is regulated through the retirement homes  
14 regulatory authority. But certainly the two  
15 sectors did encounter some -- you know, some  
16 similar issues in terms of response to COVID.

17 So not too far in, but as time evolved,  
18 it became clear that, you know, collaboration and  
19 ensuring that our responses were coordinated would  
20 be important because, you know, whatever we did in  
21 the long-term care sector was likely to have, you  
22 know, ramifications into the retirement sector.

23 So, you know, a lot of conversation --  
24 ultimately, we got to the point of creating a joint  
25 sector table between the two sectors. That

1 happened in mid-April. The two ministries, the two  
2 sector associations, Ontario Health, and a number  
3 of other partners and operators as well.

4 But, yes, the relevance being, you  
5 know, another congregate setting that was  
6 experiencing outbreaks. The nature of retirement  
7 homes, of course, is somewhat different. The  
8 intensity of care that's being provided is of  
9 course less, but nevertheless, some similarities,  
10 and again, significant challenges with outbreak  
11 management that did lead to certainly not the same  
12 level of mortality as in long-term care but a  
13 significant level of mortality.

14 COMMISSIONER JACK KITTS: Just a quick  
15 question: When we talk about the early response,  
16 is that, like, mid-January to mid-March, or is it a  
17 different timeline than that?

18 RICHARD STEELE: I think we  
19 characterize early response on Slide 6 -- sorry, I  
20 need to go to the right slide here. I think we  
21 said to mid-April.

22 COMMISSIONER JACK KITTS: So the early  
23 response would be from mid-January to mid-April?

24 RICHARD STEELE: That's correct.

25 COMMISSIONER JACK KITTS: Okay. And in

1 trying to figure out the response, the preparation,  
2 there's a concrete mark of a long-term care  
3 directive, March 22nd. I think this might have  
4 been what Commissioner Marrocco was getting to.

5 Are there any other documents? Like, I  
6 believe there was a lot to the acute care sector,  
7 to the hospital sector of direction, and I don't  
8 know whether they're policies or recommendations,  
9 but do we have something like that in the early  
10 days of the long-term care, let's say, after the  
11 Diamond Princess was discovered?

12 RICHARD STEELE: Yeah, I -- absolutely,  
13 there were. Again, there was a -- there was  
14 material on COVID provided to the long-term care  
15 sector in February. As we got into the -- and  
16 again, I can speak with most clarity from the  
17 period from early March onwards.

18 Certainly, direction started to be  
19 provided around screening, for example, around  
20 visitors; that would have gone out as -- you know,  
21 prior to Directive 3 as direction from the  
22 Ministry, although, you know, still in consultation  
23 with the Chief Medical Officer of Health.

24 So, yes, there would have been a series  
25 of direction and guidance provided outside of

1 Directive 3 and in advance of Directive 3, and of  
2 course, all of which we can provide to you.

3 COMMISSIONER JACK KITTS: Okay. Thank  
4 you.

5 RICHARD STEELE: Okay. So I'm on  
6 Slide 8 at this point. We've covered a number of  
7 points here. Maybe we'll just note a couple of  
8 pieces.

9 One of the key focuses during this  
10 period was to work through how we could provide  
11 some additional flexibility to operators, to focus  
12 on pandemic response and also facilitate staffing  
13 because, you know, going into the pandemic, it was  
14 understood that staffing had been a chronic  
15 challenge in the sector, so an area that required  
16 fairly rapid and immediate response.

17 So there were a series of regulations  
18 and then emergency orders that did limit some of  
19 the regulatory burden on the sector; particularly,  
20 I would say, you know -- well, not particularly,  
21 but specifically, lower-risk regulatory  
22 requirements and particularly focused on making it  
23 easier for homes to staff up with additional  
24 temporary staffing and re-deploy staff to different  
25 roles within the home.

1           So that was a key area of focus. It's,  
2 you know, important to note that the sector is  
3 highly regulated in terms of -- well, a whole range  
4 of things, and a strong sense from the sector at  
5 this time that without some additional flexibility,  
6 their ability to respond quickly would be seriously  
7 challenged. So a major focus through March was on  
8 providing that flexibility.

9           The other, you know, immediate response  
10 that was put in place was providing emergency  
11 funding to the sector starting in March. It says  
12 50,000 here, but I think it may have been 50,000  
13 per home. The first tranche of funding was  
14 essentially 23 million that was provided in March,  
15 another 23 million in April, and funding then  
16 continued through May and June, and, in fact, we're  
17 releasing some additional funding now.

18           So that emergency funding was provided  
19 again with a fair degree of flexibility to homes to  
20 spend on staffing, IPAC, PPE, whatever they needed  
21 to spend on in terms of their pandemic response.

22           JANET HOPE: And my apologies. That's  
23 an error in the deck on Slide 8 in that first --  
24 the reference to first funding, March 17th, was  
25 actually 50 million. It's just a typographical

1 error in the slide.

2 RICHARD STEELE: 50,000 wouldn't go too  
3 far.

4 Any questions on Slide 8?

5 COMMISSIONER JACK KITTS: No.

6 RICHARD STEELE: Okay. We'll go on to  
7 Slide 9.

8 So the third area that we touched on  
9 before in terms of the early response was the focus  
10 on reducing hospital occupancy and, again, the  
11 focus on identifying potential -- additional  
12 emergency licences that could be issued, you know,  
13 in a variety of circumstances.

14 I'll note a number of other things. So  
15 that was really a very, you know, granular exercise  
16 of working with individual homes to identify if  
17 there were any additional beds that could be  
18 licensed on an emergency basis.

19 The other piece that happened here was  
20 regulatory changes to somewhat streamline the  
21 placement process from hospital into long-term care  
22 to make that a little bit easier and remove some of  
23 the barriers there.

24 And then the other piece I've noted was  
25 some policy work that was done between the three

1 ministries to provide guidance to, in particular,  
2 hospitals around alternative care settings that  
3 could be used. So approaches to leveraging  
4 retirement home spaces, hotels, and, you know,  
5 other potential temporary facilities to accommodate  
6 ALC patients. So that was that stream of work.

7 COMMISSIONER JACK KITTS: Can I just  
8 ask a question, Deputy Steele?

9 So the licences to add additional beds  
10 to the long-term care homes was to fill them with  
11 hospital ALC patients, not to create more  
12 separation within the home by increasing the number  
13 of beds?

14 RICHARD STEELE: That's correct. The  
15 objective in that phase of the pandemic was focused  
16 on the -- you know, looking for capacity to support  
17 reducing hospital occupancy. That's correct.

18 JANET HOPE: If I may just add, I  
19 believe, and my colleague Brian Pollard would be  
20 able to speak to this in more detail when he's  
21 available, but I believe there were two concurrent  
22 things: Homes might well have been looking at  
23 their own capacity to create isolation space, which  
24 wouldn't have required additional licensed beds.  
25 It would just be looking at how they were managing

1 their space and to create space for isolation  
2 should they need it, whereas the activity that the  
3 Deputy was describing was where we were actually  
4 issuing emergency licences to add net new licensed  
5 beds. So it wasn't an either/or exercise  
6 necessarily.

7 RICHARD STEELE: Thanks, Janet.

8 Any further questions on --

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 No, I think we're okay there, Mr. Steele.

11 RICHARD STEELE: Okay. We'll go on to  
12 Slide 10.

13 So in mid-April, in response to, you  
14 know, what we were seeing in terms of the level of  
15 infection in long-term care homes and increasing  
16 challenges in some homes -- again, not all, but in  
17 some homes -- around staffing, you know, working  
18 together with the Ministry of Health, we did  
19 develop the COVID-19 Action Plan for Long-Term  
20 Care, which had three key areas of focus.

21 One was to really double down on  
22 testing in long-term care, and that continued to  
23 evolve through the latter part of April to the  
24 point where we were testing all residents and all  
25 staff, an increased focus in, you know, deploying

1 capacity to support infection prevention and  
2 control. So really looking to mobilize IPAC  
3 expertise that existed across the regions and both  
4 in hospitals and Public Health Ontario and other  
5 settings and get those deployed into long-term care  
6 homes to essentially assess IPAC and provide  
7 recommendations and support for improvements in  
8 IPAC.

9           And then the third key area was, of  
10 course, on staffing and looking at ways in which  
11 long-term care staffing could be supplemented  
12 through a number of channels. Certainly, the  
13 matching portal to identify volunteers, and by  
14 volunteers, we don't mean people who wouldn't get  
15 paid, but people who would be interested in coming  
16 to work in the sector and getting them matched up  
17 with homes that were seeking staff. But, of  
18 course, also looking at redeployment of healthcare  
19 staff from other healthcare sectors into long-term  
20 care.

21           So the following slides, you know,  
22 speak to each of those areas in a little bit more  
23 detail, but again I will stop and see if there are  
24 questions on, you know, the overall framing of the  
25 plan.

1                   COMMISSIONER ANGELA COKE: Richard, I  
2 have a question, and it's just you're talking about  
3 deploying IPAC expertise, and what would you say  
4 was the adequacy of IPAC expertise, training,  
5 capacity in these homes prior to COVID, and what  
6 have your previous inspections or assessments  
7 showed about that capacity in homes?

8                   RICHARD STEELE: So I would say, you  
9 know, my observation would be capacity was highly  
10 variable, you know, based on results. You know,  
11 clearly some homes were able to manage outbreaks  
12 quite effectively, and some were not.

13                   And, you know, IPAC preparedness, you  
14 know, I think we can say, was one factor.  
15 Certainly as IPAC audits were done by hospital  
16 staff or others, you know, a range of issues and  
17 concerns were raised and required quite significant  
18 follow-up and follow-through to correct. And I  
19 would -- you know, particularly, for example,  
20 issues like appropriate donning and doffing of PPE  
21 was, you know, one particular challenge that was  
22 identified in a number of homes that seemed to  
23 require some significant ongoing reinforcement.

24                   Some homes certainly, again, had more  
25 IPAC expertise available to them than others. I

1 would say in addition, you know, my observation  
2 would be at a regional collaboration level, some  
3 regions were better organized to get that IPAC  
4 support into homes, you know, early than others.  
5 So, you know, really, I would say a mixed bag.

6 In terms of this --

7 COMMISSIONER ANGELA COKE: Sorry, just  
8 to follow up on that. So in terms of what your  
9 requirements are, whether through regulation or  
10 policies or whatever, so pre-COVID, some of these  
11 organizations clearly don't have whatever the  
12 standard is?

13 RICHARD STEELE: Well, I would say a  
14 couple of things -- well, let me say a few things.  
15 I think someone from an inspections' team would be  
16 able to give a more insightful briefing on  
17 inspections methodology and, you know, historical  
18 inspections findings in terms of infection  
19 prevention and control.

20 I think it is worth noting that what  
21 might have been required on a normal basis around  
22 infection prevention and control for managing  
23 influenza, for example, might be a bit distinct  
24 from what ultimately seemed to be required to  
25 manage COVID.

1                   So in fairness, they may not be exactly  
2 the same thing, and even if a home was compliant  
3 with regulations pre-COVID, that may not have  
4 necessarily stood them in sufficiently good stead  
5 heading into COVID.

6                   But I think in terms of, you know,  
7 precisely what our inspectors would have been  
8 looking for pre-COVID in terms of infection  
9 prevention and control and, you know, on a  
10 non-COVID basis, you know, Stacey -- well, Stacey  
11 is away right now, but one of our inspection  
12 managers I think would be able to provide a better  
13 briefing on the detail around that, and certainly,  
14 we can provide detail on what have been findings  
15 and orders made in the area of infection prevention  
16 and control in the past.

17                   COMMISSIONER ANGELA COKE: Okay.

18                   COMMISSIONER JACK KITTS: Can I ask a  
19 question? It's Jack.

20                   Do inspectors come from the Ministry of  
21 Labour for spot checks on the long-term care homes?

22                   RICHARD STEELE: Well, that would be  
23 distinct. So there are Ministry of Labour  
24 inspectors. And then there are, of course, our  
25 inspectors, Ministry of Long-Term Care inspectors.

1 They have a somewhat distinct role.

2 Obviously the Ministry of Labour  
3 inspectors would be focused on occupational health  
4 and safety. So they would be focused on the  
5 working environment. You know, obviously, not  
6 completely distinct from the overall safety of the  
7 home for residents too, but their focus would be  
8 somewhat distinct than an MLTC inspector, who have,  
9 you know, a broader range of responsibilities in  
10 inspecting the home, obviously not limited to IPAC  
11 either, but the whole range of quality of care  
12 that's being provided.

13 COMMISSIONER JACK KITTS: Okay. Thank  
14 you.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 I -- yes, Commissioner Coke?

17 COMMISSIONER ANGELA COKE: Sorry. Just  
18 following up on that question.

19 Did you have any challenges with the  
20 resources and capacity for your own long-term care  
21 inspectors during COVID?

22 RICHARD STEELE: I don't know about  
23 resources per se, but we did have some challenges  
24 around deployment, so just to take a step back  
25 here, in March, some serious thinking around what

1 was the best approach to deploying our inspector  
2 capacity in support of homes in COVID.

3           Again, I think a strong sense that some  
4 of what we would typically be focused on from an  
5 inspection point of view would not be very helpful  
6 in the context of COVID, and frankly, would be  
7 something of a distraction.

8           So really, the approach that was taken  
9 was to have our inspection capacity focused on  
10 doing a couple of things. One was, again,  
11 providing and establishing that point of liaison  
12 and communication with homes in terms of what was  
13 going on and what their needs were to facilitate,  
14 you know, engagement with other partners for  
15 support -- again, whether that was PPE or staffing  
16 or otherwise -- as well as continuing to have a  
17 focus on high-risk inspections and complaints that  
18 came in.

19           We did encounter some challenges  
20 through the course of April in deployment of our  
21 inspectors into COVID homes.

22           The OPSEU, the union representing  
23 COVID -- representing inspectors, excuse me, had  
24 some concerns around deployment and were advocating  
25 for maintaining essentially remote or virtual

1 inspections. It did take us a little bit of time  
2 to work that through. We had inspectors out by  
3 early May, but there was a period where -- you  
4 know, during which we were, A, working through  
5 those issues with OPSEU, and B, ensuring that our  
6 inspectors had appropriate PPE and training to  
7 safely go into homes.

8 COMMISSIONER ANGELA COKE: Okay. Thank  
9 you.

10 COMMISSIONER FRANK MARROCCO (CHAIR): I  
11 just wanted to follow up. The slide you are on  
12 speaks to a COVID action plan released on  
13 April 15th, and it outlines the actions that the  
14 government was taking.

15 Who was taking the actions? I mean,  
16 you've got three things there, but, testing,  
17 screening, surveillance -- so, first of all, let me  
18 back up. Who put this out, this action plan? Is  
19 this the Ministry of Long-Term Care, or is it  
20 somebody else?

21 RICHARD STEELE: The plan was developed  
22 by -- well, the lead for the plan with the Ministry  
23 of Long-Term Care, it was certainly developed  
24 closely with the Ministry of Health because, to  
25 your point, the Ministry of Long-Term Care doesn't

1 necessarily control some of the levers that were  
2 required to deliver on the plan.

3 So out of necessity, you know, the plan  
4 very much needed to be a joint effort between the  
5 two ministries and certainly engaging with Ontario  
6 Health as well and Public Health.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 And how is the work being done? Like, how is --  
9 well, that's the question.

10 RICHARD STEELE: Yeah. No. So again,  
11 it depended a little bit on the piece of work that  
12 we're referring to.

13 At that point, the testing coordination  
14 responsibility, so ensuring that, you know, tests  
15 were getting done, that residents and staff were  
16 getting swabbed, that responsibility sat primarily  
17 with the local public health units. So the Chief  
18 Medical Officer of Health, you know, was playing a  
19 role in supporting the coordination of that effort.  
20 Obviously the testing itself was being done by the  
21 labs, but essentially, the public health units had  
22 a key role to play in delivering on that more  
23 aggressive testing.

24 In terms of the IPAC, you know,  
25 standing up the IPAC capacity, I would say a number

1 of players involved here. There was an exercise  
2 that was undertaken primarily between the Ministry  
3 of Long-Term Care and Ontario Health to really try  
4 to classify homes by risk so we could get a sense  
5 of who did we really need to focus on both from an  
6 IPAC and a staffing perspective. So that was a  
7 joint exercise.

8 The mobilization of IPAC expertise  
9 would have been largely coordinated by Ontario  
10 Health regions and largely drawing on, you know,  
11 hospital IPAC capacity, but to some degree also  
12 drawing on regional, Public Health Ontario IPAC  
13 capacity as well. Public Health Ontario also were,  
14 along with the Chief Medical Officer of Health  
15 Office, also engaged in development of training  
16 resources around IPAC that were provided.

17 So our team worked closely with them on  
18 that, but essentially, the ownership of that  
19 training material would have sat with them.

20 On the health human resources front,  
21 again, a combination of different pieces. The  
22 staffing portal that was developed was developed  
23 within the Health Data Analytics Division, which is  
24 one of those shared functions between the two  
25 ministries that I referenced. Janet's team were

1 also quite heavily involved in that work.

2 The work around managing redeployment  
3 at the local level, so identifying potential  
4 resources and actually working with homes to get  
5 those resources into homes, wherever they were  
6 from, be it resources that may have been identified  
7 through the matching portal, hospital resources,  
8 community care resources, in some cases LHIN staff,  
9 that was managed on the ground by the Ontario  
10 Health regions.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Okay. Thank you. I thought what I might do, if  
13 it's all right with everybody, is stand down for  
14 ten minutes or so, and that way give everybody a  
15 chance to kind of regroup and then return to this.

16 So that's what I think we'll do for --  
17 we'll just stand down for ten minutes.

18 RICHARD STEELE: Okay. Would you like  
19 us to log off and log back in again, or...?

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Or if you want to go to a breakout room, Olivia can  
22 take you to a breakout room and bring you back.  
23 Whatever you find convenient in terms of  
24 transferring. I think in the breakout room, you  
25 can only talk to yourselves. Nobody else can --

1 nobody else can eavesdrop on the conversation.

2 If you want to log off and log back in,  
3 that's fine, but we'll do it -- we'll be back in  
4 ten minutes.

5 RICHARD STEELE: Okay. Maybe I'll log  
6 off and log back in, and we'll see you in ten  
7 minutes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 So if that's okay with everybody, then that's what  
10 we'll do. We'll be back in ten.

11 COMMISSIONER ANGELA COKE: Okay.

12 -- Recess at 11:17 a.m. --

13 -- Upon resuming at 11:27 a.m. --

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 All right. I guess we're all here, so where was --  
16 I'm not sure.

17 RICHARD STEELE: I think we were on  
18 Slide 11.

19 COMMISSIONER ANGELA COKE: Slide 10?

20 RICHARD STEELE: 10. Okay. We can go  
21 to 10, 10 or 11. 11 provides just a bit more  
22 supplementary information on Slide 10.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Oh, Janet's here now. Welcome back.

25 I guess we can put that slide up on the

1 board, and we're ready to go.

2 COMMISSIONER ANGELA COKE: Can I just  
3 ask one question? What percentage of homes had  
4 outbreaks?

5 RICHARD STEELE: Again, I'll get you  
6 the exact number. It ended up being about half.  
7 About half had outbreaks, and of those, I would say  
8 approximately 50 got into some serious difficulties  
9 with major outbreaks and then associated staffing  
10 challenges associated with that.

11 So even though, you know, a significant  
12 number of homes had outbreaks, many of those homes  
13 were able to effectively and successfully manage  
14 the outbreak. There were, though, a number that  
15 were not, and those were the homes where, you know,  
16 we did see significant disease spread and  
17 significant mortality.

18 JANET HOPE: And there is a follow-up  
19 briefing specifically on data and analysis that our  
20 colleague Michael Hillmer will be giving, and he  
21 will have all of the specifics.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Olivia, can we get that document on the screen? If  
24 it's on, it's not on mine.

25 SUNIL MATHAI: Ms. Parker will be

1 bringing it up, Justice Marrocco.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Thank you. I think everybody can see it now. At  
4 least, I can and --

5 RICHARD STEELE: Yeah, I can.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Okay. So we're ready when you are, Mr. Steele.

8 RICHARD STEELE: So I think I talked  
9 through this slide, but happy, again, if there are  
10 additional questions on the action plan.

11 COMMISSIONER FRANK MARROCCO (CHAIR):

12 Doesn't seem to be.

13 RICHARD STEELE: Okay. Slide 11 just  
14 notes a couple of additional points. We have  
15 covered on -- we have covered a couple of them.

16 Just, I would note that structurally or  
17 organizationally, one significant point was the  
18 creation of the Incident Management System  
19 structure to manage the emergency response,  
20 essentially the implementation of the action plan,  
21 particularly the implementation of the action plan  
22 kind of on the ground in terms of IPAC deployment  
23 and health human resources' deployment and  
24 redeployment. That table started meeting weekly --  
25 or sorry, daily, excuse me, chaired by Dr. Kevin

1 Smith.

2 I think in this document here, it shows  
3 Olha Dobush as the incident commander, which she  
4 did become later. I should, just for a note of  
5 accuracy, note that for the period through late  
6 April through until early June, Mike Heenan was  
7 actually the incident commander on the IMS  
8 structure. Again, it's accurate but accurate at a  
9 particular point in time, and not through the  
10 period April-May.

11 The -- just one other point I will note  
12 on Slide 11, I think worth referencing and  
13 mentioning was the deployment of Canadian Armed  
14 Forces specifically to a number of homes in late  
15 April in parallel with the deployment of hospital  
16 capacity.

17 We did reach the conclusion that it  
18 would be important to supplement that in a number  
19 of homes, so that was a request that was formally  
20 made through the Ministry of the Solicitor General  
21 to the Federal Government for assistance, and that  
22 ultimately resulted in deployment of Canadian  
23 Forces staff to -- as you may know, to a number of  
24 homes starting in early May.

25 The other point I will note as part of

1 the health human resources response was the  
2 implementation of pandemic pay. There were, you  
3 know, a number of iterations of this conversation.  
4 We had done some early thinking in the Ministry  
5 around providing supplementary pay as part of an  
6 approach to stabilizing staffing.

7 Obviously, the challenge was not unique  
8 to long-term care, and this ultimately became  
9 something that was significantly larger in scope by  
10 the time it was approved by Cabinet and implemented  
11 in -- starting in late April.

12 I think those were the points I wanted  
13 to note on that slide.

14 So Slide 12, again, just provides, you  
15 know, a bit of a pictorial of the Incident  
16 Management Structure. Again, happy to take some  
17 questions.

18 I think, you know, a couple of points  
19 of note: It was, from an executive sponsorship  
20 perspective, co-sponsored by myself and Deputy  
21 Angus. We did have a number of individuals, who  
22 you can see there as the advisory group, included a  
23 number of hospital CEOs and an operator, of course,  
24 Dr. Williams too, who did participate on a very  
25 regular basis, providing advice.

1           The hospital engagement, I think, was  
2 quite critical to making all of this work. We --  
3 you know, the hospitals were critical partners in  
4 providing both IPAC and staffing support on an  
5 emergency basis, so, you know, their engagement at  
6 a leadership level to help us understand what would  
7 be required to make that happen and, you know,  
8 advice in making it happen was quite important.

9           At the bottom of the page, you can see  
10 the various other contributors or participants.  
11 And again, I think just another reinforcement that,  
12 inevitably, the Long-Term Care response was a  
13 combined effort across a number of organizations,  
14 both Ministries and Ontario Health and Public  
15 Health Ontario, and of course, you know, other  
16 health sector partners, particularly the hospitals.

17           I will stop for any questions.

18           COMMISSIONER FRANK MARROCCO (CHAIR):

19 Let me just ask you, Mr. Steele, that on this  
20 chart, the Testing Implementation Group, the line  
21 of authority is broken. It's -- you know, as you  
22 know, it's not a straight line.

23           What does that mean?

24           RICHARD STEELE: I -- that's a good  
25 question, actually. I'm thinking back to --

1 testing was -- one, it was very relevant to our  
2 response and formed part of the action plan. The  
3 ongoing management of the kind of the -- the  
4 testing response didn't sit within the IMS  
5 structure, so relevant, engaged, subject to  
6 conversation, but ultimately the work around  
7 testing, initially through the public health units,  
8 and then ultimately Ontario Health took over that  
9 responsibility, was really a separate but related  
10 stream of activity.

11 So it didn't fall formally within the  
12 IMS mandate.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 So an incident commander, if he or she formed the  
15 view that they should be testing every day, they  
16 wouldn't be able to -- they wouldn't be able to --  
17 assuming for a moment you have sufficient testing  
18 materials, swabs and so on, they wouldn't be able  
19 to order that or direct that?

20 RICHARD STEELE: That would be -- that  
21 would be accurate. I think, you know, one of the  
22 things that's probably worth noting about the IMS  
23 structure as it played out in a government context,  
24 perhaps distinct from how it might play out in an  
25 individual hospital context, for example, was that

1 ultimately, the IMS table still sat within, you  
2 know, regular government decision-making structures  
3 and channels.

4 So, you know, decisions around --  
5 ultimately decisions around policy, decisions  
6 around resource allocation ultimately needed the  
7 support and agreement of, you know, both ministers  
8 and, where appropriate, others as well.

9 So, you know, it was called an IMS  
10 structure, but in some ways, you know, not perhaps  
11 a true IMS structure in that, as you say, the  
12 incident commander couldn't necessarily command;  
13 that things happen. They could facilitate.

14 We would have conversations at the  
15 table on what we felt would be important,  
16 recommendations would be made, in some cases,  
17 decisions could be made, you know, operational kind  
18 of decisions. In many cases, decisions would need  
19 to be referred up to, ultimately, the political  
20 decision-makers for their concurrence.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 But just to follow up on that for a minute, the  
23 testing, I think you said it was Public Health  
24 Ontario. The public health units, would -- to whom  
25 would the units be reporting?

1                   RICHARD STEELE: Well, that's an  
2 interesting question, and, you know, again, for a  
3 detailed briefing on how public health works --

4                   COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Right.

6                   RICHARD STEELE: -- I think someone at  
7 the Ministry of Health would be better qualified.

8                   However, I will say, ultimately, the  
9 local public health units, you know, work within  
10 a -- I guess, a legislative structure that the  
11 Ministry of Health owns, but they do report in to  
12 their -- they have significant local autonomy. Let  
13 me put it that way.

14                   As we rolled out the first wave of  
15 broad-based testing of all residents and staff in  
16 long-term care with the support of local public  
17 health units, Dr. Williams, the Chief Medical  
18 Officer of Health certainly played a significant  
19 role in coordinating that response with the local  
20 public health units and, I would say in some cases,  
21 cajoling and encouraging that they proceed with  
22 speed and alacrity on delivering the testing.

23                   COMMISSIONER FRANK MARROCCO (CHAIR):  
24 But the --

25                   RICHARD STEELE: Then later on, after

1 the -- sorry, go ahead.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 No, no, go ahead. I'm sorry to interrupt.

4 RICHARD STEELE: No, I was -- after the  
5 first round of testing all residents and staff in  
6 long-term care was completed, that kind of  
7 responsibility for the coordination of testing  
8 shifted over to Ontario Health.

9 So they picked that up, essentially,  
10 from the local public health units, who may still  
11 had a role to play in some cases, but essentially,  
12 that coordination of ensuring that, you know, swabs  
13 were provided and that homes had access to swabs,  
14 had access to people to do the testing, that  
15 shifted to -- from public health units to Ontario  
16 Health.

17 I believe that was later in May or  
18 early June.

19 COMMISSIONER FRANK MARROCCO (CHAIR):

20 So would you say that Incident Management -- I  
21 wouldn't say it's a misnomer, but it could convey  
22 the impression that you can do what you have to do  
23 to manage the incident --

24 RICHARD STEELE: Yeah --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 -- and there's an element of persuasion has to  
2 happen here if the public -- if the person running  
3 the testing thinks they've done enough testing, and  
4 you think they haven't done enough testing, then  
5 there's a bit of an issue there because there's a  
6 bit of an issue?

7 RICHARD STEELE: Yeah, absolutely. I  
8 think any indication -- I think it's a very fair  
9 observation that it would be important to not  
10 interpret the Incident Management Structure as a --  
11 you know, as essentially a military-style command  
12 and control structure. It was not that.

13 Going up, if you like, in terms of  
14 decision-making, ultimately remained accountable to  
15 the political decision-makers, and then, you know,  
16 working down, as you note, there were, you know, a  
17 number of independent entities that were engaged  
18 here: Certainly the local public health units, but  
19 also to some degree public hospitals, independent  
20 corporations with their own need, all trying to  
21 support and collaborate, but certainly not  
22 necessarily organizations that could be ordered to  
23 do something.

24 You know, similarly, the long-term care  
25 homes themselves, we had, you know, in some ways,

1 more levers to direct; for example, their  
2 collaboration with hospitals and Ontario Health,  
3 which we did do, but ultimately, they too are a set  
4 of independent actors.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Did this problem -- not problem. I'm getting ahead  
7 of myself here. But when -- you know, in order to  
8 have a long-term action plan or the Action Plan for  
9 Long-Term Care Homes, there has to be a discussion  
10 that results in a consensus, I guess, around the  
11 action plan.

12 So do you have the same sort of issue  
13 when you're -- you have different entities with  
14 different views, and you're trying to decide on  
15 what you're going to do as an action plan, and then  
16 you have the same issue after you've decided what  
17 the action plan is going to be in terms of whether  
18 it's being carried out the way that the action plan  
19 planners thought it would be, that sort of problem?

20 RICHARD STEELE: Yeah, I mean -- yes.

21 I think that's very fair. I think, again, it was a  
22 reality -- is a reality that there are a number  
23 of -- there are a number of players involved here.  
24 So there is a level of coordination that's required  
25 to, you know, bring people to the same place in

1 terms of a plan and the execution of that plan.

2 And inevitably, that required  
3 continued -- and frankly requires -- continued  
4 effort and focus. It doesn't just automatically  
5 happen. It does -- you know, it requires ongoing  
6 discussion and engagement and problem solving,  
7 mutual problem solving to -- you know, to get to  
8 where we're all trying to get to.

9 I don't want to overstate it. I don't  
10 believe there was, you know, decision-making or  
11 implementation paralysis, but there were --  
12 inevitably, when you have multiple organizations  
13 working together, there were issues that needed to  
14 be worked through to address concerns and  
15 challenges that individual participating  
16 organizations, you know, would have had.

17 So the short answer to your question  
18 is, yes, there was not a single brain sitting at  
19 the top of this that just could command everything  
20 to happen and it just happened. There was a  
21 process to manage, you know, both from a -- if you  
22 like, a strategy-development perspective, and I  
23 don't actually think that was such an issue, but  
24 certainly execution required ongoing focus to  
25 coordinate and deliver.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Thank you.

3                   COMMISSIONER JACK KITTS: Can I just  
4 ask a follow-up? Who funds public health units,  
5 and who are they ultimately accountable to?

6                   RICHARD STEELE: That would be from the  
7 Ministry of Health. Well, sorry, again, I should  
8 be careful about speaking too much about the  
9 sectors that I'm not that familiar with.

10                   I think public health funding is a  
11 combination of Ministry of Health funding and  
12 municipal funding.

13                   I don't know, Janet, if you have any  
14 additional awareness or anyone else on the call  
15 does.

16                   JANET HOPE: It's also my  
17 understanding, but I'm not expert in the details,  
18 and it would be wise to get Health's perspective.

19                   COMMISSIONER FRANK MARROCCO (CHAIR):  
20 Okay. Well, I think we're questioned-out.

21                   RICHARD STEELE: Okay. I'll move on to  
22 Slide 13.

23                   The next few slides, you really focus  
24 on our -- a post-emergency response, so the work  
25 we've been doing, you know, kicking off in June in

1 parallel with your ongoing emergency response to  
2 really think through what would -- you know, what  
3 would be required on an ongoing basis, how would we  
4 prepare for, you know, again, the reality that  
5 COVID will be with us for some time, and we may  
6 potentially see significant upticks in cases and  
7 outbreaks.

8           So the slide really speaks to some of  
9 the key streams of work. The IMS, while it started  
10 to meet, you know, as we got into late June and  
11 July, with less frequency, it was not meeting every  
12 day -- we kind of moved to biweekly and ultimately  
13 weekly -- the IMS structure did remain in place,  
14 and they did -- while the number of homes that were  
15 critical declined quite significantly with the  
16 interventions around staffing and IPAC and the  
17 containment of disease, there was a continued focus  
18 on that work, continued to -- continued to -- with  
19 testing of all staff on a regular basis. That  
20 continues to this day.

21           Regular inspections, in addition to  
22 just high-risk inspections, started to, you know,  
23 ramp back up again as part of regular business.

24           A number of policy changes, you know,  
25 started to be made and continue to be made to

1 unwind some of the -- but not completely, to unwind  
2 some of the directives that have been put in place  
3 to help manage the pandemic.

4 So some controlled admission from  
5 hospitals to long-term care allowed under certain  
6 circumstances. They had been completely ceased at  
7 one point in April.

8 Resumption of visits by families. This  
9 has been a very -- understandably, you know, a  
10 motive issue for residents and families. The  
11 lockdown of homes, you know, while necessary from  
12 an infection-control perspective, certainly had  
13 significant negative impact on residents and  
14 families, particularly those with -- you know, with  
15 dementia, but others as well.

16 So over the course of the last number  
17 of months, it progressively provided, you know,  
18 more flexibility and conditions and criteria for  
19 family and caregiver visits to resume.

20 The emergency orders have been ported  
21 into the new legislation as regulations, and we are  
22 continuing to review the appropriateness of those  
23 emergency provisions.

24 We did wind back a couple that we felt  
25 were not -- you know, not necessary to continue

1 around reporting and documentation in the sector  
2 and continue to look at some of the others.

3 In parallel with that, we did start to  
4 really do our planning for the fall. A number of  
5 conversations around lessons learned, which we can  
6 get to on the next slide, really started to move  
7 forward some specific approvals, particularly  
8 around funding that we were looking for as part of  
9 our stabilization plan, and a lot of coordinated  
10 effort both with the Ministry of Health and, I  
11 should say as well, with Ontario Health in terms of  
12 specific aspects of that plan.

13 And the IMS table was replaced by a new  
14 Recovery and Planning Table to help provide advice  
15 on that work.

16 Sorry, I think somebody was trying to  
17 get in. Or maybe not.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Hopefully they weren't getting in, if we knew they  
20 were.

21 RICHARD STEELE: Well, that would be  
22 important.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Well, I do have -- or were you going to comment  
25 further on that slide or...?

1                   RICHARD STEELE: No, I was going to  
2 move on to the next couple. So I'm done with this  
3 slide, so please go ahead.

4                   COMMISSIONER FRANK MARROCCO (CHAIR):  
5 The recovery and planning table, is it advisory, or  
6 can it -- is it directive? Or can it be directive?

7                   RICHARD STEELE: It is essentially  
8 advisory. You know, again, ultimately, the  
9 decision-making, you know, sits with regular  
10 government decision-making processes, so it is more  
11 consultative and advisory.

12                   COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Looking forward to the fall and in the winter, are  
14 there changes that you think need to be made so we  
15 can better respond or respond in a different way, a  
16 better way? I don't really -- you don't have to  
17 agree with "better," but...

18                   RICHARD STEELE: No, no, I don't --  
19 there's no question there -- from -- and we can  
20 talk a little bit on the next slide in terms of  
21 lessons learned. There are absolutely  
22 opportunities for improvement.

23                   So if this works for you, Commissioner,  
24 perhaps I could talk through the next couple of  
25 slides that I think might speak to answering that

1 particular question.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Yeah, that works for me. Let me just tell you  
4 where I'm coming from, though, in asking the  
5 question.

6 We have -- we can make an interim  
7 report, and if it becomes apparent to us that it's  
8 helpful to do that, then we'll probably do it.  
9 Can't speak for everybody else, but no reason why  
10 we wouldn't.

11 And so there's that, and that puts the  
12 pressure on us in two ways: One, to get our handle  
13 around what knowledgeable people think are  
14 improvements that we can recommend; and secondly,  
15 we need -- it creates a problem with documents  
16 because we're under a time pressure, and we want  
17 production of those documents perhaps more quickly  
18 than normally would be the case if we weren't under  
19 a time pressure.

20 So hence my question to you about given  
21 your position, if there are changes that should be  
22 made promptly that maybe we can help there.

23 RICHARD STEELE: Certainly, and --

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 So please take it -- answer it the way you want to.

1 If you want to go through the slides, I'm quite  
2 happy to do that, but that's what's behind the  
3 question.

4 RICHARD STEELE: No, that makes total  
5 sense. I think it might be helpful, and then if my  
6 comments on the next couple of slides don't fully  
7 address what you're trying to get at, then of  
8 course, happy to take it further.

9 Maybe we can go to the next slide.

10 Okay. So I would characterize -- so we  
11 did -- we had a number of lessons-learned  
12 conversations in the course of, I guess, June and  
13 July, primarily intended as, I guess, generating  
14 some immediate sense from amongst the various  
15 participants, both in the Ministries and in -- you  
16 know, across the health sector around, you know,  
17 what were some of the key issues that we saw that  
18 we should be reflecting on and taking into  
19 consideration, exactly to your point, in terms of  
20 fall planning.

21 I think it's important to characterize  
22 these, you know, at this point as kind of working  
23 hypotheses. These are based on the observations  
24 and, I would say, a fair degree of consensus  
25 amongst many people involved on what some of the

1 issues have been, you know, not intended to be  
2 necessarily comprehensive, and, you know, the  
3 extent to, you know, which ones really were most  
4 impactful as issues in terms of, you know, disease  
5 spread and containment through Wave 1.

6 I think, you know, all requires, you  
7 know, deeper and further investigation. But we  
8 obviously wanted to go into our planning with a  
9 sense of, well, what did we learn, what do we know,  
10 what should we change, and that was the spirit in  
11 which these were developed through a series of  
12 lessons-learned conversations with -- you know,  
13 with various participants in response to the first  
14 wave.

15 Again, I don't think I need to -- well,  
16 maybe I will just quickly touch on some of the  
17 slides. I think I have -- oh, there we go. There  
18 we go.

19 So, you know, a general view that there  
20 were a number of pre-existing, systemic challenges  
21 that made the response -- that made the response  
22 more difficult that we needed to be thinking about  
23 and taking into consideration from a -- certainly,  
24 a short-term planning perspective and, most  
25 certainly, from a strategic modernization

1 perspective, which is the work that, of course,  
2 Janet is leading.

3 High occupancy rates heading into the  
4 pandemic combined with the third point there of  
5 older homes, aging infrastructure led to, you know,  
6 certainly, a degree of crowdedness, as we talked  
7 about, which was certainly a challenge.

8 Staffing, a major challenge even before  
9 the pandemic; certainly something that Justice  
10 Gillese spent some time on and a number of  
11 recommendations around that coming out of Justice  
12 Gillese's report from a little over a year ago.  
13 Significant issues with, you know, attraction and  
14 retention and staffing levels of both, you know,  
15 nursing and personal support worker staff, and a  
16 point of reference before, which is the increasing  
17 complexity of resident needs in long-term care.

18 So a series of, you know, underlying  
19 challenges that perhaps didn't set the sector up  
20 ideally for response to a pandemic.

21 A few other things that we saw that --  
22 again, where we're trying to build into our  
23 response: Very, very clear, you know, pattern --  
24 and Michael Hillmer will speak more to this -- you  
25 know, very clear that as infection rates went up in

1 particular communities, staff became infected, and  
2 the general scenario here is, you know, staff  
3 brought the infection into homes frequently  
4 asymptotically, which is why, you know, it wasn't  
5 captured by screening, and then spread from there.

6 So, you know, a significant  
7 relationship between community infection levels and  
8 rate of infection and outbreak in long-term care.

9 Structural characteristics, so again,  
10 the older homes with, in some cases, ward rooms,  
11 three- and four-bed rooms and generally more  
12 cramped conditions made the management and  
13 containment of COVID more difficult.

14 The criticality of infection prevention  
15 and control, and I can say a -- what could either  
16 be a vicious circle or a virtuous circle: Linkage  
17 between infection prevention and control and staff  
18 retention where IPAC was poor, and you started to  
19 see disease spread, staff became understandably  
20 fearful for their safety.

21 And those were the circumstances where  
22 homes started to see staff just not showing up for  
23 work and got into, you know, really critical  
24 staffing situations that required, then,  
25 redeployment of staff from other places.

1                   Similarly, if homes were understaffed,  
2 their ability to actually manage IPAC effectively  
3 was compromised, so kind of a nexus between  
4 staffing and infection prevention and control.

5                   Risk -- ongoing risk -- the importance  
6 of ongoing risk assessments. So we can really  
7 focus our resources where -- you know, where they  
8 are most needed rapidly. You know, there was a  
9 significant reliance on other parts of the health  
10 system for both staffing and IPAC expertise, which,  
11 you know, in some cases, may be sustainable; in  
12 other cases, may not be sustainable.

13                   Certainly, the last point -- you know,  
14 there's a couple of things included there: The  
15 importance of clinical leadership within the home.  
16 This is the role of the Medical Director that Janet  
17 referenced earlier. What we saw was some good  
18 practices and some other circumstances that didn't  
19 play out so well.

20                   So one of the -- you know, certainly  
21 one of the key learnings, I think, in terms of  
22 clinical care and leadership is the importance of  
23 Medical Director and physicians being in home  
24 versus what we saw to some degree in some homes in  
25 Wave 1 was providing care virtually. So that

1 physical presence of physicians in the home was  
2 important. We saw that as a success factor.

3 Leadership quality in the homes, also  
4 really -- you know, really important. And where  
5 homes got into difficulties frequently, you know,  
6 what became clear is that the leadership in the  
7 home was not necessarily the best in terms of their  
8 ability to respond rapidly and instill, you know,  
9 trust and faith in staff and families in their  
10 management of the situation.

11 Again, this is not a comprehensive  
12 list. I would say other issues that have come up,  
13 they're not really -- they're not included here  
14 primarily because they're less of an issue now than  
15 they were in the spring. Obviously, access to PPE  
16 was a significant challenge in the early weeks of  
17 the response in particular.

18 And, you know, access to testing in  
19 sufficient quantity and timeliness was a challenge,  
20 again, in the very early weeks of the response too.  
21 Both of those issues, I think, you know, well in  
22 hand, so not focused on in this particular slide.

23 Essentially, we have used those  
24 learnings to guide the development of our  
25 stabilization plan, which is on the next slide, but

1 before I go there, I'll stop and see if there's any  
2 questions on this slide.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Well, I do have -- I'm sure there will be. The  
5 Stabilization Strategy and Action Plan, is it  
6 advisory, or is it -- what is it?

7 RICHARD STEELE: The stabilization plan  
8 that we developed is -- no, it's not advisory. It  
9 is our plan. It's one that we've, you know,  
10 received approval from both -- Health has a broader  
11 Health System Plan, and we have a stabilization  
12 plan approved by the Ministers, certainly shared  
13 with Cabinet as well. So no, it is -- it is an  
14 approved plan.

15 Within that plan, there are elements  
16 that require subsequent approval. So in  
17 particular, there are elements that require funding  
18 approval, you know, and that obviously has to be  
19 secured through the regular process of funding  
20 approval with Treasury Board and Cabinet, which is,  
21 you know, a process that is ongoing.

22 Some elements of the plan are approved;  
23 others still to be approved from a funding  
24 perspective. But the plan itself is our plan.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Any questions?

2 COMMISSIONER JACK KITTS: I just have a  
3 quick question. What type of -- how many partners  
4 and people were around the table in creating the  
5 plan? I'm thinking more of residents and family  
6 and stuff like that. What was the leadership team  
7 that created the plan?

8 RICHARD STEELE: So the development of  
9 the plan was -- we created a new position in the  
10 Ministry at the end of May, which was our executive  
11 lead for stabilizations, so Olha Dobush came on  
12 into that lead. She has a very small team. So she  
13 and her team had the responsibility of kind of  
14 holding the pen, if you like, in developing the  
15 plan in consultation with our various partners.

16 So as we developed kind of iterations  
17 of the plan, starting with the basic framing  
18 through to, you know, ultimately, specific program  
19 elements, and now, of course, into deep discussion  
20 around, you know, the implementation of those  
21 program elements, you know, lots of engagement  
22 with -- in various forms with the key partners:  
23 Ministry of Health, Ontario Health, in particular,  
24 certainly have used our recovery and planning  
25 table, which has, you know, both the sector and

1 Family Councils represented for advice on, you  
2 know, the overall plan and elements of the plan.

3 So the Ministry holds the pen. As with  
4 the first phase of the response, we will be heavily  
5 reliant on others for implementation of large parts  
6 of the plan, particularly Ontario Health, but not  
7 exclusively, and certainly looking for -- you know,  
8 for input from others, including the long-term care  
9 sector themselves, hospitals, Family Councils, and  
10 so on.

11 COMMISSIONER JACK KITTS: Are you able  
12 to share the plan with the Commission?

13 RICHARD STEELE: Yes, absolutely. The  
14 next slide is the overview, but we can absolutely  
15 share with you, you know, the -- more detailed  
16 material on the plan.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Commissioner Coke has a question before we --

19 COMMISSIONER ANGELA COKE: Yeah, I was  
20 just curious, in terms of your lessons learned, if  
21 there's any sort of appreciative inquiry in terms  
22 of what made the difference for those homes that  
23 were high-performing during the management of this.  
24 What was the difference, you know what I mean,  
25 fundamentally for the ones that didn't go through,

1 obviously, the low-performing experience?

2 RICHARD STEELE: Yeah, that's a really  
3 good question. Certainly the -- you know, the  
4 formal structure of the lessons-learned exercise  
5 that was done, didn't -- it wasn't a formal,  
6 appreciative inquiry process but certainly did try  
7 to look at, you know, what worked and what was  
8 successful in addition to, you know, where some of  
9 the challenges were.

10 I have focused on the slide, you know,  
11 more on some of the challenges to inform our path  
12 forward, but again, yes, I would say, you know,  
13 in -- I would summarize a few comments as being,  
14 you know, homes that -- in some ways, it's the flip  
15 side of what's on the slide, is homes that did  
16 better, you know, I think a significant  
17 correlation, for example, with many of the  
18 municipal homes did better.

19 They are significantly -- typically  
20 municipalities top-up provincial funding with  
21 municipal funding, so they tend to be better  
22 resourced. Staff are more high compensated. They  
23 tended to not get into the same kind of staffing  
24 challenges as some of the not-for-profit and  
25 for-profit homes. So, you know, that -- there's a

1 clear factor there that was important.

2 Again, leadership made a difference at  
3 the local level, you know, all other things being  
4 equal.

5 The strength of pre-existing  
6 relationships that the home may have had with other  
7 health system partners; so where they were strong,  
8 then the home had an ability to more rapidly engage  
9 support from, in particular, hospital partners  
10 around both IPAC and ultimately, you know, in some  
11 cases, where required, staffing. So those  
12 pre-existing relationships were really key as well.

13 I've mentioned earlier, you know, what  
14 was -- what became clear as best practice from a  
15 clinical leadership point of view that medical  
16 directors that were heavily engaged and in the home  
17 seemed to connect to better outcomes.

18 So yes, I think there are a series of  
19 things -- and again, in many ways, it's, you know,  
20 absolutely trying to replicate some of those best  
21 practices and address some of the gaps that we  
22 identified that our plan is focused on trying to do  
23 that.

24 COMMISSIONER ANGELA COKE: Do you  
25 usually have a formal process for sharing best

1 practices across the sector?

2 RICHARD STEELE: There is some of that.  
3 I'm going to let Janet speak to that a bit more. I  
4 would say one of the -- I don't want to say  
5 criticisms, but one of the realities, I guess, of  
6 the current regulatory framework is that,  
7 historically, it has been highly compliance-focused  
8 and one of the significant opportunities I think we  
9 would see is, yes, of course, you need that  
10 compliance focus, but a much greater focus on  
11 quality improvement, which -- than strictly  
12 compliance.

13 So I would say, yes, there absolutely  
14 has been some of that. I would say a significant  
15 area for improvement in the sector.

16 Janet, did you want to jump in at all?

17 JANET HOPE: One of the mechanisms for  
18 sharing best practices is the Centres for Research,  
19 Learning and Innovation, CLRI, Centres for  
20 Learning, Research, and Innovation that the  
21 Ministry funds. There are three Centres through  
22 the province.

23 So that's a vehicle that's been used,  
24 and those Centres actually were quite active in  
25 trying to promote and share materials, best

1 practices through the pandemic. For example, they  
2 collaborated with some other organizations on  
3 providing tools for psychosocial supports for staff  
4 in long-term care homes, so that's just as an  
5 example.

6 But certainly a key area of focus for  
7 us in our modernization work going forward is how  
8 to instill and ensure more of a culture of  
9 continuous quality improvement in addition to  
10 compliance with regulation.

11 COMMISSIONER ANGELA COKE: Mm-hm.  
12 Because how many regulations do they have to comply  
13 with?

14 JANET HOPE: I don't know the number of  
15 regulations in the Act.

16 COMMISSIONER ANGELA COKE: Sounded like  
17 a lot when I remember.

18 JANET HOPE: Yes, yes.

19 COMMISSIONER ANGELA COKE: So I mean,  
20 that -- obviously people have to comply, but in  
21 terms of ongoing improvement, it's always more than  
22 that.

23 RICHARD STEELE: That's right.

24 JANET HOPE: And indeed, one of the  
25 things that we -- this is speaking more to our

1 go-forward modernization work, but that we will be  
2 looking at, can we bring more of an outcome focus?

3           So compliance often gets you focused on  
4 the activity as opposed to what's the outcome that  
5 activity is intended to achieve. So are we  
6 actually achieving quality of -- are we focused on  
7 quality of care, are we focused on quality of life  
8 for residents as opposed to the building blocks,  
9 because sometimes in focusing simply on the  
10 building blocks and not sufficiently on outcomes,  
11 we miss the bigger picture and don't get to quality  
12 improvement.

13           COMMISSIONER ANGELA COKE: Okay.

14           COMMISSIONER FRANK MARROCCO (CHAIR):  
15 Commissioner Kitts?

16           COMMISSIONER JACK KITTS: Yeah, just a  
17 quick follow-up: It's been reported that the  
18 Kingston area long-term care homes are best  
19 practice.

20           Did you happen to have a chance to look  
21 at that and see if there was anything magical  
22 happening in the Kingston area?

23           RICHARD STEELE: I haven't looked  
24 specifically at the long-term care homes in  
25 Kingston. It's certainly the case that there was

1 a -- you know, a lower rate of outbreaks in  
2 Kingston.

3 I think our kind of working hypothesis  
4 would be primarily linked to very low rates of  
5 community infection in Kingston. So some, I think,  
6 good practice from a public health perspective in  
7 Kingston in, you know, really ensuring that COVID  
8 didn't get into Kingston long-term care homes in  
9 the first place.

10 Also aware of work that's happened in  
11 Kingston in terms of you're looking at some leading  
12 indicators around infection control. That is  
13 something we've given some thought to. I think our  
14 initial -- our initial thinking has been as it  
15 could be quite challenging to scale that particular  
16 practice up to the provincial level.

17 But yes, it's certainly true that  
18 Kingston -- you know, Kingston saw some pretty  
19 positive outcomes.

20 COMMISSIONER JACK KITTS: Thank you.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 All right. Let's carry on.

23 RICHARD STEELE: Okay.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 If you're quite willing, go ahead, Mr. Steele.

1                   RICHARD STEELE: Okay. So I think  
2 that's -- yeah, so the next slide, you know, really  
3 is a high-level description of the stabilization  
4 plan, and to Commissioner Kitts' question, happy to  
5 provide, you know, more detail on each of these  
6 elements which, of course, have, you know,  
7 sub-plans underneath them in terms of  
8 implementation.

9                   So you're really focused on the four  
10 key pillars, you can see here: HR capacity;  
11 safety, which is largely around IPAC; partnership  
12 and oversight; and surveillance and risk  
13 assessment.

14                   So I'll speak quickly to each of these.  
15 I'm getting a bit of feedback here. That  
16 [indecipherable] --

17                   COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Probably if everybody goes on mute, we'll be --

19                   RICHARD STEELE: Okay. That seems to  
20 be better.

21                   So we have a number of initiatives that  
22 are being -- you know, really in their detailed  
23 implementation, planning stage and will be rolled  
24 out over the course of the coming weeks aimed at  
25 trying to increase the supply of, particularly,

1 personal support workers but also, to some degree,  
2 registered nursing staff into the sector through a  
3 variety of incentives and also through, you know,  
4 some innovative approaches to training to try to  
5 increase supply.

6           So, you know, a range of initiatives  
7 really aimed at the supply side and getting  
8 significant numbers of additional staff directed  
9 into the long-term care sector through the course  
10 of the fall and beyond.

11           Worth noting that, you know, our work  
12 on HR stabilization in the short term very much  
13 nested within, you know, what is a key strategic  
14 theme for us that Janet and her team are leading,  
15 which is our HR strategy for long-term care.

16           The Ministry established an advisory  
17 group, staffing advisory group in the early part of  
18 the year. That reported out in July with, I think,  
19 some recommendations that have -- you know, quite  
20 broad-based support from across the sector, and  
21 that is informing our longer-term strategic  
22 response on staffing.

23           But in the meantime, what we're talking  
24 about here are steps that can be taken, you know,  
25 more immediately to strengthen capacity in the

1 sector through the fall and winter.

2 We -- other points worth noting here is  
3 we are -- you know, further to some of my comments  
4 around Medical Director, we are looking to provide  
5 some additional guidance around the role of the  
6 Medical Director in a pandemic context so that  
7 everybody is clear on what the expectations would  
8 be, and that would include, you know,  
9 recommendations around training as well as your  
10 presence in the home and so on.

11 On the IPAC front, a number of key  
12 initiatives, some already underway, others, again,  
13 in the -- in a detailed implementation planning  
14 process.

15 This is an area where we are working  
16 very closely with the Ministry of Health and  
17 Ontario Health in recognition of the fact that it's  
18 not -- it's not really going to be possible to, you  
19 know, rapidly increase the number of deeply  
20 specialized and trained IPAC resources in the  
21 province.

22 So we are moving forward with the  
23 implementation of a -- what's called a  
24 hub-and-spoke approach, which will provide access  
25 to, you know, deep IPAC expertise at a regional

1 level, which will be, you know, funded by the  
2 Ministry of Health and organized through Ontario  
3 Health.

4           On the spoke side, we are providing or  
5 we will be providing some additional funding to  
6 long-term care homes to hire IPAC specialists.  
7 Now, these would not be necessarily formally  
8 certified IPAC staff, but they would be individuals  
9 who would take on that IPAC responsibility, and you  
10 know, based on guidance that's provided by the  
11 hubs, ensure that that IPAC guidance is being  
12 implemented on an ongoing basis.

13           We have -- we continue to have in place  
14 occupancy or admission limits in long-term care.  
15 So hospital admissions into ward rooms are not  
16 permitted at this point in time with a view to  
17 addressing some of that -- some of those density  
18 issues that we saw.

19           We're also looking at -- we're also  
20 looking at providing some additional minor capital  
21 funding to the sector for a range of kind of  
22 small-scale physical improvements that have been  
23 identified that would assist with infection  
24 prevention and control.

25           So those elements, again, are all in

1 the detailed implementation planning process, and  
2 we would expect to be rolling out through the  
3 course of the month of September.

4           Again, PPE is referenced here.  
5 Definitely a significant issue in the early part of  
6 the pandemic. All indications are at this point  
7 that PPE supply is robust heading into the fall,  
8 but still some further conversations to be had  
9 around, you know, approach to distribution for the  
10 sector.

11           The third pillar, the first point is  
12 critical. That is a continuation of the emergency  
13 funding that's been provided to the sector. We  
14 have a next tranche of funding that's being  
15 released shortly. The -- what the sector has told  
16 us is that the emergency funding we provided  
17 through the spring, obviously welcome but not  
18 sufficient.

19           So we will be continuing to provide  
20 funding, again, with a significant degree of  
21 flexibility for homes. And you know, we developed  
22 an allocation model to try to ensure maximum  
23 funding to the homes in greatest need, but we will  
24 continue to be reviewing that funding model.

25           Other elements here relate to

1 governance and roles and responsibilities. As  
2 we've referenced, you know, earlier in this  
3 conversation, there are, you know, a significant  
4 number of players here that need to be coordinated.  
5 So heading into the fall, trying to ensure we have  
6 as much clarity as possible as to who is doing what  
7 in particular circumstances.

8           So as an example, if we see community  
9 infection levels going up, which we know is a  
10 warning sign, who does what? If we see a home in a  
11 significant outbreak, who does what between the  
12 Ministry and Ontario Health, Ministry of Health,  
13 local public health unit?

14           So really trying to get, you know, some  
15 of that practice documented and communicated so  
16 that everybody is -- you know, is clear on their  
17 roles.

18           This was, you know, inevitably a bit of  
19 a work in progress through -- or a process of  
20 creation through the first phase. People figured  
21 out who needed to do what with some relationships  
22 that hadn't necessarily existed before. So it's  
23 trying to get that regularized and documented as we  
24 head into the future.

25           And then finally, on the fourth pillar

1 around surveillance and risk assessment, we have  
2 just completed an individual home-level  
3 self-assessment, which Ontario Health regions have  
4 supported and participated in and provided some  
5 input and advice on to help us with risk  
6 identification. And of course, we continue to move  
7 forward with regular testing as part of our overall  
8 response.

9           So I -- again, underneath each of these  
10 is a whole bunch of work, as you can appreciate.  
11 I'm happy to provide more detail on any of them to  
12 the Commission.

13           JANET HOPE: I think we do have a  
14 separate briefing set up with Olha Dobush and  
15 Mel Fraser from the Ministry of Health on this, but  
16 there may be questions now.

17           COMMISSIONER JACK KITTS: Just a  
18 clarification: We know that from the first wave  
19 that the only things that really work are physical  
20 distancing and hygiene and staying home.

21           When you say policy on levels of  
22 occupancy in homes and physical infrastructure  
23 [indecipherable], is that where you're going to  
24 address the six-foot distance and make  
25 recommendations around that to homes?

1                   RICHARD STEELE: Yeah. Well, to the  
2 extent possible. There's no silver bullet for the  
3 reality of 30,000 beds in all the homes. So  
4 certainly, yes, the reduced occupancy is an attempt  
5 to mitigate that by limiting the number of  
6 residents that are in three- and four-bed rooms.

7                   And yes, you're absolutely right: The  
8 physical infrastructure piece is intended to -- so  
9 one example is if you do still have multiple people  
10 in the room, you know, one of the recommendations  
11 would be to put up barriers between them.

12                   So, yes, those two are intended to  
13 mitigate, but I do want to be realistic here as  
14 well as, you know, those 300 homes are not ideally  
15 designed for COVID containment, and there is no --  
16 there is no immediate silver bullet. There's  
17 things we can do to mitigate, but there's no silver  
18 bullet for that in the short term.

19                   COMMISSIONER JACK KITTS: Thank you.

20                   RICHARD STEELE: The -- I can quickly  
21 run through the other slides. They are really a  
22 bit more informational.

23                   Sorry, apologies.

24                   COMMISSIONER ANGELA COKE: Sorry, just  
25 one question: I know we're going to get a bit more

1 detail on the data collection and reporting, but  
2 just your overall sense of some of the challenges  
3 around data, you know, comprehensive, transparent  
4 collection and reporting of data.

5 RICHARD STEELE: Yeah, I mean, I think  
6 in some ways compared to what I've seen in some  
7 other jurisdictions, we had, I think, earlier, a  
8 more complete information on at least, you know,  
9 some of the key data points around disease spread  
10 in long-term care.

11 As I mentioned earlier, that -- you  
12 know, that was stood up as effectively a rather  
13 manual process, and hence, imperfect, but we did  
14 have a good, real-time -- a good real-time sense of  
15 what was happening in terms of disease spread and  
16 who was getting into some difficulties with  
17 staffing and PPE and so on.

18 Definitely issues around multiple data  
19 sources for some data points. So we had our  
20 long-term data that I just referenced. Also data  
21 coming in from the public health units, you know,  
22 and not necessarily -- they weren't necessarily --  
23 well, they weren't telling widely divergent  
24 stories, but there were always slightly different  
25 numbers, and, you know, one would lag the other, or

1 the other would lag -- you know, would lag the  
2 other.

3           Similarly around mortality, you know,  
4 competing -- not competing, but multiple data  
5 sources. Again, we had our direct reporting, and  
6 then starting mid-April, the Chief Coroner stood up  
7 a process for direct reporting from homes in to the  
8 Coroner's Office.

9           I think we could say that that data was  
10 the -- you know, probably the definitive source  
11 from that point forward, but actually, our data and  
12 their data ended up telling a pretty similar story  
13 around mortality.

14           So I think in terms of the basics, data  
15 was there. It was certainly, in some cases, I  
16 would say, burdensome to the sector. We were  
17 looking for data. Public health units were looking  
18 for data. So that -- you know, that continues to  
19 be a question around, you know, can some of that  
20 data collection burden be addressed?

21           The other point I would note is there  
22 are certainly some elements of data that we do not  
23 have or historically have not had a -- you know, a  
24 good window into.

25           So if you think about the prevalence of

1 ward beds in homes, that's data that -- you know,  
2 while we had -- while we had a good classification  
3 of homes by their structural classification and  
4 when they were built, we didn't necessarily know in  
5 any individual home how many three- or four-bed  
6 ward rooms might there be in a particular home.

7 So there was certainly a number of, you  
8 know, data points that might have been useful that  
9 we didn't necessarily have.

10 Other data issues, I think, you know,  
11 really were related to the fact that a lot of  
12 things were being stood up quickly and tried and  
13 tested for the first time.

14 So as we move to requesting or  
15 requiring staff -- you know, comprehensive staff  
16 testing across the sector, we didn't necessarily  
17 have, you know, good data on, you know, the extent  
18 to which that was actually happening, you know,  
19 really kind of the ability to roll up into a  
20 comprehensive provincial picture, yeah, precisely  
21 how many staff had been tested.

22 It was possible on the resident side.  
23 We had pretty good data on that. But on the staff  
24 side, that was and, frankly, remains a bit of a  
25 challenge in terms of, you know, how much of that

1 staff testing are we seeing. We have data  
2 anecdotally from operators, but we don't  
3 necessarily have statistically robust  
4 provincial-level data.

5 So a few areas -- a few areas of gaps  
6 for sure, and again, I would add that, you know,  
7 Michael Hillmer and his team, I think, would be  
8 able to provide you a really good overview  
9 around -- or more detail around how some of those,  
10 you know, specific issues around multiple data  
11 sources played out.

12 COMMISSIONER ANGELA COKE: Thanks.

13 RICHARD STEELE: Any other questions on  
14 this slide?

15 COMMISSIONER FRANK MARROCCO (CHAIR): I  
16 don't think so. I think we can move on to the next  
17 one.

18 RICHARD STEELE: So the next slide --  
19 you know, I don't know that we need to spend a lot  
20 of time on it. Of course, we can if you want.  
21 Really, just -- it's sometimes difficult to create  
22 a pictorial of the various tables that exist in any  
23 given point in time.

24 This is an attempt to illustrate, you  
25 know, what we currently have in terms of -- you

1 know, in terms of the key coordinate --  
2 coordination tables, the Long-Term Care Recovery  
3 and Planning Table that we've referenced, you know,  
4 a key piece at the top right-hand -- at the top  
5 right-hand corner.

6           And on the bottom there, a couple other  
7 tables that have been key to the planning of our --  
8 and engagement on our response, at the bottom. You  
9 know, the continued existence of our MLTC and  
10 retirement homes sector table, and then an  
11 operational table that we establish with -- between  
12 the Ministry and Ontario Health, given the -- you  
13 know, the significant intersection and the  
14 significant role that Ontario Health plays in the  
15 implementation of our planning.

16           So those are -- those two at the bottom  
17 and the one at the top right are really the three  
18 key engagement tables that we are using to kind of  
19 manage input and advice on the implementation of  
20 our -- and, you know, frankly, problem-solving  
21 issues, resolution too on the implementation of our  
22 stabilization plan.

23           The following slides -- if there's no  
24 questions on that, and I'll pause.

25           The following slides, you know, I won't

1 go through in detail. I'll just highlight a couple  
2 of points. They really just give you some  
3 background on the organizational structure of the  
4 Ministry as it evolves through the course -- well,  
5 through the course of the year.

6 So what you see on Slide 17, I think it  
7 is -- no, it would be Slide 15.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 Well, I think the organization chart is 17.

10 RICHARD STEELE: Yeah, I think there's  
11 three, three versions. The first one is what we  
12 had in place heading into the pandemic in February.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Oh, okay.

15 RICHARD STEELE: The second essentially  
16 illustrates a small change that was made in May,  
17 which was the addition of the executive lead for  
18 stabilization that I mentioned before.

19 And then the third slide is the  
20 Ministry organization structure that we put in  
21 place in July, really looking to enhance our  
22 capacity to -- you know, starting at the executive  
23 level, and we're building out underneath that,  
24 enhancing our capacity to deliver on the -- you  
25 know, the multiple streams of work that we need to.

1                   So obviously we have, you know,  
2 continued stabilization and recovery, but, you  
3 know, in parallel, of course, a lot of interest on  
4 the part of the government in moving forward with  
5 the longer-term modernization of the sector.

6                   What we did, essentially, was split out  
7 what had been our Operations Division in the two  
8 previous charts that you saw, split out the capital  
9 development program from operations where it had  
10 previously sat as a dedicated division to ensure  
11 that that could get some dedicated focus, and  
12 equally, that our operations team could focus on  
13 operations, look to enhance operational policy  
14 capacity within the -- within the Operations  
15 Division, as we felt that was an area where we  
16 needed some more horsepower.

17                   We transitioned the funding of programs  
18 function into operations -- it had previously been  
19 sitting in policy -- and then created some  
20 additional capacity within the Policy Division to  
21 really move forward to enable moving forward on  
22 some of our critical policy priorities, in  
23 particular, the staffing strategy, which is a key  
24 piece that's happening within that Strategic  
25 Initiatives Branch that you can see there.

1 Janet, of course, is the ADM of that  
2 division, and can certainly speak in more detail to  
3 that particular function.

4 And that is what I have for you for  
5 today.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Well, if there are any further questions?

8 If not, let me say, thank you very  
9 much, Mr. Steele. This has been very informative  
10 and very much appreciated.

11 I would put in a small request, since  
12 I've got you here. We do need -- there have been  
13 conversations around documents, and if you could --  
14 I appreciate you have certain responsibilities in  
15 that regard, but if we could do that as efficiently  
16 as possible, it would be a great help to us in  
17 reporting within the time frame that we would like  
18 to report.

19 So if I could just leave that with you,  
20 I would like to do that.

21 RICHARD STEELE: Yeah, no. Totally  
22 understood. Totally understood. We very much  
23 understand the tight timelines that you've been  
24 asked to work under and the pressure that creates  
25 for you and that, in turn, inevitably creates some

1 pressure back on us.

2 So that is understood, and you  
3 certainly have my assurance that we'll do  
4 everything we can to try to provide documentation  
5 to you as fast as we possibly can. It is  
6 understood.

7 You know, I won't pretend it isn't a  
8 challenge for the Ministry in terms of, you know,  
9 managing the multiple requests that we are getting  
10 and, of course, continuing to support pandemic  
11 response, but we totally understand the urgency and  
12 the importance of providing documentation to the  
13 Commission.

14 So we will do everything we can to  
15 respond to that as fast as we can.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Thank you. And I didn't mean to imply that you  
18 should inhibit your response to the pandemic --

19 RICHARD STEELE: Of course.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 -- so that we can get our --

22 RICHARD STEELE: Well, we totally  
23 understand --

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 We feel our documents are important, but that

1 perhaps is -- maybe would be excessive on our part.

2 RICHARD STEELE: We're going to do our  
3 very best to support both appropriately.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Thanks very much, and thanks for your presentation.  
6 It's very, very helpful. All right?

7 RICHARD STEELE: Thank you very much.  
8 And --

9 COMMISSIONER FRANK MARROCCO (CHAIR):  
10 And that pretty much -- yes?

11 SUNIL MATHAI: Justice Marrocco, sorry.  
12 One thing I was hoping to ask your indulgence as  
13 well as the other Commissioners on: There were a  
14 number of points during today's interview where  
15 Deputy Minister Steele said, we're going to get  
16 back to you on this item and other items.

17 It'd be helpful if we could have a copy  
18 of the transcript of this just to make sure that  
19 our notes match up completely what was described as  
20 follow-up items so that we can action them out and  
21 respond as quickly as possible, almost like an  
22 undertakings chart, if you would.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Well, in terms of the transcript, we will produce  
25 the transcript in quite a timely fashion, and then

1 I'll leave it to you to go through the transcript  
2 and see where the undertakings were given.

3 SUNIL MATHAI: Thank you.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Okay. All right. Thank you, everybody.

6 COMMISSIONER ANGELA COKE: Thank you.

7

8 -- Adjourned at 12:37 p.m.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2  
3 I, OLIVIA ARNAUD, CSR, Certified  
4 Shorthand Reporter, certify:

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

9  
10 That all remarks made at the time  
11 were recorded stenographically by me and were  
12 thereafter transcribed;

13  
14 That the foregoing is a true and  
15 correct transcript of my shorthand notes so taken.

16  
17  
18 Dated this 9th day of September, 2020.

19  
20 

21  
22 \_\_\_\_\_  
23 NEESONS, A VERITEXT COMPANY

24 PER: OLIVIA ARNAUD, CSR

25 CHARTERED SHORTHAND REPORTER

<b><u>WORD INDEX</u></b>	<b>7</b> 38:19	<b>active</b> 24:22	<b>8, 11</b> 85:6, 8	<b>answering</b>
< 1 >	< 8 >	90:24	95:16, 17	17:18 77:25
<b>1</b> 11:9 80:5	<b>8</b> 45:6 46:23	<b>activities</b> 25:16,	<b>advocating</b>	<b>apologies</b> 46:22
83:25	47:4	<b>activity</b> 49:2	55:24	101:23
<b>10</b> 49:12 60:19,	< 9 >	66:10 92:4, 5	<b>after</b> 44:10	<b>apparent</b> 78:7
20, 21, 22	<b>9</b> 47:7	<b>actors</b> 71:4	68:25 69:4	<b>applicants</b> 12:17
<b>10:00</b> 1:16 4:1	<b>9th</b> 1:15 113:18	<b>acute</b> 27:6, 11,	<b>age</b> 11:9 15:22	<b>applying</b> 10:23
<b>11</b> 60:18, 21	< A >	13, 18 34:7 44:6	<b>agenda</b> 41:22	<b>appreciate</b>
62:13 63:12	<b>a.m.</b> 1:16 4:1	<b>acute-care</b> 8:5, 9	<b>aggressive</b>	100:10 109:14
<b>11:17</b> 60:12	60:12, 13	<b>acuteness</b> 9:23	57:23	<b>appreciated</b>
<b>11:27</b> 60:13	<b>ability</b> 12:24	<b>add</b> 36:4 48:9,	<b>aging</b> 81:5	<b>appreciative</b>
<b>12</b> 16:14 64:14	25:2 46:6 83:2	18 49:4 105:6	<b>ago</b> 81:12	<b>approach</b> 40:15
<b>12:37</b> 1:16	84:8 89:8	<b>addition</b> 20:3	<b>agree</b> 77:17	55:1, 8 64:6
112:8	104:19	23:25 52:1	<b>agreement</b> 67:7	96:24 98:9
<b>13</b> 73:22	<b>absolutely</b> 13:4	74:21 88:8	<b>ahead</b> 36:18, 22	<b>approaches</b>
<b>15</b> 107:7	16:19 20:5	91:9 107:17	69:1, 3 71:6	48:3 95:4
<b>15th</b> 56:13	44:12 70:7	<b>additional</b> 17:4	77:3 93:25	<b>appropriate</b>
<b>17</b> 107:6, 9	77:21 87:13, 14	22:14 26:25	<b>aimed</b> 94:24	10:2, 4 30:6
<b>17th</b> 46:24	89:20 90:13	34:23 45:11, 23	95:7	34:19 51:20
<b>1970s</b> 11:3	101:7	46:5, 17 47:11,	<b>alacrity</b> 68:22	56:6 67:8
< 2 >	<b>access</b> 69:13,	17 48:9, 24	<b>ALC</b> 48:6, 11	<b>appropriately</b>
<b>2</b> 28:17, 18	14 84:15, 18	62:10, 14 73:14	<b>Alison</b> 2:18	111:3
<b>20</b> 16:5	96:24	95:8 96:5 97:5,	<b>Alison's</b> 24:15	<b>appropriateness</b>
<b>2019</b> 8:19, 20	<b>Accessibility</b>	20 108:20	<b>allocation</b> 67:6	75:22
<b>2020</b> 1:16	42:1	<b>address</b> 72:14	98:22	<b>appropriation</b>
113:18	<b>accommodate</b>	79:7 89:21	<b>allowed</b> 75:5	21:13 23:14
<b>22nd</b> 44:3	48:5	100:24	<b>alternative</b>	<b>approval</b> 16:15
<b>23</b> 46:14, 15	<b>accommodations</b>	<b>addressed</b>	27:12, 15 41:10	85:10, 16, 18, 20
<b>25</b> 17:6, 9, 17	10:15	16:13 103:20	48:2	<b>approvals</b> 76:7
<b>25-year</b> 18:10	<b>accountability</b>	<b>addressing</b>	<b>amount</b> 17:8	<b>approved</b> 64:10
< 3 >	18:16 38:5	97:17	<b>analysis</b> 61:19	85:12, 14, 22, 23
<b>3</b> 7:8 29:18	<b>accountable</b>	<b>adequacy</b> 51:4	<b>Analytics</b> 24:3	<b>approximately</b>
44:21 45:1	36:16 37:16	<b>ad-hoc</b> 40:11	58:23	61:8
<b>30,000</b> 101:3	70:14 73:5	<b>Adjoined</b> 112:8	<b>anecdotaly</b>	<b>April</b> 27:24
<b>300</b> 10:21	<b>accuracy</b> 63:5	<b>ADM</b> 109:1	105:2	46:15 49:23
15:24 101:14	<b>accurate</b> 63:8	<b>administrative</b>	<b>Angela</b> 2:4	55:20 56:13
< 4 >	66:21	22:21 23:2	4:11, 12 15:21	63:6, 15 64:11
<b>4</b> 9:12, 14 24:8	<b>achieve</b> 92:5	<b>administrator</b>	16:22 18:11	75:7
< 5 >	<b>achieving</b> 92:6	37:3, 24 38:16	22:2 23:19	<b>April-May</b> 63:10
<b>5</b> 24:9	<b>Act</b> 7:11, 13, 22	97:14	24:6 32:19, 22	<b>area</b> 8:8 45:15
<b>50</b> 46:25 61:8	30:2, 4 91:15	<b>admissions</b>	33:1, 17 34:25	46:1 47:8 50:9
<b>50,000</b> 46:12	<b>action</b> 27:23	27:11 97:15	51:1 52:7	53:15 90:15
< 6 >	31:9 40:25	<b>advance</b> 6:2	53:17 54:17	91:6 92:18, 22
<b>6</b> 25:8 43:19	41:8 49:19	45:1	56:8 60:11, 19	96:15 108:15
<b>626</b> 10:20	56:12, 18 62:10,	<b>advances</b> 19:1	61:2 87:19	<b>areas</b> 26:3
< 7 >	20, 21 66:2	<b>advice</b> 14:18	89:24 91:11, 16,	29:15 49:20
<b>6</b> 25:8 43:19	71:8, 11, 15, 17,	19:1 64:25	19 92:13	50:22 105:5
<b>626</b> 10:20	18 85:5 111:20	65:8 76:14	101:24 105:12	<b>arm</b> 19:17
<b>626</b> 10:20	18 85:5 111:20	87:1 100:5	112:6	35:23
<b>626</b> 10:20	<b>actions</b> 56:13,	106:19	<b>Angus</b> 64:21	<b>Armed</b> 63:13
<b>626</b> 10:20	15	<b>advisory</b> 19:3, 4,	<b>announced</b>	<b>Arnaud</b> 3:8 6:8
<b>626</b> 10:20	15	13 64:22 77:5,	28:14	113:3, 24

<p><b>arrive</b> 22:11 29:7 <b>arrived</b> 26:6 <b>articulated</b> 37:10 <b>articulately</b> 36:19 <b>asked</b> 24:11 109:24 <b>asking</b> 38:12 78:4 <b>aspect</b> 41:16 <b>aspects</b> 7:4 20:14, 16 21:22 76:12 <b>assess</b> 50:6 <b>assessment</b> 94:13 100:1 <b>assessments</b> 51:6 83:6 <b>assist</b> 97:23 <b>assistance</b> 63:21 <b>Assistant</b> 2:10, 18 5:13 <b>associated</b> 7:14 22:7 61:9, 10 <b>associations</b> 40:7, 12 41:15 43:2 <b>assume</b> 17:25 <b>assuming</b> 66:17 <b>assurance</b> 110:3 <b>asymptomaticall y</b> 82:4 <b>attempt</b> 101:4 105:24 <b>attending</b> 1:15 <b>attention</b> 41:5 <b>Attorney</b> 2:14 <b>attraction</b> 81:13 <b>audits</b> 51:15 <b>authority</b> 30:25 42:14 65:21 <b>automatically</b> 72:4 <b>autonomy</b> 68:12 <b>available</b> 48:21 51:25 <b>aware</b> 41:2 93:10 <b>awareness</b> 73:14</p>	<p><b>back</b> 17:13 18:16 34:2 35:3 37:22 54:24 56:18 59:19, 22 60:2, 3, 6, 10, 24 65:25 74:23 75:24 110:1 111:16 <b>background</b> 7:9 107:3 <b>bag</b> 52:5 <b>barriers</b> 47:23 101:11 <b>based</b> 11:2 12:16 17:13 51:10 79:23 97:10 <b>basic</b> 10:17 86:17 <b>basically</b> 16:10 21:16 <b>basics</b> 103:14 <b>basis</b> 17:6 40:1, 11 47:18 52:21 53:10 64:25 65:5 74:3, 19 97:12 <b>beasts</b> 35:20 <b>beds</b> 9:6 10:22 11:19, 24, 25 34:8, 23 47:17 48:9, 13, 24 49:5 101:3 104:1 <b>beginning</b> 23:10 <b>believe</b> 7:10 22:6 24:14 32:6, 9, 13 33:9 34:3 35:6 44:6 48:19, 21 69:17 72:10 <b>best</b> 19:10, 16 25:1 39:23, 24 55:1 84:7 89:14, 20, 25 90:18, 25 92:18 111:3 <b>better</b> 5:8 31:21 52:3 53:12 68:7 77:15, 16, 17 88:16, 18, 21 89:17 94:20</p>	<p><b>Bianchi</b> 2:20 <b>bifurcated</b> 12:11 <b>bigger</b> 92:11 <b>bit</b> 4:16 7:4, 9, 12 12:11 14:2 15:12, 22 18:4 21:23 22:10 25:9, 18 26:3 40:9 47:22 50:22 52:23 56:1 57:11 60:21 64:15 70:5, 6 77:20 90:3 94:15 99:18 101:22, 25 104:24 <b>biweekly</b> 74:12 <b>Blair</b> 13:7 <b>blocks</b> 29:2 92:8, 10 <b>blurred</b> 25:15 <b>board</b> 35:6, 13, 15 36:6, 7, 9 61:1 85:20 <b>body</b> 35:5 <b>bottom</b> 8:12 10:19 65:9 106:6, 8, 16 <b>brain</b> 72:18 <b>Branch</b> 39:4 108:25 <b>breakdown</b> 16:20 <b>breakout</b> 59:21, 22, 24 <b>Brian</b> 48:19 <b>briefing</b> 7:10, 16 52:16 53:13 61:19 68:3 100:14 <b>briefings</b> 7:3 <b>bring</b> 13:16 41:4 59:22 71:25 92:2 <b>bringing</b> 24:24 62:1 <b>broad-based</b> 68:15 95:20 <b>broader</b> 40:5, 9 54:9 85:10 <b>broadly</b> 9:22 <b>broke</b> 33:7 <b>broken</b> 65:21 <b>brought</b> 82:3</p>	<p><b>budget</b> 23:16 <b>build</b> 81:22 <b>building</b> 8:22 92:8, 10 107:23 <b>built</b> 17:8, 16 104:4 <b>bullet</b> 6:25 26:18 101:2, 16, 18 <b>bunch</b> 100:10 <b>burden</b> 45:19 103:20 <b>burdensome</b> 103:16 <b>business</b> 36:8 74:23</p>	<p>20:18, 20, 21 21:1, 7, 13, 22 22:22 23:15 24:21 27:6, 11, 12, 13, 16, 18 30:2, 4 31:7 32:7 33:22 34:2, 7, 8, 15 37:5, 16 42:7, 21 43:8, 12 44:2, 6, 10, 14 47:21 48:2, 10 49:15, 20, 22 50:5, 11, 20 53:21, 25 54:11, 20 56:19, 23, 25 58:3 59:8 64:8 65:12 68:16 69:6 70:24 71:9 75:5 81:17 82:8 83:22, 25 87:8 91:4 92:7, 18, 24 93:8 95:9, 15 97:6, 14 102:10 106:2 <b>careful</b> 26:5 73:8 <b>caregiver</b> 75:19 <b>carried</b> 71:18 <b>carry</b> 93:22 <b>case</b> 9:9 35:15 78:18 92:25 <b>cases</b> 12:9 39:8 41:11, 21, 23 59:8 67:16, 18 68:20 69:11 74:6 82:10 83:11, 12 89:11 103:15 <b>ceased</b> 75:6 <b>Centres</b> 90:18, 19, 21, 24 <b>CEOs</b> 64:23 <b>certain</b> 75:5 109:14 <b>Certainly</b> 5:25 7:19 8:8 9:25 10:2 11:5, 7, 10 13:22 14:9 17:19 20:14 22:16, 20 24:20, 25 25:17 26:11 27:21 28:21 29:16 30:12, 15</p>
---	---	---	--	--

< B >

<p>31:25 32:5, 15 34:17 42:14 43:11 44:18 50:12 51:15, 24 53:13 56:23 57:5 68:18 70:18, 21 72:24 75:12 78:23 80:23, 25 81:6, 7, 9 83:13, 20 85:12 86:24 87:7 88:3, 6 91:6 92:25 93:17 101:4 103:15, 22 104:7 109:2 110:3 <b>CERTIFICATE</b> 113:1 <b>certified</b> 97:8 113:3 <b>certify</b> 113:4 <b>cetera</b> 19:2 20:1 <b>chains</b> 42:9 <b>CHAIR</b> 4:2, 5, 14, 21 5:2, 5, 10, 15, 20 6:4, 7, 15, 20 11:15 12:19 15:15, 18 18:12 29:4 31:3, 12, 17, 23 32:16, 24 38:10, 20 40:19 41:3, 24 49:9 54:15 56:10 57:7 59:11, 20 60:8, 14, 23 61:22 62:2, 6, 11 65:18 66:13 67:21 68:4, 23 69:2, 19, 25 71:5 73:1, 19 76:18, 23 77:4, 12 78:2, 24 85:3, 25 87:17 92:14 93:21, 24 94:17 105:15 107:8, 13 109:6 110:16, 20, 24 111:4, 9, 23 112:4 <b>chaired</b> 62:25 <b>challenge</b> 10:1 16:8 45:15 51:21 64:7</p>	<p>81:7, 8 84:16, 19 104:25 110:8 <b>challenged</b> 46:7 <b>challenges</b> 26:17 43:10 49:16 54:19, 23 55:19 61:10 72:15 80:20 81:19 88:9, 11, 24 102:2 <b>challenging</b> 93:15 <b>chance</b> 59:15 92:20 <b>change</b> 26:25 80:10 107:16 <b>changes</b> 47:20 74:24 77:14 78:21 <b>channels</b> 32:15 50:12 67:3 <b>characteristics</b> 82:9 <b>characterization</b> 19:21 <b>characterize</b> 43:19 79:10, 21 <b>characterized</b> 11:2 25:25 <b>charge</b> 5:24 <b>chart</b> 65:20 107:9 111:22 <b>CHARTERED</b> 113:25 <b>charts</b> 108:8 <b>check</b> 37:22 <b>checks</b> 53:21 <b>Chief</b> 14:11, 19 24:1 29:17 32:14 44:23 57:17 58:14 68:17 103:6 <b>chronic</b> 45:14 <b>chronology</b> 32:2, 11 <b>chunks</b> 25:23 <b>circle</b> 82:16 <b>circumstances</b> 47:13 75:6 82:21 83:18 99:7 <b>Civil</b> 2:12, 13 <b>clarification</b> 36:4 100:18 <b>clarify</b> 30:8</p>	<p><b>clarity</b> 44:16 99:6 <b>Class</b> 11:1 <b>classification</b> 104:2, 3 <b>classify</b> 58:4 <b>clear</b> 32:3 42:18 81:23, 25 84:6 89:1, 14 96:7 99:16 <b>clearly</b> 20:13 23:7 37:20 51:11 52:11 <b>clinical</b> 7:24 37:4 83:15, 22 89:15 <b>Close</b> 10:21 <b>closely</b> 56:24 58:17 96:16 <b>CLRI</b> 90:19 <b>co-existed</b> 28:21 <b>Coke</b> 2:4 4:8, 12 15:20, 21 16:22 18:11 22:2 23:19 24:6 32:19, 22 33:1, 17 34:25 51:1 52:7 53:17 54:16, 17 56:8 60:11, 19 61:2 87:18, 19 89:24 91:11, 16, 19 92:13 101:24 105:12 112:6 <b>collaborate</b> 70:21 <b>collaborated</b> 91:2 <b>collaboration</b> 20:16 40:4, 20, 21 42:18 52:2 71:2 <b>colleague</b> 48:19 61:20 <b>colleagues</b> 20:23 <b>collection</b> 102:1, 4 103:20 <b>combination</b> 38:3 58:21 73:11 <b>combined</b> 8:15 65:13 81:4</p>	<p><b>come</b> 18:15 21:3 53:20 84:12 <b>comes</b> 14:11 <b>coming</b> 26:16 40:23 50:15 78:4 81:11 94:24 102:21 <b>command</b> 67:12 70:11 72:19 <b>commander</b> 63:3, 7 66:14 67:12 <b>commencing</b> 4:1 <b>comment</b> 22:18 33:15 36:5 76:24 <b>comments</b> 79:6 88:13 96:3 <b>COMMISSION</b> 1:7 2:19, 20, 22, 24 3:2, 4 87:12 100:12 110:13 <b>Commissioner</b> 2:3, 4, 5 4:2, 5, 9, 12, 14, 17, 21, 22 5:2, 3, 5, 6, 10, 15, 20 6:4, 7, 15, 20 11:15 12:19 15:15, 18, 20, 21 16:22 18:11, 12, 13, 14, 24 19:15, 22 20:25 21:15 22:1, 2 23:19 24:6 29:4 31:3, 12, 17, 23 32:16, 19, 22, 24 33:1, 17 34:25 35:1, 12, 18, 24 36:10 37:11 38:1, 10, 17, 20 40:19 41:3, 24 43:14, 22, 25 44:4 45:3 47:5 48:7 49:9 51:1 52:7 53:17, 18 54:13, 15, 16, 17 56:8, 10 57:7 59:11, 20 60:8, 11, 14, 19, 23 61:2, 22 62:2, 6, 11 65:18 66:13 67:21 68:4, 23</p>	<p>69:2, 19, 25 71:5 73:1, 3, 19 76:18, 23 77:4, 12, 23 78:2, 24 85:3, 25 86:2 87:11, 17, 18, 19 89:24 91:11, 16, 19 92:13, 14, 15, 16 93:20, 21, 24 94:4, 17 100:17 101:19, 24 105:12, 15 107:8, 13 109:6 110:16, 20, 24 111:4, 9, 23 112:4, 6 <b>Commissioners</b> 7:10 111:13 <b>communicated</b> 99:15 <b>communication</b> 55:12 <b>communications</b> 22:17 <b>communities</b> 82:1 <b>community</b> 15:4 20:21 33:5 59:8 82:7 93:5 99:8 <b>COMPANY</b> 113:23 <b>compared</b> 8:5 35:21 102:6 <b>compensated</b> 88:22 <b>competing</b> 103:4 <b>complaints</b> 55:17 <b>complete</b> 102:8 <b>completed</b> 69:6 100:2 <b>completely</b> 25:14 54:6 75:1, 6 111:19 <b>complex</b> 17:25 <b>complexity</b> 81:17 <b>compliance</b> 19:24 20:7 37:13 90:10, 12 91:10 92:3 <b>compliance-</b></p>
--	---	---	---	--

<p><b>focused</b> 90:7  <b>compliant</b> 53:2  <b>complicated</b>                  18:4  <b>comply</b> 91:12, 20  <b>component</b>                  37:17  <b>comprehensive</b>                  80:2 84:11                  102:3 104:15, 20  <b>compromised</b>                  83:3  <b>concern</b> 27:5                  34:17  <b>concerns</b> 51:17                  55:24 72:14  <b>conclusion</b>                  63:17  <b>concrete</b> 44:2  <b>concurrence</b>                  67:20  <b>concurrent</b>                  48:21  <b>conditions</b> 9:24                  75:18 82:12  <b>confirm</b> 34:5                  37:18  <b>congregate</b> 43:5  <b>connect</b> 89:17  <b>connected</b> 12:24  <b>conscious</b> 27:7  <b>consensus</b>                  71:10 79:24  <b>consideration</b>                  24:25 79:19                  80:23  <b>constructed</b>                  11:2  <b>consultation</b>                  44:22 86:15  <b>consultative</b>                  77:11  <b>contagious</b>                  12:22  <b>containment</b>                  74:17 80:5                  82:13 101:15  <b>context</b> 14:1                  15:6 25:2 55:6                  66:23, 25 96:6  <b>continuation</b>                  98:12  <b>continue</b> 14:23                  15:9 29:13</p>	<p>39:22 74:25                  75:25 76:2                  97:13 98:24                  100:6  <b>continued</b> 23:8                  25:17 46:16                  49:22 72:3                  74:17, 18 106:9                  108:2  <b>continues</b> 7:20                  13:18 17:17                  74:20 103:18  <b>continuing</b>                  55:16 75:22                  98:19 110:10  <b>continuous</b> 91:9  <b>continuum</b>                  20:20  <b>contribution</b>                  10:15  <b>contributor</b>                  15:23  <b>contributors</b>                  65:10  <b>control</b> 11:18                  28:4 50:2                  52:19, 22 53:9,                  16 57:1 70:12                  82:15, 17 83:4                  93:12 97:24  <b>controlled</b> 75:4  <b>convenient</b>                  59:23  <b>conversation</b>                  41:6, 9, 12, 15                  42:23 60:1                  64:3 66:6 99:3  <b>conversations</b>                  30:14, 15 32:1                  40:12, 24 67:14                  76:5 79:12                  80:12 98:8                  109:13  <b>convey</b> 69:21  <b>coordinate</b>                  72:25 106:1  <b>coordinated</b>                  42:19 58:9                  76:9 99:4  <b>coordinating</b>                  68:19  <b>coordination</b>                  13:12 57:13, 19                  69:7, 12 71:24                  106:2</p>	<p><b>coordinators</b>                  12:15  <b>co-pay</b> 10:14                  11:25  <b>copy</b> 111:17  <b>core</b> 29:14, 15  <b>corner</b> 10:19                  106:5  <b>Coroner</b> 103:6  <b>Coroner's</b> 39:20                  103:8  <b>corporate</b> 23:25  <b>corporations</b>                  35:11, 14, 15                  70:20  <b>correct</b> 18:22,                  23 37:3 43:24                  48:14, 17 51:18                  113:15  <b>correlation</b>                  88:17  <b>co-sponsored</b>                  64:20  <b>costs</b> 10:15, 16  <b>Councils</b> 87:1, 9  <b>Counsel</b> 2:20,                  22, 24 36:2  <b>couple</b> 7:17                  13:6 42:11                  45:7 52:14                  55:10 62:14, 15                  64:18 75:24                  77:2, 24 79:6                  83:14 106:6                  107:1  <b>course</b> 5:1 7:1,                  5 10:8 14:11,                  18, 20 20:15, 22                  26:1, 7 27:4, 6                  28:14 32:5, 21                  33:14 35:11                  39:17 43:7, 9                  45:2 50:10, 18                  53:24 55:20                  64:23 65:15                  75:16 79:8, 12                  81:1 86:19                  90:9 94:6, 24                  95:9 98:3                  100:6 105:20                  107:4, 5 108:3                  109:1 110:10, 19  <b>covered</b> 13:8                  45:6 62:15</p>	<p><b>COVID</b> 11:9                  15:23 28:13                  33:23 39:8                  42:16 44:14                  51:5 52:25                  53:5 54:21                  55:2, 6, 21, 23                  56:12 74:5                  82:13 93:7                  101:15  <b>COVID-19</b> 1:7                  32:8 49:19  <b>cramped</b> 82:12  <b>create</b> 23:2                  48:11, 23 49:1                  105:21  <b>created</b> 86:7, 9                  108:19  <b>creates</b> 78:15                  109:24, 25  <b>creating</b> 42:24                  86:4  <b>creation</b> 22:12,                  15 62:18 99:20  <b>criteria</b> 75:18  <b>critical</b> 15:10                  20:5 27:25                  28:9 29:21                  39:15 40:1                  65:2, 3 74:15                  82:23 98:12                  108:22  <b>criticality</b> 82:14  <b>critically</b> 15:1  <b>criticisms</b> 90:5  <b>crowdedness</b>                  81:6  <b>Crown</b> 2:12, 13  <b>CSR</b> 113:3, 24  <b>culture</b> 91:8  <b>curious</b> 87:20  <b>current</b> 90:6  <b>currently</b> 105:25</p> <p>&lt; D &gt;  <b>daily</b> 39:5, 25                  62:25  <b>data</b> 9:13 24:2                  39:18 58:23                  61:19 102:1, 3,                  4, 9, 18, 19, 20                  103:4, 9, 11, 12,                  14, 17, 18, 20, 22                  104:1, 8, 10, 17,</p>	<p>23 105:1, 4, 10  <b>Dated</b> 113:18  <b>dates</b> 32:11  <b>Dawn</b> 3:3  <b>day</b> 1:15 66:15                  74:12, 20 113:18  <b>days</b> 44:10  <b>deaths</b> 39:9  <b>debt</b> 18:8  <b>decide</b> 71:14  <b>decided</b> 71:16  <b>decision</b> 24:25  <b>decision-makers</b>                  67:20 70:15  <b>decision-making</b>                  67:2 70:14                  72:10 77:9, 10  <b>decisions</b> 67:4,                  5, 17, 18  <b>deck</b> 6:1, 3, 5, 8,                  11 46:23  <b>declined</b> 74:15  <b>dedicated</b>                  108:10, 11  <b>deep</b> 6:12                  38:23 86:19                  96:25  <b>deeper</b> 7:2 80:7  <b>deeply</b> 96:19  <b>Definitely</b> 98:5                  102:18  <b>definitive</b> 103:10  <b>degree</b> 25:11,                  14 46:19 58:11                  70:19 79:24                  81:6 83:24                  95:1 98:20  <b>deliver</b> 8:23                  57:2 72:25                  107:24  <b>delivering</b> 57:22                  68:22  <b>delivery</b> 12:4,                  13 14:16  <b>dementia</b> 9:21                  75:15  <b>density</b> 97:17  <b>depended</b> 57:11  <b>depending</b>                  10:16  <b>deployed</b> 50:5  <b>deploying</b> 49:25                  51:3 55:1  <b>deployment</b>                  54:24 55:20, 24</p>
---	--	--	---	--

<p>62:22, 23 63:13, 15, 22 <b>Deputy</b> 2:9, 10, 18 5:13 18:15 23:13 35:2 37:19 38:9, 11 48:8 49:3 64:20 111:15 <b>deputy's</b> 22:16 36:4 <b>Derek</b> 3:1 <b>describe</b> 21:18 <b>described</b> 19:17 22:21 23:13, 14 25:1, 21 26:9 111:19 <b>describing</b> 49:3 <b>description</b> 94:3 <b>design</b> 11:3 <b>designed</b> 101:15 <b>desire</b> 33:18 <b>despite</b> 34:10 <b>detail</b> 7:15 8:7 26:3, 22 30:9 48:20 50:23 53:13, 14 94:5 100:11 102:1 105:9 107:1 109:2 <b>detailed</b> 68:3 87:15 94:22 96:13 98:1 <b>details</b> 73:17 <b>develop</b> 49:19 <b>developed</b> 27:23 29:23 56:21, 23 58:22 80:11 85:8 86:16 98:21 <b>developer</b> 17:10 <b>developing</b> 9:18 86:14 <b>development</b> 9:5 18:2 20:11 58:15 84:24 86:8 108:9 <b>Diamond</b> 31:4 44:11 <b>difference</b> 25:25 87:22, 24 89:2 <b>differences</b> 42:6 <b>different</b> 7:4 21:23 29:13 34:8 35:20</p>	<p>43:7, 17 45:24 58:21 71:13, 14 77:15 102:24 <b>difficult</b> 80:22 82:13 105:21 <b>difficulties</b> 30:21 61:8 84:5 102:16 <b>direct</b> 12:10 66:19 71:1 103:5, 7 <b>directed</b> 95:8 <b>direction</b> 14:10 29:21 30:6 44:7, 18, 21, 25 <b>directive</b> 29:9, 18, 19, 22, 24 30:24 44:3, 21 45:1 77:6 <b>directives</b> 29:16 30:4, 10 34:3 75:2 <b>directly</b> 21:5 <b>Director</b> 3:1, 3 36:13 37:5, 7, 12, 24 38:3, 4 83:16, 23 96:4, 6 <b>directors</b> 89:16 <b>discovered</b> 44:11 <b>discussed</b> 40:13 <b>discussion</b> 71:9 72:6 86:19 <b>discussions</b> 41:2 <b>disease</b> 12:22 61:16 74:17 80:4 82:19 102:9, 15 <b>distance</b> 100:24 <b>distancing</b> 37:14 100:20 <b>distinct</b> 8:11 42:5 52:23 53:23 54:1, 6, 8 66:24 <b>distinction</b> 8:4 <b>distinguish</b> 36:24 <b>distraction</b> 55:7 <b>distributed</b> 32:15 <b>distribution</b> 98:9 <b>divergent</b> 102:23</p>	<p><b>Division</b> 2:11 22:15, 23, 24 24:2, 3, 4 58:23 108:7, 10, 15, 20 109:2 <b>Dobush</b> 63:3 86:11 100:14 <b>document</b> 61:23 63:2 <b>documentation</b> 76:1 110:4, 12 <b>documented</b> 40:20 99:15, 23 <b>documents</b> 44:5 78:15, 17 109:13 110:25 <b>doffing</b> 51:20 <b>doing</b> 30:17 55:10 73:25 99:6 <b>dollars</b> 23:6, 8 <b>domain</b> 14:9 <b>domains</b> 18:21 <b>donning</b> 51:20 <b>double</b> 49:21 <b>draw</b> 25:24 <b>drawing</b> 58:10, 12 <b>drill</b> 10:8 <b>driver</b> 9:17 <b>drivers</b> 9:4 <b>Drummond</b> 2:18 <b>due</b> 15:24  &lt; E &gt; <b>earlier</b> 83:17 89:13 99:2 102:7, 11 <b>early</b> 14:3 26:6, 9 27:3 28:22 31:5 32:2, 10 38:24 43:15, 19, 22 44:9, 17 47:9 52:4 56:3 63:6, 24 64:4 69:18 84:16, 20 95:17 98:5 <b>easier</b> 45:23 47:22 <b>eavesdrop</b> 60:1 <b>economics</b> 16:9 17:24 <b>effectively</b> 8:18 26:15 35:22</p>	<p>51:12 61:13 83:2 102:12 <b>efficiently</b> 109:15 <b>effort</b> 34:10 57:4, 19 65:13 72:4 76:10 <b>either/or</b> 49:5 <b>element</b> 5:7 30:13 70:1 <b>elements</b> 14:22 26:11 29:22 85:15, 17, 22 86:19, 21 87:2 94:6 97:25 98:25 103:22 <b>eligible</b> 10:22 <b>e-mail</b> 41:13, 17, 20 <b>emergency</b> 24:18 26:23, 25 28:7, 23 30:2, 19 32:4 33:14 40:14, 16 45:18 46:10, 18 47:12, 18 49:4 62:19 65:5 74:1 75:20, 23 98:12, 16 <b>enable</b> 108:21 <b>encounter</b> 42:15 55:19 <b>encouraging</b> 68:21 <b>ended</b> 34:6 61:6 103:12 <b>ends</b> 28:18 <b>engage</b> 18:2 89:8 <b>engaged</b> 24:22 26:11 58:15 66:5 70:17 89:16 <b>engagement</b> 26:12 39:1 40:3 55:14 65:1, 5 72:6 86:21 106:8, 18 <b>engaging</b> 57:5 <b>enhance</b> 107:21 108:13 <b>enhancing</b> 107:24 <b>ensure</b> 26:13 39:6 91:8</p>	<p>97:11 98:22 99:5 108:10 <b>ensuring</b> 28:18 42:19 56:5 57:14 69:12 93:7 <b>entirely</b> 13:1 42:12 <b>entities</b> 70:17 71:13 <b>entity</b> 36:25 <b>environment</b> 54:5 <b>equal</b> 89:4 <b>equality</b> 5:7 <b>equally</b> 8:10 20:8 37:21 108:12 <b>equipment</b> 37:15 <b>equity</b> 18:8 <b>error</b> 46:23 47:1 <b>Esq</b> 2:12, 13 <b>essentially</b> 12:15 17:7, 12 19:13 28:22 30:25 46:14 50:6 55:25 57:21 58:18 62:20 69:9, 11 70:11 77:7 84:23 107:15 108:6 <b>establish</b> 106:11 <b>established</b> 40:4, 6, 8 95:16 <b>establishing</b> 27:15 55:11 <b>Everybody</b> 5:11 27:6 59:13, 14 60:9 62:3 78:9 94:18 96:7 99:16 112:5 <b>evidence</b> 19:1 <b>evolve</b> 49:23 <b>evolved</b> 29:20 40:9 42:17 <b>evolves</b> 107:4 <b>exact</b> 16:3 22:4 61:6 <b>exactly</b> 53:1 79:19 <b>example</b> 8:6 17:19 22:15</p>
---	--	--	--	---

29:11 30:18, 22 39:19 41:14 44:19 51:19 52:23 66:25 71:1 88:17 91:1, 5 99:8 101:9 <b>excessive</b> 34:20 111:1 <b>exclusive</b> 11:17 <b>exclusively</b> 87:7 <b>excuse</b> 39:13 55:23 62:25 <b>execution</b> 27:23 72:1, 24 <b>executive</b> 64:19 86:10 107:17, 22 <b>exercise</b> 47:15 49:5 58:1, 7 88:4 <b>exist</b> 105:22 <b>existed</b> 50:3 99:22 <b>existence</b> 106:9 <b>expand</b> 34:16 <b>expect</b> 98:2 <b>expectations</b> 96:7 <b>experience</b> 15:6 88:1 <b>experiencing</b> 30:21 43:6 <b>expert</b> 73:17 <b>expertise</b> 50:3 51:3, 4, 25 58:8 83:10 96:25 <b>extended</b> 27:21 <b>extent</b> 23:16 33:4, 12 80:3 101:2 104:17 <b>extraction</b> 23:1  < F > <b>facilitate</b> 45:12 55:13 67:13 <b>facilities</b> 48:5 <b>facility</b> 31:8 <b>fact</b> 8:20 9:23 12:21 39:12, 16 46:16 96:17 104:11 <b>factor</b> 51:14 84:2 89:1 <b>factors</b> 11:11	<b>fair</b> 19:18, 20 21:18 46:19 70:8 71:21 79:24 <b>fairly</b> 20:12 45:16 <b>fairness</b> 53:1 <b>faith</b> 84:9 <b>fall</b> 28:17 66:11 76:4 77:13 79:20 95:10 96:1 98:7 99:5 <b>familiar</b> 73:9 <b>families</b> 75:8, 10, 14 84:9 <b>family</b> 75:19 86:5 87:1, 9 <b>family-owned</b> 36:8 <b>fashion</b> 111:25 <b>fast</b> 25:13 110:5, 15 <b>fearful</b> 82:20 <b>February</b> 31:5, 22 32:5, 10 44:15 107:12 <b>Federal</b> 63:21 <b>feedback</b> 94:15 <b>feel</b> 4:15 110:25 <b>felt</b> 67:15 75:24 108:15 <b>field</b> 21:2 <b>figure</b> 33:21 44:1 <b>figured</b> 99:20 <b>figuring</b> 14:4 <b>fill</b> 48:10 <b>final</b> 16:15 41:25 <b>finally</b> 99:25 <b>financial</b> 10:8 <b>financing</b> 17:12 18:7 <b>find</b> 59:23 <b>findings</b> 52:18 53:14 <b>fine</b> 5:4, 9 6:22 15:16 60:3 <b>finished</b> 32:23 <b>firstly</b> 31:20 <b>fiscal</b> 23:11, 15 <b>fit</b> 20:18 42:2	<b>fixed</b> 17:8 <b>flavour</b> 15:13 <b>flexibility</b> 27:1 40:15 45:11 46:5, 8, 19 75:18 98:21 <b>flip</b> 88:14 <b>flow</b> 12:11 17:17 21:4 23:6, 8 26:16 <b>flows</b> 12:7 <b>focus</b> 10:2 11:11 20:10 26:19 27:4 28:1 45:11 46:1, 7 47:9, 11 49:20, 25 54:7 55:17 58:5 72:4, 24 73:23 74:17 83:7 90:10 91:6 92:2 108:11, 12 <b>focused</b> 14:4 26:23 28:7, 16, 24 45:22 48:15 54:3, 4 55:4, 9 84:22 88:10 89:22 92:3, 6, 7 94:9 <b>focuses</b> 38:25 45:9 <b>focusing</b> 92:9 <b>folks</b> 33:19 <b>follow</b> 15:22 52:8 56:11 67:22 <b>followed</b> 6:16 <b>following</b> 50:21 54:18 106:23, 25 <b>follow-through</b> 51:18 <b>follow-up</b> 7:3 51:18 61:18 73:4 92:17 111:20 <b>Forces</b> 63:14, 23 <b>foregoing</b> 113:6, 14 <b>foreshadowing</b> 31:8 <b>form</b> 9:21 10:14 <b>formal</b> 7:12 19:9 41:1 88:4, 5 89:25	<b>formality</b> 4:23, 25 <b>formally</b> 63:19 66:11 97:7 <b>formed</b> 66:2, 14 <b>forms</b> 86:22 <b>formula</b> 11:24 16:16 17:3, 14 18:7 <b>for-profit</b> 16:8 17:11 35:22 36:6 88:25 <b>forth</b> 113:8 <b>forward</b> 10:3 24:24 76:7 77:13 88:12 91:7 96:22 100:7 103:11 108:4, 21 <b>four-bed</b> 11:6 82:11 101:6 104:5 <b>fourth</b> 99:25 <b>frame</b> 26:5 109:17 <b>framework</b> 14:5 27:15 37:9 90:6 <b>framing</b> 25:9 50:24 86:17 <b>Frank</b> 2:3 4:2, 5, 8, 14, 19, 21 5:2, 5, 10, 15, 20 6:4, 7, 15, 20 11:15 12:19 15:15, 18 18:12 29:4 31:3, 12, 17, 23 32:16, 23, 24 38:10, 20 40:19 41:3, 24 49:9 54:15 56:10 57:7 59:11, 20 60:8, 14, 23 61:22 62:2, 6, 11 65:18 66:13 67:21 68:4, 23 69:2, 19, 25 71:5 73:1, 19 76:18, 23 77:4, 12 78:2, 24 85:3, 25 87:17 92:14 93:21, 24 94:17 105:15 107:8, 13 109:6 110:16, 20, 24	111:4, 9, 23 112:4 <b>frankly</b> 55:6 72:3 104:24 106:20 <b>Fraser</b> 100:15 <b>frequency</b> 74:11 <b>frequently</b> 82:3 84:5 <b>front</b> 58:20 96:11 <b>FTEs</b> 22:25 <b>fully</b> 79:6 <b>function</b> 35:23 108:18 109:3 <b>functions</b> 23:23 24:4 58:24 <b>fund</b> 21:1, 2 <b>fundamental</b> 42:11 <b>fundamentally</b> 13:9, 23, 25 21:10 87:25 <b>funded</b> 16:24 42:12 97:1 <b>funding</b> 10:9, 11, 13 11:23, 24 12:2, 7, 10, 11 13:24 14:6 16:16 17:3, 5, 14, 21, 22, 23 18:6 20:4 21:1, 3, 14, 24 22:3, 4, 25 26:23 40:16 46:11, 13, 15, 17, 18, 24 73:10, 11, 12 76:8 85:17, 19, 23 88:20, 21 97:5, 21 98:13, 14, 16, 20, 23, 24 108:17 <b>funds</b> 73:4 90:21 <b>future</b> 20:19 99:24  < G > <b>gaps</b> 89:21 105:5 <b>General</b> 2:14 33:14 63:20 80:19 82:2 <b>generally</b> 33:24 82:11
--	--	---	---	---

<p><b>generating</b> 79:13</p> <p><b>germane</b> 7:18</p> <p><b>Gillese</b> 9:1, 2 81:10</p> <p><b>Gillese's</b> 81:12</p> <p><b>give</b> 15:12 30:18 52:16 59:14 107:2</p> <p><b>given</b> 78:20 93:13 105:23 106:12 112:2</p> <p><b>giving</b> 61:20</p> <p><b>gleaned</b> 19:23</p> <p><b>go-forward</b> 92:1</p> <p><b>Good</b> 4:3, 4 5:16, 19, 21 19:7 26:15 33:8 53:4 65:24 83:17 88:3 93:6 102:14 103:24 104:2, 17, 23 105:8</p> <p><b>governance</b> 99:1</p> <p><b>governing</b> 35:5 36:6</p> <p><b>government</b> 8:23 16:24 17:20, 22 56:14 63:21 66:23 67:2 77:10 108:4</p> <p><b>governors</b> 36:9</p> <p><b>granular</b> 47:15</p> <p><b>great</b> 109:16</p> <p><b>greater</b> 90:10</p> <p><b>greatest</b> 98:23</p> <p><b>ground</b> 59:9 62:22</p> <p><b>group</b> 64:22 65:20 95:17</p> <p><b>guess</b> 4:6 8:4 31:10 60:15, 25 68:10 71:10 79:12, 13 90:5</p> <p><b>guidance</b> 14:6, 7, 11 29:6, 8, 10 32:6, 8, 9 44:25 48:1 96:5 97:10, 11</p> <p><b>guide</b> 84:24</p> <p><b>guys</b> 5:18</p>	<p><b>&lt; H &gt;</b></p> <p><b>half</b> 10:21 61:6, 7</p> <p><b>hand</b> 84:22</p> <p><b>handle</b> 6:13 78:12</p> <p><b>hands</b> 6:11</p> <p><b>happen</b> 65:7, 8 67:13 70:2 72:5, 20 92:20</p> <p><b>happened</b> 11:9 31:21 33:13 43:1 47:19 72:20 93:10</p> <p><b>happening</b> 27:7 33:25 34:1 39:3, 8, 25 92:22 102:15 104:18 108:24</p> <p><b>happens</b> 31:5</p> <p><b>happy</b> 7:1, 5, 6 26:1 29:2 62:9 64:16 79:2, 8 94:4 100:11</p> <p><b>hard</b> 25:13</p> <p><b>head</b> 99:24</p> <p><b>heading</b> 34:12 53:5 81:3 98:7 99:5 107:12</p> <p><b>Health</b> 8:15, 19 9:24 12:6, 13, 25 13:9, 10, 19 14:9, 10, 12, 14, 15, 17, 19, 21, 24 15:5, 8, 9 18:19, 20, 21, 25 19:2, 5, 6, 10, 14, 16, 18 20:24 21:4, 11, 16 22:23 23:2, 8 24:17 25:4 27:14 28:4 29:17 32:3 33:5 35:8 39:19 40:8 43:2 44:23 49:18 50:4 54:3 56:24 57:6, 17, 18, 21 58:3, 10, 12, 13, 14, 20, 23 59:10 62:23 64:1 65:14, 15, 16 66:7, 8 67:23, 24 68:3, 7, 9, 11,</p>	<p>17, 18, 20 69:8, 10, 15, 16 70:18 71:2 73:4, 7, 10, 11 76:10, 11 79:16 83:9 85:10, 11 86:23 87:6 89:7 93:6 96:16, 17 97:2, 3 99:12, 13 100:3, 15 102:21 103:17 106:12, 14</p> <p><b>healthcare</b> 50:18, 19</p> <p><b>Health's</b> 21:19 32:14 73:18</p> <p><b>heard</b> 18:18, 25 42:1</p> <p><b>heavily</b> 59:1 87:4 89:16</p> <p><b>Heenan</b> 63:6</p> <p><b>Held</b> 1:14</p> <p><b>help</b> 65:6 75:3 76:14 78:22 100:5 109:16</p> <p><b>helpful</b> 55:5 78:8 79:5 111:6, 17</p> <p><b>Hi</b> 4:17</p> <p><b>high</b> 25:19 34:11 81:3 88:22</p> <p><b>high-level</b> 94:3</p> <p><b>highlight</b> 107:1</p> <p><b>highly</b> 46:3 51:9 90:7</p> <p><b>high-performing</b> 87:23</p> <p><b>high-risk</b> 55:17 74:22</p> <p><b>Hillmer</b> 61:20 81:24 105:7</p> <p><b>Hillmer's</b> 24:2</p> <p><b>hire</b> 97:6</p> <p><b>historical</b> 52:17</p> <p><b>historically</b> 17:3 90:7 103:23</p> <p><b>holder</b> 36:25 37:1</p> <p><b>holding</b> 86:14</p> <p><b>holds</b> 87:3</p> <p><b>home</b> 7:23, 25 8:9 10:12 11:10 17:7, 8, 9, 16 20:21 34:4,</p>	<p>15, 21 36:16, 21 37:2, 16 38:15 42:4, 7, 10 45:25 46:13 48:4, 12 53:2 54:7, 10 83:15, 23 84:1, 7 89:6, 8, 16 96:10 99:10 100:20 104:5, 6</p> <p><b>home-level</b> 100:2</p> <p><b>Homes</b> 7:11, 13 8:5 10:20, 21 11:1, 18 15:23, 24, 25 16:4, 8 21:2 23:6 28:3, 8 29:11 30:2, 4, 21 33:3, 22 35:4, 16, 22 36:6 39:5, 10 42:13 43:7 45:23 46:19 47:16 48:10, 22 49:15, 16, 17 50:6, 17 51:5, 7, 11, 22, 24 52:4 53:21 55:2, 12, 21 56:7 58:4 59:4, 5 61:3, 12, 15 63:14, 19, 24 69:13 70:25 71:9 74:14 75:11 81:5 82:3, 10, 22 83:1, 24 84:3, 5 87:22 88:14, 15, 18, 25 91:4 92:18, 24 93:8 97:6 98:21, 23 100:22, 25 101:3, 14 103:7 104:1, 3 106:10</p> <p><b>Honourable</b> 2:3</p> <p><b>Hope</b> 2:10 5:14, 19 22:20 35:25 36:3, 23 37:18 46:22 48:18 61:18 73:16 90:17 91:14, 18, 24 100:13</p> <p><b>Hopefully</b> 76:19</p> <p><b>hoping</b> 111:12</p> <p><b>horsepower</b> 108:16</p>	<p><b>hospital</b> 8:6 33:19 44:7 47:10, 21 48:11, 17 51:15 58:11 59:7 63:15 64:23 65:1 66:25 89:9 97:15</p> <p><b>hospitals</b> 15:2 48:2 50:4 65:3, 16 70:19 71:2 75:5 87:9</p> <p><b>hotels</b> 48:4</p> <p><b>HR</b> 94:10 95:12, 15</p> <p><b>hub-and-spoke</b> 96:24</p> <p><b>hubs</b> 97:11</p> <p><b>human</b> 28:4 58:20 62:23 64:1</p> <p><b>hygiene</b> 100:20</p> <p><b>hypotheses</b> 79:23</p> <p><b>hypothesis</b> 93:3</p> <p><b>&lt; I &gt;</b></p> <p><b>Ida</b> 2:20</p> <p><b>ideally</b> 81:20 101:14</p> <p><b>identification</b> 100:6</p> <p><b>identified</b> 34:18, 24 51:22 59:6 89:22 97:23</p> <p><b>identify</b> 34:9 47:16 50:13</p> <p><b>identifying</b> 47:11 59:3</p> <p><b>illustrate</b> 105:24</p> <p><b>illustrates</b> 107:16</p> <p><b>immediate</b> 45:16 46:9 79:14 101:16</p> <p><b>immediately</b> 95:25</p> <p><b>impact</b> 27:5 75:13</p> <p><b>impactful</b> 80:4</p> <p><b>imperfect</b> 102:13</p> <p><b>implement</b> 16:15</p> <p><b>implementation</b> 12:5 27:22</p>
--	---	--	---	--

<p>30:9 62:20, 21                  64:2 65:20                  72:11 86:20                  87:5 94:8, 23                  96:13, 23 98:1                  106:15, 19, 21  <b>implemented</b>                  64:10 97:12  <b>implications</b>                  31:7  <b>imply</b> 110:17  <b>importance</b>                  83:5, 15, 22                  110:12  <b>important</b> 8:1,                  11 15:1 42:20                  46:2 63:18                  65:8 67:15                  70:9 76:22                  79:21 84:2, 4                  89:1 110:25  <b>impression</b>                  69:22  <b>improvement</b>                  77:22 90:11, 15                  91:9, 21 92:12  <b>improvements</b>                  50:7 78:14                  97:22  <b>IMS</b> 63:7 66:4,                  12, 22 67:1, 9,                  11 74:9, 13                  76:13  <b>incentives</b> 95:3  <b>Incident</b> 28:6                  31:4 62:18                  63:3, 7 64:15                  66:14 67:12                  69:20, 23 70:10  <b>include</b> 96:8  <b>included</b> 9:2                  25:16 64:22                  83:14 84:13  <b>including</b> 9:4                  11:5 87:8  <b>increase</b> 22:7                  27:10, 17 33:18                  94:25 95:5                  96:19  <b>increased</b> 9:25                  10:1 22:5 49:25  <b>increases</b> 23:16  <b>increasing</b>                  48:12 49:15                  81:16</p>	<p><b>Indecipherable</b>                  22:24 36:1                  38:6 94:16                  100:23  <b>independence</b>                  13:5  <b>independent</b>                  70:17, 19 71:4  <b>indicate</b> 41:17  <b>indication</b> 70:8  <b>indications</b> 32:2                  98:6  <b>indicators</b> 93:12  <b>individual</b> 12:9                  34:14 36:25                  47:16 66:25                  72:15 100:2                  104:5  <b>individuals</b>                  64:21 97:8  <b>indulgence</b>                  111:12  <b>inevitably</b> 65:12                  72:2, 12 99:18                  109:25  <b>infected</b> 82:1  <b>infection</b> 28:3                  34:1 49:15                  50:1 52:18, 22                  53:8, 15 81:25                  82:3, 7, 8, 14, 17                  83:4 93:5, 12                  97:23 99:9  <b>infection-control</b>                  75:12  <b>influenza</b> 52:23  <b>inform</b> 88:11  <b>information</b>                  24:1 26:15                  39:9, 16, 21                  60:22 102:8  <b>informational</b>                  101:22  <b>informative</b>                  109:9  <b>informing</b> 95:21  <b>infrastructure</b>                  81:5 100:22                  101:8  <b>inhibit</b> 110:18  <b>INIT</b> 24:1  <b>initial</b> 93:14  <b>initially</b> 22:22                  66:7  <b>initiate</b> 32:4</p>	<p><b>initiatives</b> 94:21                  95:6 96:12                  108:25  <b>injection</b> 22:13  <b>Innovation</b>                  90:19, 20  <b>innovative</b> 95:4  <b>input</b> 87:8                  100:5 106:19  <b>Inquiry</b> 9:1, 2                  87:21 88:6  <b>insightful</b> 52:16  <b>inspecting</b> 54:10  <b>inspection</b>                  53:11 55:5, 9  <b>Inspections</b>                  39:4 51:6                  52:15, 17, 18                  55:17 56:1                  74:21, 22  <b>inspector</b> 54:8                  55:1  <b>inspectors</b> 53:7,                  20, 24, 25 54:3,                  21 55:21, 23                  56:2, 6  <b>instances</b> 30:3  <b>instill</b> 84:8 91:8  <b>integrated</b> 15:5  <b>intended</b> 30:10                  79:13 80:1                  92:5 101:8, 12  <b>intensity</b> 43:8  <b>interest</b> 108:3  <b>interested</b> 29:8                  31:14 50:15  <b>interesting</b> 68:2  <b>interim</b> 78:6  <b>interpret</b> 25:13                  70:10  <b>interrupt</b> 6:18                  69:3  <b>intersection</b>                  106:13  <b>interventions</b>                  74:16  <b>interview</b> 111:14  <b>introduce</b> 5:13  <b>introduces</b> 5:7  <b>investigation</b>                  80:7  <b>investment</b>                  16:10, 18, 23, 25                  18:9</p>	<p><b>involved</b> 58:1                  59:1 71:23                  79:25  <b>involving</b> 40:6  <b>IPAC</b> 37:13, 17,                  25 46:20 50:2,                  6, 8 51:3, 4, 13,                  15, 25 52:3                  54:10 57:24, 25                  58:6, 8, 11, 12,                  16 62:22 65:4                  74:16 82:18                  83:2, 10 89:10                  94:11 96:11, 20,                  25 97:6, 8, 9, 11  <b>isolation</b> 48:23                  49:1  <b>issue</b> 15:23                  70:5, 6 71:12,                  16 72:23 75:10                  84:14 98:5  <b>issued</b> 32:6, 10                  47:12  <b>issues</b> 20:22                  26:17 42:16                  51:16, 20 56:5                  72:13 79:17                  80:1, 4 81:13                  84:12, 21 97:18                  102:18 104:10                  105:10 106:21  <b>issuing</b> 49:4  <b>Italy</b> 27:8  <b>It'd</b> 111:17  <b>item</b> 41:8, 16                  111:16  <b>items</b> 24:24                  40:25 111:16, 20  <b>iterations</b> 64:3                  86:16    <b>&lt; J &gt;</b>  <b>Jack</b> 2:5 4:17                  18:14, 24 19:15,                  22 20:25 21:15                  22:1 35:1, 12,                  18, 24 36:10                  37:11 38:1, 17                  43:14, 22, 25                  45:3 47:5 48:7                  53:18, 19 54:13                  73:3 86:2                  87:11 92:16                  93:20 100:17                  101:19</p>	<p><b>Janet</b> 2:10                  5:14, 19 22:9,                  18, 20 35:25                  36:3, 18, 22, 23                  37:18 46:22                  48:18 49:7                  61:18 73:13, 16                  81:2 83:16                  90:3, 16, 17                  91:14, 18, 24                  95:14 100:13                  109:1  <b>Janet's</b> 22:15                  58:25 60:24  <b>January</b> 31:5, 22  <b>John</b> 2:24  <b>joined</b> 5:14                  23:10  <b>joining</b> 4:6  <b>joint</b> 42:24                  57:4 58:7  <b>jointly</b> 20:23  <b>Judith</b> 2:12                  5:12, 17  <b>July</b> 28:22                  74:11 79:13                  95:18 107:21  <b>jump</b> 22:9                  90:16  <b>June</b> 8:19                  27:22 46:16                  63:6 69:18                  73:25 74:10                  79:12  <b>jurisdiction</b>                  11:19 12:2 13:1  <b>jurisdictions</b>                  102:7  <b>Justice</b> 4:18, 19                  62:1 81:9, 11                  111:11    <b>&lt; K &gt;</b>  <b>Kate</b> 2:22  <b>kept</b> 41:1  <b>Kevin</b> 62:25  <b>key</b> 8:2 9:3, 17                  10:10 12:12                  14:15, 20, 22                  15:2, 5, 23                  20:10, 12 26:10                  29:15 38:25                  39:2 45:9 46:1                  49:20 50:9                  57:22 74:9</p>
---	--	---	--	--

<p>79:17 83:21 86:22 89:12 91:6 94:10 95:13 96:11 102:9 106:1, 4, 7, 18 108:23 <b>kicking</b> 73:25 <b>kind</b> 15:12 19:9 21:8, 17 22:24 23:9 25:13 26:10 27:21 30:5 59:15 62:22 66:3 67:17 69:6 74:12 79:22 83:3 86:13, 16 88:23 93:3 97:21 104:19 106:18 <b>Kingston</b> 92:18, 22, 25 93:2, 5, 7, 8, 11, 18 <b>Kitts</b> 2:5 4:9, 17, 22 18:13, 14, 24 19:15, 22 20:25 21:15 22:1 35:1, 12, 18, 24 36:10 37:11 38:1, 17 43:14, 22, 25 45:3 47:5 48:7 53:18 54:13 73:3 86:2 87:11 92:15, 16 93:20 94:4 100:17 101:19 <b>knew</b> 76:19 <b>knowing</b> 31:15 <b>knowledgeable</b> 78:13</p> <p>&lt; L &gt; <b>Labour</b> 53:21, 23 54:2 <b>labs</b> 14:22 57:21 <b>lag</b> 102:25 103:1 <b>laid</b> 37:8 <b>large</b> 87:5 <b>largely</b> 22:24 32:13 58:9, 10 94:11 <b>larger</b> 30:19 42:9 64:9</p>	<p><b>late</b> 31:5 33:25 63:5, 14 64:11 74:10 <b>Law</b> 2:12, 13 <b>Lead</b> 2:3 8:3 13:11 21:24 43:11 56:22 86:11, 12 107:17 <b>leaders</b> 18:21 35:8 <b>leadership</b> 13:17 18:16 24:19 35:3 65:6 83:15, 22 84:3, 6 86:6 89:2, 15 <b>leading</b> 41:11 81:2 93:11 95:14 <b>leads</b> 34:14 <b>learn</b> 80:9 <b>learned</b> 76:5 77:21 87:20 <b>Learning</b> 90:19, 20 <b>learnings</b> 83:21 84:24 <b>leave</b> 109:19 112:1 <b>led</b> 25:4 32:13 36:12 81:5 <b>legislation</b> 8:3 19:25 30:24 36:11, 20 75:21 <b>legislative</b> 19:9 24:17 37:9 68:10 <b>lessons</b> 76:5 77:21 87:20 <b>lessons-learned</b> 79:11 80:12 88:4 <b>Lett</b> 3:1 <b>level</b> 10:4, 6 25:19 27:12 34:11 43:12, 13 49:14 52:2 59:3 65:6 71:24 89:3 93:16 97:1 107:23 <b>levels</b> 34:20 81:14 82:7 99:9 100:21 <b>leveraging</b> 48:3</p>	<p><b>levers</b> 13:21, 23, 25 20:5 25:1 26:20 57:1 71:1 <b>LHIN</b> 59:8 <b>LHINs</b> 10:13 12:7, 8, 14 <b>liaison</b> 55:11 <b>licence</b> 36:24 37:1 <b>licences</b> 47:12 48:9 49:4 <b>licensed</b> 47:18 48:24 49:4 <b>licensing</b> 35:20 <b>lie</b> 13:18 <b>life</b> 4:9 92:7 <b>limit</b> 45:18 <b>limited</b> 54:10 <b>limiting</b> 101:5 <b>limits</b> 97:14 <b>Linkage</b> 82:16 <b>linked</b> 93:4 <b>local</b> 33:5 57:17 59:3 68:9, 12, 16, 19 69:10 70:18 89:3 99:13 <b>lockdown</b> 75:11 <b>log</b> 59:19 60:2, 5, 6 <b>longer-term</b> 95:21 108:5 <b>LONG-TERM</b> 1:7 2:9, 10, 19, 20, 22, 24 3:1, 3 7:11, 13, 23 8:4, 9, 14, 16, 17, 25 9:24 10:12 12:3, 9, 18 13:20 18:20 19:5, 23 20:18, 21 21:1, 7, 13, 22 22:22 23:15 24:21 27:11 30:2, 4 31:7 32:7 33:22 34:2, 7, 14 37:16 42:7, 21 43:12 44:2, 10, 14 47:21 48:10 49:15, 19, 22 50:5, 11, 19 53:21, 25 54:20 56:19, 23, 25 58:3 64:8</p>	<p>65:12 68:16 69:6 70:24 71:8, 9 75:5 81:17 82:8 87:8 91:4 92:18, 24 93:8 95:9, 15 97:6, 14 102:10, 20 106:2 <b>long-term-care-</b> <b>focused</b> 29:18 <b>looked</b> 92:23 <b>looking</b> 26:23 27:9 32:1 48:16, 22, 25 50:2, 10, 18 53:8 76:8 77:13 87:7 92:2 93:11 96:4 97:19, 20 103:17 107:21 <b>lot</b> 7:3 11:12 15:14 26:12, 19 28:1, 5 34:13 40:12 42:23 44:6 76:9 91:17 104:11 105:19 108:3 <b>lots</b> 86:21 <b>low</b> 34:24 93:4 <b>lower</b> 93:1 <b>lower-risk</b> 45:21 <b>low-performing</b> 88:1 <b>LTC</b> 15:11</p> <p>&lt; M &gt; <b>made</b> 53:15 63:20 67:16, 17 74:25 77:14 78:22 80:21 82:12 87:22 89:2 107:16 113:10 <b>magical</b> 92:21 <b>main</b> 36:15 <b>maintain</b> 4:25 <b>maintaining</b> 55:25 <b>major</b> 27:4 46:7 61:9 81:8 <b>majority</b> 10:11 16:3</p>	<p><b>making</b> 25:12 32:25 45:22 65:2, 8 <b>manage</b> 12:13, 15 15:1, 3 51:11 52:25 61:13 62:19 69:23 72:21 75:3 83:2 106:19 <b>managed</b> 8:15 28:5 59:9 <b>management</b> 24:18 28:6 30:2 33:11 40:15 43:11 62:18 64:16 66:3 69:20 70:10 82:12 84:10 87:23 <b>managers</b> 53:12 <b>managing</b> 36:16 38:4 48:25 52:22 59:2 110:9 <b>mandate</b> 8:23 19:9 20:13 66:12 <b>mandates</b> 36:11 <b>Mann</b> 2:14 <b>manual</b> 102:13 <b>March</b> 26:6 29:7 33:25 40:10 44:3, 17 46:7, 11, 14, 24 54:25 <b>mark</b> 44:2 <b>Marrocco</b> 2:3 4:2, 5, 8, 14, 18, 19, 21 5:2, 5, 10, 15, 20 6:4, 7, 15, 20 11:15 12:19 15:15, 18 18:12 29:4 31:3, 12, 17, 23 32:16, 24 38:10, 20 40:19 41:3, 24 44:4 49:9 54:15 56:10 57:7 59:11, 20 60:8, 14, 23 61:22 62:1, 2, 6, 11 65:18 66:13 67:21 68:4, 23 69:2, 19, 25</p>
--	---	--	--	---

71:5 73:1, 19 76:18, 23 77:4, 12 78:2, 24 85:3, 25 87:17 92:14 93:21, 24 94:17 105:15 107:8, 13 109:6 110:16, 20, 24 111:4, 9, 11, 23 112:4 <b>match</b> 111:19 <b>matched</b> 50:16 <b>matching</b> 50:13 59:7 <b>material</b> 44:14 58:19 87:16 <b>materials</b> 66:18 90:25 <b>Mathai</b> 2:13 61:25 111:11 112:3 <b>maximum</b> 98:22 <b>McGrann</b> 2:22 <b>measures</b> 13:2 <b>mechanism</b> 40:21 <b>mechanisms</b> 90:17 <b>Medical</b> 14:11, 19 19:1 29:17 32:14 37:7, 12, 24 44:23 57:18 58:14 68:17 83:16, 23 89:15 96:4, 6 <b>meet</b> 74:10 <b>MEETING</b> 1:7 41:22 62:24 74:11 <b>meetings</b> 41:23 <b>Mel</b> 100:15 <b>mentioned</b> 30:7 38:22 89:13 102:11 107:18 <b>mentioning</b> 63:13 <b>methodology</b> 52:17 <b>Michael</b> 24:2 61:20 81:24 105:7 <b>mid-April</b> 26:8 27:20 39:20 43:1, 21, 23	49:13 103:6 <b>middle</b> 27:24 <b>mid-January</b> 43:16, 23 <b>mid-March</b> 39:5 40:2 43:16 <b>mid-May</b> 27:20 28:11 <b>mid-year</b> 21:9 <b>Mike</b> 63:6 <b>military-style</b> 70:11 <b>million</b> 46:14, 15, 25 <b>mind</b> 37:20 <b>mine</b> 61:24 <b>Minister</b> 2:9, 10, 18 5:13 111:15 <b>ministers</b> 30:3 67:7 85:12 <b>ministries</b> 13:5, 14 23:10, 22, 24 24:5, 12 43:1 48:1 57:5 58:25 65:14 79:15 <b>Ministry</b> 2:14 8:15, 17, 19, 22 10:3, 12 11:17 12:2, 8, 16, 25 13:8, 10, 18, 20, 24 14:17 16:13 18:19, 20 19:4, 5, 10, 14, 17, 23 20:24 21:4, 6, 8, 11, 12, 16, 19 22:13, 14, 22, 23 23:2, 4, 8, 14 24:16, 21 25:4 26:6, 20 27:14 29:24 32:3, 15 35:8 40:7 42:1 44:22 49:18 53:20, 23, 25 54:2 56:19, 22, 24, 25 58:2 63:20 64:4 68:7, 11 73:7, 11 76:10 86:10, 23 87:3 90:21 95:16 96:16 97:2 99:12 100:15 106:12 107:4, 20 110:8	<b>minor</b> 97:20 <b>minute</b> 67:22 <b>minutes</b> 41:1 59:14, 17 60:4, 7 <b>misnomer</b> 69:21 <b>mitigate</b> 101:5, 13, 17 <b>mix</b> 10:5 <b>mixed</b> 52:5 <b>MLTC</b> 54:8 106:9 <b>Mm-hm</b> 91:11 <b>mobilization</b> 58:8 <b>mobilize</b> 50:2 <b>model</b> 10:9 98:22, 24 <b>modernization</b> 8:24 80:25 91:7 92:1 108:5 <b>modernized</b> 16:17 <b>moment</b> 15:19 66:17 <b>money</b> 18:5 21:10 <b>month</b> 98:3 <b>months</b> 16:14 75:17 <b>moral</b> 30:12, 14, 25 <b>morning</b> 4:3, 4 5:16, 19, 21 <b>mortality</b> 39:19 43:12, 13 61:17 103:3, 13 <b>mortgage</b> 17:13 <b>motive</b> 75:10 <b>move</b> 9:9 10:3 25:7 38:19 73:21 76:6 77:2 100:6 104:14 105:16 108:21 <b>moved</b> 74:12 <b>Moving</b> 27:19 33:19 96:22 108:4, 21 <b>multiple</b> 72:12 101:9 102:18 103:4 105:10 107:25 110:9 <b>multi-year</b> 23:17 <b>municipal</b> 16:7, 21 17:21 35:4,	7, 8, 16, 17 73:12 88:18, 21 <b>municipalities</b> 88:20 <b>municipality</b> 35:23 <b>mute</b> 5:17 94:18 <b>mutual</b> 72:7  < N > <b>nature</b> 29:8 41:7 43:6 <b>necessarily</b> 36:9 49:6 53:4 57:1 67:12 70:22 80:2 84:7 97:7 99:22 102:22 104:4, 9, 16 105:3 <b>necessary</b> 75:11, 25 <b>necessity</b> 57:3 <b>needed</b> 46:20 57:4 67:6 72:13 80:22 83:8 99:21 108:16 <b>needless</b> 25:10 <b>needs</b> 55:13 81:17 <b>NEESONS</b> 113:23 <b>negative</b> 75:13 <b>nested</b> 95:13 <b>net</b> 22:24, 25 49:4 <b>nevertheless</b> 43:9 <b>new</b> 8:22 9:18 17:7, 14 22:24 23:1, 3 49:4 75:21 76:13 86:9 <b>nexus</b> 83:3 <b>Nice</b> 4:10, 12 <b>nodded</b> 5:18 <b>non-COVID</b> 53:10 <b>normal</b> 23:17 52:21 <b>normally</b> 78:18 <b>Northern</b> 27:8	<b>note</b> 7:17 8:12 32:25 45:7 46:2 47:14 62:16 63:4, 5, 11, 25 64:13, 19 70:16 103:21 <b>noted</b> 47:24 <b>notes</b> 62:14 111:19 113:15 <b>not-for-profit</b> 16:1, 7, 20 17:11, 20 35:4, 7, 14, 21 88:24 <b>noting</b> 9:19 10:18 23:21 52:20 66:22 95:11 96:2 <b>number</b> 10:20 11:5, 10 13:16, 21 14:24 23:23 28:8 30:3, 19, 20 34:8 36:5 39:2, 8, 9 41:11, 18 43:2 45:6 47:14 48:12 50:12 51:22 57:25 61:6, 12, 14 63:14, 18, 23 64:3, 21, 23 65:13 70:17 71:22, 23 74:14, 24 75:16 76:4 79:11 80:20 81:10 91:14 94:21 96:11, 19 99:4 101:5 104:7 111:14 <b>numbers</b> 9:15 16:3 34:6, 23 95:8 102:25 <b>nurse</b> 36:13 <b>Nursing</b> 37:5 38:3 81:15 95:2  < O > <b>objective</b> 48:15 <b>observation</b> 51:9 52:1 70:9 <b>observations</b> 79:23 <b>obstacles</b> 31:13, 14, 18 <b>occupancy</b> 34:20 47:10 48:17 81:3
--	---	--	--	---

<p>97:14 100:22                  101:4  <b>occupational</b>                  54:3  <b>occurs</b> 6:17  <b>offer</b> 12:17  <b>Office</b> 2:12, 13                  22:17 58:15                  103:8  <b>Officer</b> 14:12,                  19 24:1 29:17                  32:14 44:23                  57:18 58:14                  68:18  <b>older</b> 10:22                  16:4 81:5 82:10  <b>Olha</b> 63:3                  86:11 100:14  <b>Olivia</b> 3:8                  59:21 61:23                  113:3, 24  <b>ones</b> 80:3                  87:25  <b>ongoing</b> 17:13                  51:23 66:3                  72:5, 24 74:1, 3                  83:5, 6 85:21                  91:21 97:12  <b>Ontario</b> 12:6, 12,                  25 13:1 14:14,                  18, 24 15:8                  18:20, 21, 25                  19:5, 16 40:7                  43:2 50:4 57:5                  58:3, 9, 12, 13                  59:9 65:14, 15                  66:8 67:24                  69:8, 15 71:2                  76:11 86:23                  87:6 96:17                  97:2 99:12                  100:3 106:12, 14  <b>on-the-ground</b>                  14:25  <b>onwards</b> 44:17  <b>operate</b> 42:9  <b>operational</b>                  67:17 106:11                  108:13  <b>Operations</b> 3:3                  19:17 108:7, 9,                  12, 13, 14, 18  <b>operator</b> 18:1                  64:23</p>	<p><b>operators</b> 10:13                  12:9 30:20                  34:15 42:8                  43:3 45:11                  105:2  <b>opportunities</b>                  77:22 90:8  <b>opposed</b> 92:4, 8  <b>OPSEU</b> 55:22                  56:5  <b>order</b> 66:19                  71:7  <b>ordered</b> 70:22  <b>orders</b> 26:25                  30:3 45:18                  53:15 75:20  <b>organization</b>                  107:9, 20  <b>organizational</b>                  36:12 107:3  <b>organizationally</b>                  62:17  <b>organizations</b>                  18:19 21:18                  52:11 65:13                  70:22 72:12, 16                  91:2  <b>organized</b> 52:3                  97:2  <b>outbreak</b> 33:3,                  11 34:4 43:10                  61:14 82:8                  99:11  <b>outbreaks</b> 34:1                  43:6 51:11                  61:4, 7, 9, 12                  74:7 93:1  <b>outcome</b> 92:2, 4  <b>outcomes</b> 89:17                  92:10 93:19  <b>outlines</b> 56:13  <b>outside</b> 44:25  <b>overall</b> 10:8                  13:11, 17 15:5                  20:10, 19 25:3                  50:24 54:6                  87:2 100:7                  102:2  <b>overlying</b> 21:17  <b>oversight</b> 21:17                  94:12  <b>overstate</b> 72:9  <b>overview</b> 7:5                  28:25 29:3</p>	<p>87:14 105:8  <b>owned</b> 36:7  <b>ownership</b> 58:18  <b>owns</b> 68:11                    &lt; P &gt;  <b>p.m</b> 1:16 112:8  <b>paid</b> 18:9 50:15  <b>Palin</b> 3:3  <b>pandemic</b> 7:19                  12:21 13:10, 13,                  17 15:6 21:21,                  25 24:12, 19                  25:2, 3, 10                  26:21 27:3, 5                  28:10 29:20                  32:3 33:3, 7, 13                  34:12 39:17                  45:12, 13 46:21                  48:15 64:2                  75:3 81:4, 9, 20                  91:1 96:6 98:6                  107:12 110:10,                  18  <b>parallel</b> 63:15                  74:1 76:3 108:3  <b>paralysis</b> 72:11  <b>Parker</b> 2:12                  5:12, 17 61:25  <b>part</b> 8:20 23:17                  27:24 49:23                  63:25 64:5                  66:2 74:23                  76:8 95:17                  98:5 100:7                  108:4 111:1  <b>participants</b>                  1:14 2:16                  65:10 79:15                  80:13  <b>participate</b>                  64:24  <b>participated</b>                  100:4  <b>participating</b>                  24:23 72:15  <b>particular</b> 30:20                  41:12, 15, 16                  48:1 51:21                  63:9 78:1 82:1                  84:17, 22 85:17                  86:23 89:9                  93:15 99:7                  104:6 108:23                  109:3</p>	<p><b>particularly</b>                  26:22 42:8                  45:19, 20, 22                  51:19 62:21                  65:16 75:14                  76:7 87:6 94:25  <b>partner</b> 15:3, 5  <b>partners</b> 14:15                  20:17 26:13                  27:14 33:5                  43:3 55:14                  65:3, 16 86:3,                  15, 22 89:7, 9  <b>partnership</b>                  94:11  <b>parts</b> 83:9 87:5  <b>path</b> 88:11  <b>patient</b> 27:13  <b>patients</b> 48:6, 11  <b>pattern</b> 81:23  <b>pause</b> 9:8                  11:13 106:24  <b>pay</b> 17:8, 13                  64:2, 5  <b>payment</b> 23:5  <b>pen</b> 86:14 87:3  <b>people</b> 33:21                  50:14, 15 69:14                  71:25 78:13                  79:25 86:4                  91:20 99:20                  101:9  <b>percentage</b>                  15:25 61:3  <b>percentages</b>                  16:21  <b>per-diem</b> 17:6  <b>perfect</b> 39:24  <b>period</b> 8:16                  17:9 18:10                  26:4, 8, 10                  27:19 28:6, 21,                  23 44:17 45:10                  56:3 63:5, 10  <b>permitted</b> 34:4                  97:16  <b>per-resident</b>                  17:6  <b>person</b> 36:15                  41:7 70:2  <b>personal</b> 37:14                  81:15 95:1  <b>perspective</b> 8:9,                  10 13:9 28:13                  58:6 64:20</p>	<p>72:22 73:18                  75:12 80:24                  81:1 85:24 93:6  <b>persuasion</b>                  29:10 70:1  <b>phase</b> 27:3                  28:15 30:19                  38:24 48:15                  87:4 99:20  <b>phases</b> 25:10,                  12, 13  <b>phone</b> 39:14  <b>physical</b> 37:14                  84:1 97:22                  100:19, 22 101:8  <b>physicians</b>                  83:23 84:1  <b>picked</b> 69:9  <b>pictorial</b> 64:15                  105:22  <b>picture</b> 10:8                  39:7 92:11                  104:20  <b>piece</b> 27:9                  39:3 40:1                  47:19, 24 57:11                  101:8 106:4                  108:24  <b>pieces</b> 20:12                  28:20 45:8                  58:21  <b>pillar</b> 98:11                  99:25  <b>pillars</b> 94:10  <b>place</b> 26:14                  33:6, 11 40:10,                  22 46:10 71:25                  74:13 75:2                  93:9 97:13                  107:12, 21 113:7  <b>placement</b>                  12:14, 15 47:21  <b>places</b> 12:17                  34:8, 17 82:25  <b>plan</b> 27:23                  49:19 50:25                  56:12, 18, 21, 22                  57:2, 3 62:10,                  20, 21 66:2                  71:8, 11, 15, 17,                  18 72:1 76:9,                  12 84:25 85:5,                  7, 9, 11, 12, 14,                  15, 22, 24 86:5,                  7, 9, 15, 17 87:2,</p>
--	---	---	--	---

<p>6, 12, 16 89:22 94:4 106:22 <b>planners</b> 71:19 <b>planning</b> 23:17 28:15, 24 33:4, 13 76:4, 14 77:5 79:20 80:8, 24 86:24 94:23 96:13 98:1 106:3, 7, 15 <b>plans</b> 30:23 33:4, 11 <b>play</b> 13:15 15:10 57:22 66:24 69:11 83:19 <b>played</b> 15:9 24:20 66:23 68:18 105:11 <b>players</b> 14:13 58:1 71:23 99:4 <b>playing</b> 57:18 <b>plays</b> 12:13 14:24 106:14 <b>point</b> 8:12, 21 9:13 10:10, 18 23:20 24:16 25:5 27:2 28:13 30:11 36:4 42:24 45:6 49:24 55:5, 11 56:25 57:13 62:17 63:9, 11, 25 75:7 79:19, 22 81:4, 16 83:13 89:15 97:16 98:6, 11 103:11, 21 105:23 <b>points</b> 7:17 9:19 42:11 45:7 62:14 64:12, 18 96:2 102:9, 19 104:8 107:2 111:14 <b>policies</b> 19:25 30:8 44:8 52:10 <b>Policy</b> 2:11 3:1 11:23 12:1, 17 13:24 20:4, 9, 15, 16, 17, 22 21:24 24:3 27:15 29:23 47:25 67:5</p>	<p>74:24 100:21 108:13, 19, 20, 22 <b>political</b> 67:19 70:15 <b>Pollard</b> 48:19 <b>poor</b> 82:18 <b>portal</b> 50:13 58:22 59:7 <b>ported</b> 75:20 <b>portion</b> 12:23 <b>position</b> 22:9 37:6 78:21 86:9 <b>positioned</b> 31:21 <b>positions</b> 37:2 <b>positive</b> 93:19 <b>possible</b> 17:19 39:7 96:18 99:6 101:2 104:22 109:16 111:21 <b>possibly</b> 110:5 <b>post-emergency</b> 73:24 <b>potential</b> 27:10 34:15 47:11 48:5 59:3 <b>potentially</b> 74:6 <b>PPE</b> 39:10 46:20 51:20 55:15 56:6 84:15 98:4, 7 102:17 <b>practice</b> 6:16 89:14 92:19 93:6, 16 99:15 <b>practices</b> 83:18 89:21 90:1, 18 91:1 <b>precisely</b> 53:7 104:20 <b>pre-COVID</b> 52:10 53:3, 8 <b>pre-existing</b> 80:20 89:5, 12 <b>prefer</b> 4:19, 20 <b>preferred</b> 10:17 <b>pre-pandemic</b> 33:2 <b>preparation</b> 28:16, 19 44:1 <b>prepare</b> 74:4 <b>preparedness</b> 13:12 33:14 51:13</p>	<p><b>presence</b> 14:25 84:1 96:10 <b>PRESENT</b> 3:6 <b>presentation</b> 24:15 111:5 <b>PRESENTERS</b> 2:7 <b>presenting</b> 6:17 <b>presents</b> 12:22 <b>pressure</b> 27:13, 18 78:12, 16, 19 109:24 110:1 <b>pretend</b> 110:7 <b>pretty</b> 93:18 103:12 104:23 111:10 <b>prevalence</b> 103:25 <b>preventative</b> 13:2 <b>prevention</b> 28:3 50:1 52:19, 22 53:9, 15 82:14, 17 83:4 97:24 <b>previous</b> 4:9, 15 51:6 108:8 <b>previously</b> 12:7 108:10, 18 <b>primarily</b> 57:16 58:2 79:13 84:14 93:4 <b>Princess</b> 31:4 44:11 <b>prior</b> 33:25 44:21 51:5 <b>priorities</b> 108:22 <b>private</b> 16:17, 20 18:1 30:19 35:4, 6, 10 <b>privately</b> 36:7 <b>problem</b> 71:6, 19 72:6, 7 78:15 <b>problem-solving</b> 106:20 <b>procedures</b> 19:3 <b>proceed</b> 68:21 <b>proceedings</b> 113:6 <b>process</b> 8:21 12:14 23:18 24:23 33:20 47:21 72:21 85:19, 21 88:6 89:25 96:14</p>	<p>98:1 99:19 102:13 103:7 <b>processes</b> 77:10 <b>produce</b> 111:24 <b>production</b> 78:17 <b>profit</b> 16:1, 4 18:3 <b>profitable</b> 16:11 <b>program</b> 10:24 20:11 86:18, 21 108:9 <b>programs</b> 108:17 <b>progress</b> 99:19 <b>progressively</b> 75:17 <b>projecting</b> 6:3, 8 <b>prolonged</b> 8:16 <b>promote</b> 90:25 <b>promptly</b> 78:22 <b>proportion</b> 9:20 17:15 <b>protective</b> 37:14 <b>provide</b> 10:6 17:1, 2, 15 22:25 25:9, 18 26:25 30:6 31:1 36:20 39:22, 24 45:2, 10 48:1 50:6 53:12, 14 76:14 94:5 96:4, 24 98:19 100:11 105:8 110:4 <b>provided</b> 6:1 8:24 10:12, 14 17:4 29:10 32:12 40:15 41:22 43:8 44:14, 19, 25 46:14, 18 54:12 58:16 69:13 75:17 97:10 98:13, 16 100:4 <b>provider</b> 17:20, 21 <b>provides</b> 7:12 14:18 18:25 60:21 64:14 <b>providing</b> 10:1 17:14 46:8, 10 55:11 64:5, 25 65:4 83:25</p>	<p>91:3 97:4, 5, 20 110:12 <b>province</b> 10:20 39:6 90:22 96:21 <b>provincial</b> 25:3 88:20 93:16 104:20 <b>provincial-level</b> 105:4 <b>provision</b> 11:24 14:6 26:23 <b>provisions</b> 75:23 <b>psychosocial</b> 91:3 <b>Public</b> 12:25 14:8, 10, 14, 17, 21 15:2 18:21, 25 19:2 39:18 50:4 57:6, 17, 21 58:12, 13 65:14 66:7 67:23, 24 68:3, 9, 16, 20 69:10, 15 70:2, 18, 19 73:4, 10 93:6 99:13 102:21 103:17 <b>publicly</b> 42:12 <b>pull</b> 13:22 <b>purely</b> 7:24 <b>pursued</b> 34:14 <b>put</b> 17:2 26:14 40:10 46:10 56:18 60:25 68:13 75:2 101:11 107:20 109:11 <b>puts</b> 78:11 <b>putting</b> 18:5  &lt; Q &gt; <b>qualified</b> 68:7 <b>quality</b> 54:11 84:3 90:11 91:9 92:6, 7, 11 <b>quantity</b> 84:19 <b>question</b> 6:17, 21 19:8 22:3 29:5 32:20 33:9 35:2 41:25 43:15 48:8 51:2 53:19 54:18</p>
---	---	--	--	---

57:9 61:3 65:25 68:2 72:17 77:19 78:1, 5, 20 79:3 86:3 87:18 88:3 94:4 101:25 103:19 <b>questioned-out</b> 73:20 <b>questions</b> 6:13 9:10 11:14 24:7, 11 25:5 26:1 29:3 40:18 47:4 49:8 50:24 62:10 64:17 65:17 85:2 86:1 100:16 105:13 106:24 109:7 <b>quick</b> 43:14 86:3 92:17 <b>quickly</b> 46:6 78:17 80:16 94:14 101:20 104:12 111:21 <b>quite</b> 15:14 27:3 34:24 51:12, 17 59:1 65:2, 8 74:15 79:1 90:24 93:15, 25 95:19 111:25  < R > <b>raise</b> 18:7 <b>raised</b> 51:17 <b>ramifications</b> 42:22 <b>ramp</b> 74:23 <b>range</b> 29:12 46:3 51:16 54:9, 11 95:6 97:21 <b>rapid</b> 45:16 <b>rapidly</b> 83:8 84:8 89:8 96:19 <b>rate</b> 82:8 93:1 <b>rates</b> 81:3, 25 93:4 <b>reach</b> 63:17 <b>reached</b> 41:17 <b>reach-out</b> 39:5 <b>read</b> 6:24 9:15	25:22 <b>ready</b> 61:1 62:7 <b>realistic</b> 101:13 <b>realities</b> 90:5 <b>reality</b> 7:22 71:22 74:4 101:3 <b>really</b> 7:12 19:3, 24 20:12 25:8, 9, 24 26:19 28:1 39:21 47:15 49:21 50:2 52:5 55:8 58:3, 5 66:9 73:23 74:2, 8 76:4, 6 77:16 80:3 82:23 83:6 84:4, 13 88:2 89:12 93:7 94:2, 9, 22 95:7 96:18 99:14 100:19 101:21 104:11, 19 105:8, 21 106:17 107:2, 21 108:21 <b>real-time</b> 39:7, 23, 25 102:14 <b>reason</b> 17:18 78:9 <b>received</b> 11:11 16:14 85:10 <b>Recess</b> 60:12 <b>recognition</b> 96:17 <b>recognizing</b> 31:6 <b>recommend</b> 78:14 <b>recommendation</b> <b>s</b> 9:2 44:8 50:7 67:16 81:11 95:19 96:9 100:25 101:10 <b>record</b> 41:6 <b>recorded</b> 40:20 113:11 <b>recovery</b> 28:15, 24 76:14 77:5 86:24 106:2 108:2 <b>re-deploy</b> 45:24	<b>redeployment</b> 15:7 50:18 59:2 62:24 82:25 <b>redeveloped</b> 17:7 <b>redevelopment</b> 9:6 10:23 15:24 16:7, 23 <b>reduce</b> 27:12 <b>reduced</b> 101:4 <b>reducing</b> 47:10 48:17 <b>refer</b> 10:25 <b>reference</b> 46:24 81:16 <b>referenced</b> 58:25 83:17 98:4 99:2 102:20 106:3 <b>referencing</b> 63:12 <b>referred</b> 67:19 <b>referring</b> 57:12 <b>reflecting</b> 79:18 <b>refreshed</b> 16:17 <b>regard</b> 109:15 <b>regarding</b> 11:23 <b>regime</b> 35:21 <b>regional</b> 14:25 52:2 58:12 96:25 <b>regional-level</b> 33:12 <b>regions</b> 15:9 19:18 50:3 52:3 58:10 59:10 100:3 <b>registered</b> 95:2 <b>regroup</b> 59:15 <b>regular</b> 64:25 67:2 74:19, 21, 23 77:9 85:19 100:7 <b>regularized</b> 99:23 <b>regulated</b> 42:13 46:3 <b>regulation</b> 30:1 52:9 91:10 <b>regulations</b> 7:14 19:25 33:9 37:23 45:17 53:3 75:21 91:12, 15	<b>regulator</b> 20:6 31:1 <b>regulatory</b> 13:24 14:5 26:24 40:14 42:14 45:19, 21 47:20 90:6 <b>reinforce</b> 24:16 <b>reinforcement</b> 51:23 65:11 <b>relate</b> 98:25 <b>related</b> 41:13 66:9 104:11 <b>relates</b> 21:20, 21, 25 37:25 <b>relationship</b> 13:5 15:2, 3 20:20 21:23 82:7 <b>relationships</b> 12:10 26:14 89:6, 12 99:21 <b>relative</b> 28:12 <b>relatively</b> 34:9 <b>released</b> 56:12 98:15 <b>releasing</b> 46:17 <b>relevance</b> 10:11 43:4 <b>relevant</b> 7:18 8:13 66:1, 5 <b>reliance</b> 83:9 <b>reliant</b> 87:5 <b>relied</b> 14:23 <b>reluctance</b> 4:23 <b>rely</b> 14:23 <b>remain</b> 23:23 74:13 <b>remainder</b> 17:17 <b>remained</b> 70:14 <b>remains</b> 13:11 104:24 <b>remarks</b> 113:10 <b>remember</b> 91:17 <b>remote</b> 55:25 <b>remotely</b> 1:15 <b>remove</b> 47:22 <b>repeat</b> 38:8, 9, 12 <b>rephrase</b> 22:8 <b>replaced</b> 76:13 <b>replicate</b> 89:20 <b>report</b> 68:11 78:7 81:12 109:18	<b>reported</b> 92:17 95:18 <b>REPORTER</b> 38:8, 12 113:4, 25 <b>REPORTER'S</b> 113:1 <b>reporting</b> 67:25 76:1 102:1, 4 103:5, 7 109:17 <b>represented</b> 87:1 <b>representing</b> 55:22, 23 <b>represents</b> 31:8 <b>request</b> 63:19 109:11 <b>requesting</b> 104:14 <b>requests</b> 110:9 <b>require</b> 20:15 30:22 31:1 51:23 85:16, 17 <b>required</b> 10:5 23:3 33:10 37:2 45:15 48:24 51:17 52:21, 24 57:2 65:7 71:24 72:2, 24 74:3 82:24 89:11 <b>requirements</b> 37:9 45:22 52:9 <b>requires</b> 72:3, 5 80:6 <b>requiring</b> 104:15 <b>Research</b> 90:18, 20 <b>resident</b> 10:17 11:4 81:17 104:22 <b>resident-funded</b> 42:12 <b>residents</b> 7:24 9:21, 25 10:14 12:18 34:19 49:24 54:7 57:15 68:15 69:5 75:10, 13 86:5 92:8 101:6 <b>resolution</b> 106:21 <b>resource</b> 28:4 67:6 <b>resourced</b> 88:22
---	--	---	--	---

<p><b>resources</b> 23:1 54:20, 23 58:16, 20 59:4, 5, 6, 7, 8 62:23 64:1 83:7 96:20</p> <p><b>respective</b> 24:12 37:23</p> <p><b>respond</b> 12:20, 24 19:11 26:15 27:1, 24 46:6 77:15 84:8 110:15 111:21</p> <p><b>responding</b> 30:17</p> <p><b>response</b> 7:19 8:7 9:1 12:23 13:10, 12, 17 14:3, 20 15:6, 11 21:21, 25 24:13, 18, 19 25:2, 3, 10, 19 26:9, 21 28:8 32:4, 8 38:24 42:16 43:15, 19, 23 44:1 45:12, 16 46:9, 21 47:9 49:13 62:19 64:1 65:12 66:2, 4 68:19 73:24 74:1 80:13, 21 81:20, 23 84:17, 20 87:4 95:22 100:8 106:8 110:11, 18</p> <p><b>responses</b> 40:13 42:19</p> <p><b>responsibilities</b> 54:9 99:1 109:14</p> <p><b>responsibility</b> 14:21 24:17 37:25 38:15 57:14, 16 66:9 69:7 86:13 97:9</p> <p><b>responsible</b> 19:24 20:4, 6 36:16 37:13 42:3</p> <p><b>rest</b> 23:7</p> <p><b>result</b> 28:9</p> <p><b>resulted</b> 34:19 41:8 63:22</p> <p><b>results</b> 51:10</p>	<p>71:10</p> <p><b>resume</b> 75:19</p> <p><b>resuming</b> 60:13</p> <p><b>Resumption</b> 75:8</p> <p><b>retention</b> 81:14 82:18</p> <p><b>retirement</b> 42:4, 7, 10, 13, 22 43:6 48:4 106:10</p> <p><b>retroactive</b> 25:12</p> <p><b>return</b> 59:15</p> <p><b>review</b> 75:22</p> <p><b>reviewing</b> 98:24</p> <p><b>Richard</b> 2:9 4:4, 10, 17, 18 5:1, 4, 9, 25 6:6, 9, 19, 22 11:21 13:3 15:17 16:2 17:1 18:23 19:7, 20 20:2 21:6, 20 22:6, 21 23:13, 20 24:7 29:12 31:11, 16, 19, 25 32:18, 21 33:8, 24 35:9, 13, 19 36:1, 17 37:21 38:6, 14, 18, 22 40:23 41:10 42:3 43:18, 24 44:12 45:5 47:2, 6 48:14 49:7, 11 51:1, 8 52:13 53:22 54:22 56:21 57:10 59:18 60:5, 17, 20 61:5 62:5, 8, 13 65:24 66:20 68:1, 6, 25 69:4, 24 70:7 71:20 73:6, 21 76:21 77:1, 7, 18 78:23 79:4 85:7 86:8 87:13 88:2 90:2 91:23 92:23 93:23 94:1, 19 101:1, 20 102:5 105:13, 18 107:10, 15</p>	<p>109:21 110:19, 22 111:2, 7</p> <p><b>right-hand</b> 10:7, 19 106:4, 5</p> <p><b>ring-fenced</b> 23:7, 12</p> <p><b>risk</b> 58:4 83:5, 6 94:12 100:1, 5</p> <p><b>robust</b> 98:7 105:3</p> <p><b>Rokosh</b> 3:3</p> <p><b>role</b> 12:5, 12 13:15 15:10 19:3, 13 21:19 37:4, 7 54:1 57:19, 22 68:19 69:11 83:16 96:5 106:14</p> <p><b>roles</b> 14:24 24:12 36:21 37:8, 10, 12, 23 45:25 99:1, 17</p> <p><b>roll</b> 104:19</p> <p><b>rolled</b> 68:14 94:23</p> <p><b>rolling</b> 98:2</p> <p><b>room</b> 10:16 59:21, 22, 24 101:10</p> <p><b>rooms</b> 11:6 82:10, 11 97:15 101:6 104:6</p> <p><b>Roopa</b> 2:14</p> <p><b>round</b> 69:5</p> <p><b>row</b> 25:16 28:14</p> <p><b>run</b> 9:13 35:7 101:21</p> <p><b>running</b> 35:14 70:2</p> <p>&lt; S &gt;</p> <p><b>safe</b> 17:25</p> <p><b>safely</b> 56:7</p> <p><b>safety</b> 54:4, 6 82:20 94:11</p> <p><b>sat</b> 21:10 57:16 58:19 67:1 108:10</p> <p><b>scale</b> 93:15</p> <p><b>scenario</b> 82:2</p> <p><b>scheduled</b> 7:3</p> <p><b>science</b> 14:20</p> <p><b>scientific</b> 14:18</p>	<p>19:1</p> <p><b>scope</b> 64:9</p> <p><b>screen</b> 61:23</p> <p><b>screening</b> 44:19 56:17 82:5</p> <p><b>se</b> 54:23</p> <p><b>secondly</b> 78:14</p> <p><b>Secretariat</b> 2:19, 21, 23, 25 3:2, 4</p> <p><b>sector</b> 8:2, 14, 25 9:7 10:1 14:7 15:4 16:8, 18, 21 18:1 26:12, 16 27:1, 6 30:6, 16, 20 32:6, 7 34:11 35:6, 10 39:22 40:6 42:4, 7, 10, 21, 22, 25 43:2 44:6, 7, 15 45:15, 19 46:2, 4, 11 50:16 65:16 76:1 79:16 81:19 86:25 87:9 90:1, 15 95:2, 9, 20 96:1 97:21 98:10, 13, 15 103:16 104:16 106:10 108:5</p> <p><b>sectors</b> 42:9, 15, 25 50:19 73:9</p> <p><b>secure</b> 17:12</p> <p><b>secured</b> 85:19</p> <p><b>seeking</b> 50:17</p> <p><b>self-assessment</b> 100:3</p> <p><b>Seniors</b> 42:1</p> <p><b>sense</b> 6:23 25:12, 19 39:23, 25 46:4 55:3 58:4 79:5, 14 80:9 102:2, 14</p> <p><b>separate</b> 66:9 100:14</p> <p><b>separated</b> 23:11</p> <p><b>separation</b> 23:22 48:12</p> <p><b>September</b> 1:15 98:3 113:18</p> <p><b>sequential</b> 25:14</p> <p><b>series</b> 40:3 44:24 45:17 80:11 81:18 89:18</p>	<p><b>serious</b> 54:25 61:8</p> <p><b>seriously</b> 46:6</p> <p><b>services</b> 23:25</p> <p><b>set</b> 21:9 23:3 29:25 39:4 40:5 71:3 81:19 100:14 113:7</p> <p><b>setting</b> 7:25 8:5 41:14 43:5</p> <p><b>settings</b> 27:16 48:2 50:5</p> <p><b>severity</b> 9:24</p> <p><b>share</b> 87:12, 15 90:25</p> <p><b>shared</b> 11:19 23:23 24:4 58:24 85:12</p> <p><b>sharing</b> 89:25 90:18</p> <p><b>shifted</b> 28:12 69:8, 15</p> <p><b>short</b> 13:4 72:17 95:12 101:18</p> <p><b>Shorthand</b> 113:4, 15, 25</p> <p><b>shortly</b> 98:15</p> <p><b>short-term</b> 80:24</p> <p><b>showed</b> 51:7</p> <p><b>showing</b> 82:22</p> <p><b>shows</b> 63:2</p> <p><b>side</b> 10:7 32:14 88:15 95:7 97:4 104:22, 24</p> <p><b>sign</b> 99:10</p> <p><b>significance</b> 9:17</p> <p><b>significant</b> 9:16, 20 10:2 11:11 12:5 13:4, 15 16:3 27:9 34:1, 10 43:10, 13 51:17, 23 61:11, 16, 17 62:17 68:12, 18 74:6 75:13 81:13 82:6 83:9 84:16 88:16 90:8, 14 95:8 98:5, 20 99:3, 11 106:13, 14</p>
--	---	--	---	---

<p><b>significantly</b>                  11:4 64:9                  74:15 88:19  <b>silver</b> 101:2, 16, 17  <b>similar</b> 42:16                  103:12  <b>similarities</b> 42:5                  43:9  <b>similarly</b> 17:21                  70:24 83:1                  103:3  <b>simply</b> 17:4                  34:10 92:9  <b>single</b> 72:18  <b>sit</b> 66:4  <b>sits</b> 12:1 77:9  <b>sitting</b> 12:14                  35:16 41:19                  72:18 108:19  <b>situation</b> 27:25                  84:10  <b>situations</b> 28:9                  82:24  <b>six-feet</b> 100:24  <b>slide</b> 6:25 7:8,                  11 8:13 9:9, 10,                  12, 14, 20 10:19                  24:8, 9, 15 25:7,                  8, 22 38:19                  41:25 43:19, 20                  45:6 46:23                  47:1, 4, 7 49:12                  56:11 60:18, 19,                  22, 25 62:9, 13                  63:12 64:13, 14                  73:22 74:8                  76:6, 25 77:3,                  20 79:9 84:22,                  25 85:2 87:14                  88:10, 15 94:2                  105:14, 18                  107:6, 7, 19  <b>slides</b> 26:2                  50:21 73:23                  77:25 79:1, 6                  80:17 101:21                  106:23, 25  <b>slightly</b> 8:11                  35:20 102:24  <b>small</b> 34:10                  86:12 107:16                  109:11  <b>small-scale</b></p>	<p>97:22  <b>Smith</b> 63:1  <b>Solicitor</b> 63:20  <b>solving</b> 72:6, 7  <b>somebody</b>                  19:10 56:20                  76:16  <b>somewhat</b>                  10:21 43:7                  47:20 54:1, 8  <b>Sorry</b> 6:18                  22:2 32:23                  36:3 38:8, 14                  43:19 52:7                  54:17 62:25                  69:1, 3 73:7                  76:16 101:23,                  24 111:11  <b>sort</b> 4:23 29:7                  31:6 71:12, 19                  87:21  <b>Sounded</b> 91:16  <b>source</b> 15:7                  21:5 29:21                  39:16 103:10  <b>sources</b> 28:5                  39:18 102:19                  103:5 105:11  <b>space</b> 11:4                  48:23 49:1  <b>spaces</b> 34:18                  48:4  <b>speak</b> 31:21                  36:18 44:16                  48:20 50:22                  77:25 78:9                  81:24 90:3                  94:14 109:2  <b>speaking</b> 73:8                  91:25  <b>speaks</b> 24:10                  56:12 74:8  <b>specialists</b> 97:6  <b>specialized</b>                  96:20  <b>specific</b> 22:7                  27:3 28:2                  30:24 36:21                  37:1 76:7, 12                  86:18 105:10  <b>specifically</b>                  37:25 45:21                  61:19 63:14                  92:24</p>	<p><b>specifics</b> 29:1                  61:21  <b>speed</b> 68:22  <b>spend</b> 46:20, 21                  105:19  <b>spent</b> 81:10  <b>spirit</b> 80:10  <b>split</b> 22:3, 7, 10                  108:6, 8  <b>spoke</b> 97:4  <b>sponsorship</b>                  64:19  <b>spot</b> 53:21  <b>spread</b> 61:16                  80:5 82:5, 19                  102:9, 15  <b>spring</b> 84:15                  98:17  <b>spun</b> 8:18  <b>squarely</b> 20:13                  28:14  <b>stabilization</b>                  30:23 76:9                  84:25 85:5, 7,                  11 94:3 95:12                  106:22 107:18                  108:2  <b>stabilizations</b>                  86:11  <b>stabilizing</b> 64:6  <b>Stacey</b> 53:10  <b>staff</b> 45:23, 24                  49:25 50:17, 19                  51:16 57:15                  59:8 63:23                  68:15 69:5                  74:19 81:15                  82:1, 2, 17, 19,                  22, 25 84:9                  88:22 91:3                  95:2, 8 97:8                  104:15, 21, 23                  105:1  <b>staffing</b> 10:5                  20:9 38:2, 15                  39:11 45:12, 14,                  24 46:20 49:17                  50:10, 11 55:15                  58:6, 22 61:9                  64:6 65:4                  74:16 81:8, 14                  82:24 83:4, 10                  88:23 89:11                  95:17, 22</p>	<p>102:17 108:23  <b>stage</b> 94:23  <b>stand</b> 59:13, 17  <b>stand-alone</b>                  22:16  <b>standard</b> 52:12  <b>standards</b> 11:3                  37:13  <b>standing</b> 57:25  <b>start</b> 11:8                  12:21 14:7, 8                  15:16 76:3  <b>started</b> 32:9                  44:18 62:24                  74:9, 22, 25                  76:6 82:18, 22  <b>starting</b> 21:12                  28:11 39:20                  46:11 63:24                  64:11 86:17                  103:6 107:22  <b>statistically</b>                  105:3  <b>staying</b> 100:20  <b>stead</b> 53:4  <b>Steele</b> 2:9 4:4,                  10, 18 5:1, 4, 9,                  24, 25 6:6, 9, 19,                  22 11:21 13:3                  15:17, 19 16:2                  17:1 18:15, 23                  19:7, 20 20:2                  21:6, 20 22:6                  23:20 24:7                  29:5, 12 31:11,                  16, 19, 25 32:18,                  21 33:8, 24                  35:2, 9, 13, 19                  36:1, 17 37:21                  38:6, 11, 14, 18,                  22 40:23 41:10                  42:3 43:18, 24                  44:12 45:5                  47:2, 6 48:8, 14                  49:7, 10, 11                  51:8 52:13                  53:22 54:22                  56:21 57:10                  59:18 60:5, 17,                  20 61:5 62:5, 7,                  8, 13 65:19, 24                  66:20 68:1, 6,                  25 69:4, 24                  70:7 71:20                  73:6, 21 76:21</p>	<p>77:1, 7, 18                  78:23 79:4                  85:7 86:8                  87:13 88:2                  90:2 91:23                  92:23 93:23, 25                  94:1, 19 101:1,                  20 102:5                  105:13, 18                  107:10, 15                  109:9, 21                  110:19, 22                  111:2, 7, 15  <b>Stenographer/Tra                  nscriptionist</b> 3:8  <b>stenographically</b>                  113:11  <b>step</b> 54:24  <b>steps</b> 95:24  <b>stood</b> 39:10, 12                  40:1 53:4                  102:12 103:6                  104:12  <b>stop</b> 9:8 29:2                  40:17 50:23                  65:17 85:1  <b>stories</b> 102:24  <b>story</b> 103:12  <b>straight</b> 7:7                  65:22  <b>straightened</b>                  5:23  <b>stranger</b> 4:16  <b>strategic</b> 8:24                  9:4 24:3 80:25                  95:13, 21 108:24  <b>strategically</b>                  10:3  <b>strategy</b> 20:10                  85:5 95:15                  108:23  <b>strategy-                  development</b>                  72:22  <b>stream</b> 48:6                  66:10  <b>streamline</b> 47:20  <b>streams</b> 26:11                  74:9 107:25  <b>strength</b> 89:5  <b>strengthen</b>                  95:25  <b>strictly</b> 16:24                  90:11</p>
---	--	--	--	--

<p><b>strong</b> 46:4 55:3 89:7 <b>structural</b> 31:14 82:9 104:3 <b>structurally</b> 62:16 <b>structure</b> 7:13 35:17 36:12 62:19 63:8 64:16 66:5, 23 67:10, 11 68:10 70:10, 12 74:13 88:4 107:3, 20 <b>structures</b> 26:13 67:2 <b>stuff</b> 86:6 <b>suasion</b> 30:12, 14 <b>subject</b> 66:5 <b>submit</b> 30:22 <b>sub-plans</b> 94:7 <b>subsequent</b> 26:2 41:12 85:16 <b>subsequently</b> 40:8 <b>subsidy</b> 17:5 <b>substantial</b> 9:5 <b>success</b> 84:2 <b>successful</b> 88:8 <b>successfully</b> 61:13 <b>sufficient</b> 66:17 84:19 98:18 <b>sufficiently</b> 53:4 92:10 <b>suitable</b> 34:16 <b>summarize</b> 88:13 <b>summary</b> 7:12 <b>summer</b> 8:19 16:15 <b>Sunil</b> 2:13 61:25 111:11 112:3 <b>Super</b> 6:9 <b>supplement</b> 17:20, 22 63:18 <b>supplementary</b> 60:22 64:5 <b>supplemented</b> 29:16, 23 30:7 50:11</p>	<p><b>supply</b> 37:15 94:25 95:5, 7 98:7 <b>support</b> 22:25 26:21 28:4 29:24 48:16 50:1, 7 52:4 55:2, 15 65:4 67:7 68:16 70:21 81:15 89:9 95:1, 20 110:10 111:3 <b>supported</b> 100:4 <b>supporting</b> 15:10 57:19 <b>supports</b> 28:2 91:3 <b>surveillance</b> 56:17 94:12 100:1 <b>suspect</b> 38:2, 5 <b>sustainable</b> 83:11, 12 <b>swabbed</b> 57:16 <b>swabs</b> 66:18 69:12, 13 <b>system</b> 14:14 27:13, 18 28:6 62:18 83:10 85:11 89:7 <b>systemic</b> 80:20  &lt; T &gt; <b>table</b> 13:16 40:6 42:25 62:24 67:1, 15 76:13, 14 77:5 86:4, 25 106:3, 10, 11 <b>tables</b> 24:24 40:3, 4, 5 105:22 106:2, 7, 18 <b>talk</b> 6:10, 25 14:2 15:13 41:18 43:15 59:25 77:20, 24 <b>talked</b> 15:22 33:18 62:8 81:6 <b>talking</b> 51:2 95:23 <b>team</b> 52:15 58:17, 25 86:6, 12, 13 95:14 105:7 108:12</p>	<p><b>technically</b> 21:10 <b>temporary</b> 45:24 48:5 <b>tend</b> 26:5 88:21 <b>tended</b> 88:23 <b>term</b> 95:12 101:18 <b>terms</b> 6:12 7:21 8:4, 24 10:4, 9 11:18, 21, 22 12:4, 23 13:10 14:13, 25 16:21 19:2, 8 21:1 23:5, 21 24:11 30:11, 13 32:7, 22 34:15 39:19 40:14 42:6, 16 46:3, 21 47:9 49:14 52:6, 8, 18 53:6, 8 55:12 57:24 59:23 62:22 70:13 71:17 72:1 76:11 77:20 79:19 80:4 83:21 84:7 87:20, 21 91:21 93:11 94:7 102:15 103:14 104:25 105:25 106:1 110:8 111:24 <b>tested</b> 104:13, 21 <b>testing</b> 14:22 49:22, 24 56:16 57:13, 20, 23 65:20 66:1, 4, 7, 15, 17 67:23 68:15, 22 69:5, 7, 14 70:3, 4 74:19 84:18 100:7 104:16 105:1 <b>tests</b> 57:14 <b>thanks</b> 4:6 49:7 105:12 111:5 <b>theme</b> 95:14 <b>thing</b> 53:2 111:12 <b>things</b> 13:6 20:9 39:2, 4, 10 41:18 46:4</p>	<p>47:14 48:22 52:14 55:10 56:16 66:22 67:13 81:21 83:14 89:3, 19 91:25 100:19 101:17 104:12 <b>thinking</b> 20:18 37:6 54:25 64:4 65:25 80:22 86:5 93:14 <b>thinks</b> 70:3 <b>third</b> 27:2 28:14, 20 47:8 50:9 81:4 98:11 107:19 <b>thought</b> 59:12 71:19 93:13 <b>tight</b> 109:23 <b>time</b> 8:16 27:8 28:21 42:17 46:5 56:1 63:9 64:10 74:5 78:16, 19 81:10 97:16 104:13 105:20, 23 109:17 113:7, 10 <b>timeline</b> 43:17 <b>timelines</b> 109:23 <b>timeliness</b> 84:19 <b>timely</b> 111:25 <b>today</b> 109:5 <b>today's</b> 111:14 <b>told</b> 12:20 98:15 <b>tools</b> 13:16 26:24 29:13, 25 30:5 91:3 <b>top</b> 25:16 72:19 106:4, 17 <b>top-up</b> 88:20 <b>total</b> 10:20, 22 79:4 <b>Totally</b> 109:21, 22 110:11, 22 <b>touch</b> 80:16 <b>touched</b> 47:8 <b>tracking</b> 39:5, 21 <b>trail</b> 41:13 <b>trained</b> 96:20 <b>training</b> 37:15 51:4 56:6 58:15, 19 95:4 96:9</p>	<p><b>tranche</b> 46:13 98:14 <b>transcribed</b> 113:12 <b>transcript</b> 38:11 111:18, 24, 25 112:1 113:15 <b>transfer</b> 23:5 <b>transferred</b> 23:12 33:22 34:7 <b>transferring</b> 59:24 <b>transfers</b> 34:4 <b>transitional</b> 27:16 <b>transitioned</b> 108:17 <b>translate</b> 31:9 <b>transparent</b> 102:3 <b>Treasury</b> 85:20 <b>true</b> 67:11 93:17 113:14 <b>trust</b> 84:9 <b>trying</b> 11:8 25:9, 18 26:13 27:17 28:2 30:16 33:21 44:1 70:20 71:14 72:8 76:16 79:7 81:22 89:20, 22 90:25 94:25 99:5, 14, 23 <b>turn</b> 39:14 109:25 <b>type</b> 10:16 86:3 <b>typically</b> 10:25 11:3, 4 37:4 55:4 88:19 <b>typographical</b> 46:25  &lt; U &gt; <b>ultimately</b> 14:10 17:25 34:22 42:24 52:24 63:22 64:8 66:6, 8 67:1, 5, 6, 19 68:8 70:14 71:3 73:5 74:12 77:8 86:18 89:10</p>
---	--	--	---	---

<p><b>underlying</b> 81:18</p> <p><b>underneath</b> 94:7 100:9 107:23</p> <p><b>understaffed</b> 83:1</p> <p><b>understand</b> 18:17 30:16 31:24 33:2 65:6 109:23 110:11, 23</p> <p><b>understandably</b> 75:9 82:19</p> <p><b>understanding</b> 11:8, 9 19:12 73:17</p> <p><b>understood</b> 26:17 45:14 109:22 110:2, 6</p> <p><b>undertaken</b> 58:2</p> <p><b>undertakings</b> 111:22 112:2</p> <p><b>underway</b> 96:12</p> <p><b>unfolded</b> 25:20</p> <p><b>union</b> 55:22</p> <p><b>unique</b> 64:7</p> <p><b>unit</b> 99:13</p> <p><b>units</b> 57:17, 21 66:7 67:24, 25 68:9, 17, 20 69:10, 15 70:18 73:4 102:21 103:17</p> <p><b>unwind</b> 75:1</p> <p><b>upfront</b> 17:15</p> <p><b>upticks</b> 74:6</p> <p><b>up-to-date</b> 33:3</p> <p><b>urgency</b> 110:11</p> <p><b>useful</b> 104:8</p> <p><b>&lt; V &gt;</b> <b>valid</b> 8:10 <b>value</b> 8:2 <b>variable</b> 51:10 <b>varied</b> 10:16 <b>variety</b> 47:13 95:3 <b>various</b> 19:18 24:24 28:5 40:24 65:10 79:14 80:13 86:15, 22 105:22</p> <p><b>vehicle</b> 31:6 90:23</p>	<p><b>VERITEXT</b> 113:23</p> <p><b>versions</b> 107:11</p> <p><b>versus</b> 83:24</p> <p><b>viable</b> 16:18</p> <p><b>vicious</b> 82:16</p> <p><b>view</b> 27:16 55:5 66:15 80:19 89:15 97:16</p> <p><b>views</b> 71:14</p> <p><b>virtual</b> 55:25</p> <p><b>Virtually</b> 1:14 83:25</p> <p><b>virtuous</b> 82:16</p> <p><b>visitors</b> 44:20</p> <p><b>visits</b> 75:8, 19</p> <p><b>volunteers</b> 50:13, 14</p> <p><b>&lt; W &gt;</b> <b>wait</b> 9:16 12:16</p> <p><b>waiting</b> 6:21</p> <p><b>wanted</b> 5:12 41:4, 18 56:11 64:12 80:8</p> <p><b>ward</b> 11:6 82:10 97:15 104:1, 6</p> <p><b>warning</b> 99:10</p> <p><b>Wave</b> 11:9 28:17, 18 68:14 80:5, 14 83:25 100:18</p> <p><b>ways</b> 24:10 50:10 67:10 70:25 78:12 88:14 89:19 102:6</p> <p><b>weekly</b> 62:24 74:13</p> <p><b>weeks</b> 14:3 84:16, 20 94:24</p> <p><b>weight</b> 28:12</p> <p><b>wholly</b> 23:13</p> <p><b>widely</b> 102:23</p> <p><b>Williams</b> 29:19 64:24 68:17</p> <p><b>willing</b> 93:25</p> <p><b>wind</b> 75:24</p> <p><b>window</b> 103:24</p> <p><b>winter</b> 28:17 77:13 96:1</p> <p><b>wise</b> 73:18</p> <p><b>wish</b> 7:6 38:23</p>	<p><b>won't</b> 7:14 25:22 106:25 110:7</p> <p><b>word</b> 30:15</p> <p><b>work</b> 11:20 16:13 26:12 27:9 45:10 47:25 48:6 50:16 56:2 57:8, 11 59:1, 2 65:2 66:6 68:9 73:24 74:9, 18 76:15 81:1 82:23 91:7 92:1 93:10 95:11 99:19 100:10, 19 107:25 109:24</p> <p><b>worked</b> 7:21 11:7 16:9 20:23 58:17 72:14 88:7</p> <p><b>worker</b> 81:15</p> <p><b>workers</b> 95:1</p> <p><b>working</b> 6:3 27:14 47:16 49:17 54:5 56:4 59:4 70:16 72:13 79:22 93:3 96:15</p> <p><b>works</b> 6:13 10:10 11:25 17:3 18:7 68:3 77:23 78:3</p> <p><b>world</b> 26:5, 7</p> <p><b>worth</b> 9:19 10:18 23:21 52:20 63:12 66:22 95:11 96:2</p> <p><b>&lt; Y &gt;</b> <b>yeah</b> 5:25 6:19 31:11, 19 33:8 35:12 36:17 44:12 57:10 62:5 69:24 70:7 71:20 78:3 87:19 88:2 92:16 94:2 101:1 102:5 104:20 107:10 109:21</p>	<p><b>year</b> 21:7, 8, 12 23:9, 10, 11, 15 81:12 95:18 107:5</p> <p><b>years</b> 9:23 16:5, 10 17:6, 9, 17</p> <p><b>yesterday</b> 13:9</p> <p><b>&lt; Z &gt;</b> <b>Zoom</b> 1:14 6:2</p>
---	---	--	---