

# Long-Term Care COVID-19 Commission

Via Zoom  
on Tuesday, September 15, 2020



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

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

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

2

3

4

-----

5

--- Held Virtually via Zoom, with all participants  
6 attending remotely, on the 15th day of September, 2020,  
7 3:04 p.m. to 4:35 p.m.

8

-----

9

10 BEFORE:

11

12 The Honourable Frank N. Marrocco, Lead Commissioner  
13 Angela Coke, Commissioner  
14 Dr. Jack Kitts, Commissioner

15

16 PRESENTERS:

17 Michael Hillmer, Assistant Deputy Minister for  
18 the Capacity Planning and Analytics Division

19

20 Jennifer Bridge, Acting Director, Health  
21 Analytics and Insight Branch, Ministry of Health  
22 and Ontario Ministry of Long-Term Care.

23

24 Kamil Malikov, Director, Ontario Ministry of  
25 Health and Ontario Ministry of Long-Term Care.

1 PARTICIPANTS:

2

3 Alison Drummond, Assistant Deputy Minister,

4 Long-Term Care Commission Secretariat

5

6 Dawn Palin Rokosh, Director of Operations With

7 the Long-Term Care Commission.

8

9 Derek Lett, Policy Director, Long-Term Care

10 Commission Secretariat

11

12 Amy Leamen, Counsel, Legal Services Branch for

13 the Ministries of Health and Long-Term Care

14

15 Ida Bianchi, Counsel, Long-Term Care

16 Commission Secretariat

17

18 John Callaghan, Lead Counsel, Long-Term Care

19 Commission Secretariat

20

21 Sunil S. Mathai, Counsel, Crown Law Office Civil.

22

23 Judith Parker, Crown Law Office Civil.

24

25 Roopa Mann, Counsel, Crown Law Office Civil.

1 PARTICIPANTS (continued):

2

3 Ann Christian-Brown, Counsel, Crown Law Office Civil.

4

5 Lynn Mahoney, Counsel, Gowlings

6

7

8

9 ALSO PRESENT:

10

11 Judith M. Caputo, Stenographer/Transcriptionist

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 -- Upon commencing at 3:05 p.m.

2

3 COMMISSIONER MARROCCO: I'd like to  
4 thank you folks for coming. I'm sure what you'll  
5 have to say will be of great assistance to us.

6 So without any further adieu, let's get  
7 started.

8 MR. HILLMER: I understand that the  
9 presentation will be projected and -- thank you.

10 COMMISSIONER MARROCCO: It's taken care of.

11 MR. HILLMER: Wonderful.

12 So what follows is a general overview  
13 of what our division does, and then we get into  
14 some specifics in terms of the kinds of information  
15 supports we provided during the -- and continue to  
16 provide during the pandemic specific to long-term  
17 care.

18 So I wanted to offer all of you as  
19 Commissioners, the licence to interrupt and digress  
20 and interrogate as necessary. I'm quite happy to  
21 have that happen, so I'll get started.

22 Next slide, please.

23 So the Capacity Planning and Analytics  
24 Division is one that provides -- that has access to  
25 a whole range of health data and has the skills and

1 expertise to combine that into dashboards,  
2 analyses, and information products to guide  
3 decision-making, policy formulation, performance  
4 management, situational awareness.

5 We also have a fairly sizeable  
6 investment in health and human resources, and  
7 provide expertise in planning and program  
8 development and operations in health and human  
9 resources.

10 Next slide, please.

11 You can see the branches here. I won't  
12 dwell on it other than to say that we do have  
13 centres of excellence for health data collection,  
14 combining that into dashboards and indicators in  
15 the Health Analytics and Insights Branch.

16 The Capacity and Health Workforce  
17 Planning Branch is the one that does the broad  
18 system-based planning and the health and human  
19 resource funding and program delivery.

20 And then our Health Data Science Branch  
21 focuses on methodologies, like forecasting  
22 predictions and simulations.

23 COMMISSIONER MARROCCO: Did the Health  
24 Data Science Branch do some forecasting in terms of  
25 the COVID-19?

1 MR. HILLMER: Absolutely. There are  
2 some slides where we'll get into that, and we can  
3 certainly dive into that in more detail.

4 COMMISSIONER MARROCCO: When did they  
5 start doing that?

6 MR. HILLMER: Kamil, I would ask you to  
7 respond to the timing.

8 We continue to do it, but when it  
9 started, Kamil?

10 MR. MALIKOV: April 20th.

11 COMMISSIONER MARROCCO: Thank you.

12 MR. HILLMER: Okay. Maybe we'll go  
13 right to the next slide.

14 So this is a schematic of some of the  
15 major sectors throughout the healthcare system.  
16 And what's highlighted beside each green box is the  
17 kind of information that we have access to as this  
18 division.

19 So, for example, in hospitals, we have  
20 a fairly rich picture of the patients served, the  
21 procedures offered, the administrative  
22 infrastructure and funding associated with all of  
23 that.

24 Of note, for long-term care, we have  
25 quite a rich resident-specific profile. In fact,

1 in some ways, long-term care is -- the residents of  
2 long-term care are perhaps the most finally grained  
3 and richly characterized of any sectors, population  
4 because of the assessments that are done.

5 So we know the cognitive status; the  
6 functional status; whether you're leaving food on  
7 the plate; your paying status. All of that we get  
8 after the fact about, you know, a quarter-and-a-half  
9 after the fact, but it does allow us to paint quite  
10 a rich picture of long-term care residents.

11 Other sectors we don't have as much,  
12 but what we are able to do is link it altogether  
13 and tell interesting stories, following patients  
14 and residents through time and space. And  
15 geography, because of this ability to link across  
16 the individual health card number.

17 So some of this is foundational  
18 information, some of which I'm sure you've seen  
19 before. But just to show you some of the ways in  
20 which we present it, and I think is relevant to  
21 your inquiry.

22 Obviously homes are operated by  
23 different types of providers. One fact that we  
24 found, and external academics have found, is this  
25 real distinction between the older designed homes

1 and the newer designed homes, and how those are not  
2 distributed across the different ownership types;  
3 that's the graph on the right.

4 The older homes really have about a  
5 50-50 split on the for-profit designation, and are  
6 not represented as highly in the other two  
7 ownership categories.

8 That has relevance for some of our risk  
9 categorization going forward, so just to keep that  
10 in mind as we go forward.

11 We'll keep going, please.

12 So one example of what we're able to  
13 tell you about long-term care residents in Ontario  
14 is the types of health conditions that they have.  
15 And not surprisingly, dementia sits right at the  
16 top with quite a high proportion, two-thirds of  
17 residents have dementia. And then you can see the  
18 other kinds of conditions.

19 These aren't mutually exclusive.  
20 Residents would typically have a half dozen of  
21 these conditions or more. They're generally the  
22 frailest, oldest members of our province.

23 So we'll keep going.

24 I wanted to show this to you, so that  
25 you'd have a baseline understanding of the number

1 of people that die in long-term care homes every  
2 year in Ontario. And by and large, it's around 21,  
3 22 thousand residents will die every single year.

4 And you can see the monthly variation,  
5 lowest in the summer and then it starts to move  
6 upwards in the fall as respiratory season starts.

7 This kind of data comes from the fact  
8 that we are able to link across different kinds of  
9 data sets. Because one piece of information that  
10 might come out in other discovery sessions that  
11 you're doing is, Ontario doesn't have a very quick  
12 or contemporaneous death registration system. So  
13 we don't necessarily know who has died in the  
14 population in a timely manner.

15 So for long-term care residents, what  
16 we end up doing is linking across our different  
17 data sets whether it's the registered persons  
18 database, which is essentially the list of  
19 everybody with a health card number in the  
20 province, with hospital data, long-term care data.  
21 And from that, we're able to paint a fairly  
22 accurate picture of who has died in the sector, in  
23 a much more timely way than the vital statistics  
24 process can offer.

25 We'll keep going.

1                   So this was a schematic that was  
2 presented early on in the pandemic that painted a  
3 typical patient journey. This is based in the  
4 community, but it's really just to share for  
5 illustrative purposes.

6                   So that we work closely with program  
7 and policy colleagues who create documents like  
8 this, to help guide their programming. But then  
9 what they let us do is, design a surveillance and  
10 performance management framework.

11                   So that we might look at the virtual  
12 option category and say, "well, we need to have  
13 good data coming from the tele-health operator;  
14 from primary care claims; and from the website,  
15 telling us how many people did the  
16 self-assessment."

17                   And we would comb through our data  
18 holdings and determine whether we had that. If we  
19 did, what was the appropriate way to construct the  
20 indicator? If we didn't, we'd try to source that  
21 data. And the same goes for long-term care.

22                   So we'll get into some of the data that  
23 we have, and where some of its strengths and  
24 weaknesses lie. But just to kind of give you a  
25 general insight into how we try to construct our

1 oversight of programs from a data and an indicator  
2 perspective.

3 Next slide, please.

4 So some of the core data sources we  
5 used for tracking COVID-19, and this is inclusive  
6 of the general population as it is the long-term  
7 care population.

8 So the Integrated Public Health  
9 Information System, "iPHIS" as we affectionately  
10 call it, and now being replaced by the Case Contact  
11 Management System, "CCM", which is implemented in  
12 31 of the 34 public health units is what we  
13 consider to be the authoritative public health  
14 information data source.

15 So by legislation, the Health  
16 Protection and Promotion Act, early on in the  
17 pandemic, COVID-19 was declared a reportable  
18 disease, such that any positive case had to be  
19 entered as an individual line entry by a public  
20 health unit into this data system.

21 So you'll find a record entry for every  
22 positive case; the person's name, their health card  
23 number. We don't see their name, we do see a  
24 health card number, so we can link it. You get  
25 demographics, source of acquisition of the -- best

1 known ascertainment of the source of acquisition.  
2 And importantly, you get the public health unit's  
3 understanding of whether it was associated with an  
4 outbreak or not.

5           So you could imagine yourself having  
6 contracted COVID-19 as part of a workplace. So  
7 your positive case would be entered into this data  
8 system, and then the field investigator would call  
9 you and start to determine how your case came to  
10 be. And they might find out that you worked in a  
11 call centre, and there were five of your colleagues  
12 who were also possible.

13           At that point, they would declare your  
14 case to be part of an outbreak, and they would  
15 apply a code within the data system to say that not  
16 only are you an individual positive case, but  
17 you're also associated with an outbreak. And this  
18 applies to long-term care homes as well.

19           So the field investigators go through  
20 this process. It's a little easier in the  
21 long-term care home because of the fact that you're  
22 a resident there. But it's important for you to  
23 know that you can both be an individual, and as  
24 part of a higher order outbreak.

25           The Daily Bed Census is a key data

1 source for us because -- Commissioner Kitts will  
2 know this well -- we don't have, generally,  
3 real-time hospital or clinical information systems  
4 at the regional level.

5           You know, as CEO of the Ottawa  
6 Hospital, he would have known on a daily basis what  
7 was happening, but the systems don't always talk  
8 well to each other. So when we want to know things  
9 like the number of people hospitalized with COVID,  
10 we actually had to send out a specific survey to  
11 the hospitals through this Daily Bed Census summary  
12 asking each hospital to tell us how many people  
13 were hospitalized with COVID-19.

14           COMMISSIONER MARROCCO: Are they  
15 obliged to respond?

16           MR. HILLMER: That's a good question,  
17 Commissioner.

18           We did not put a formal obligation  
19 into, you know, a contractual instrument, or a  
20 funding instrument.

21           But through what I would classify moral  
22 suasion, we get basically on any given day,  
23 100 percent, give or take. And for those that  
24 don't, we follow up with, you know, a series of  
25 friendly, progressively not friendly letters.

1                   COMMISSIONER MARROCCO: Was your  
2 experience that there was a good response, or -- I  
3 heard 100 percent, but there was a good response?

4                   MR. HILLMER: When we launch  
5 information requests from -- particularly, the  
6 hospital sector, we find the compliance to be  
7 excellent.

8                   And when it's not, it's usually because  
9 there's a very good reason. It might be a small  
10 northern hospital that is underresourced and maybe  
11 can't do a Saturday submission, because nobody in  
12 the department is working that day.

13                   So I would say this is true of the  
14 hospital sector. In my general experience, the  
15 long-term care home sector is more variable, just  
16 because it's a more heterogenous sector than the  
17 hospital sector, and you have smaller homes right  
18 up to big corporate chains who have the back office  
19 capable of reporting daily.

20                   COMMISSIONER MARROCCO: Thank you.

21                   MR. HILLMER: ICU submissions were an  
22 important marker for us for the severity of COVID.  
23 So there is critical care information system that  
24 monitors all admissions, discharges and a range of  
25 other characteristics relating to the ICU system.

1 We were able to get a sense from that system daily.

2 The other absolutely critical  
3 information system is what's known as the Ontario  
4 Laboratory Information System. It is a record of  
5 almost every lab test offered in the province, and  
6 so not only is it a record that the test happened  
7 and what it was, but the value as well. And again,  
8 the health card number so it can be linked.

9 So what it offers over the public  
10 health information system, is that it gives you  
11 all -- it gives you all the people tested, and  
12 whether they were positive or negative. What it  
13 doesn't offer is -- it's not as good at telling you  
14 the location of that individual within a particular  
15 retirement home or long-term care home.

16 So we're always having to triangulate  
17 or mix the appropriate sources of data to tell us  
18 what we hope will be the best answer to a  
19 particular question.

20 COMMISSIONER MARROCCO: Does that  
21 include -- so that's all labs, public and private?

22 MR. HILLMER: By and large, yes.

23 There are a few exceptions to that.

24 But, yes, I would say that the simple answer to  
25 that is, yes. And we can probably do a bit of a

1 follow up for you to kind of characterize what's  
2 not included. But what's important is all COVID  
3 tests are in there.

4 COMMISSIONER MARROCCO: Right, okay.  
5 Regardless of what lab you went to, whether it was  
6 public or private or...

7 MR. HILLMER: Yeah. So the public  
8 health labs are the public ones, and they get  
9 entered. And again, the Dynacare, or you know,  
10 another private provider would be in there as well.

11 Next slide, please.

12 So moving on to the more unique  
13 long-term care data sources. I've already covered  
14 the public health.

15 So the MLTC inspector's data set, we  
16 colloquially will call that the "daily tracker".  
17 This was a data set initiated earlier by colleagues  
18 in the Ministry of Long-Term Care where inspectors  
19 would call homes daily and ask about the number of  
20 people with staff residents with COVID-19, the  
21 number of deaths. There would be a range of other  
22 important information, at least from an analytical  
23 perspective, like details on human resources  
24 shortages.

25 You know, can you fill shifts within

1 the next 48 hours? How many regular staff are you  
2 using? What's your supply of personal protective  
3 equipment?

4 So all of those are potential mediators  
5 of spread within your facility, both entry into the  
6 facility and spread within the facility. So we  
7 continue to use that as a key source of data to  
8 understand who is infected within a facility.

9 I've mentioned the continuing care  
10 reporting system, that's the information system  
11 where the assessments are entered, and so we get  
12 really detailed clinical information.

13 Its weakness, of course, is that it's  
14 not timely. We don't get it until, you know, a  
15 couple of quarters after the fact.

16 The coroner's data is there. So we use  
17 this data to try and determine what, you know, this  
18 idea of how many excess deaths were there above and  
19 beyond what's normal and above and beyond COVID  
20 itself.

21 So you might have seen really nifty  
22 analyses published in the New York Times or  
23 Financial Post where they tried to do an excess  
24 death analysis. As I mentioned, we can't do that  
25 in Ontario for the general population until years

1 after the fact.

2 But Dr. Huyer implemented a system in  
3 the middle of April, where he asked each home --  
4 each home is obligated by law to tell when a  
5 resident has died, but what he implemented in the  
6 system is, please tell us when somebody dies,  
7 whether that person had COVID; was likely to have  
8 died of COVID, but you just didn't get the test  
9 done in time; or not related to COVID.

10 So we have, from mid April to close to  
11 the end of June of everybody who died,  
12 characterized by those three criteria. Because,  
13 again, we know who has died from the public health  
14 data, but we don't know who died who didn't have  
15 COVID. So you don't have that full picture. So  
16 again, trying to triangulate the full picture here.

17 Next slide, please.

18 COMMISSIONER COKE: Let me just ask a  
19 question.

20 Is somebody, I guess if they died  
21 strictly of COVID and it wasn't the COVID that led  
22 to some other issue. Do you know what I mean? It  
23 could be related death, but not directly.

24 MR. HILLMER: 100 percent, Commissioner Coke.

25 This is one of these things that's --

1 this is probably, you know, unless you were doing  
2 kind of a deep forensic exercise, there's going to  
3 be some miscategorization.

4 So by and large, if you were testing  
5 positive from COVID and you died, you were  
6 classified as having died because of COVID.

7 I mean, I think there are some  
8 scenarios where that wouldn't have been the case.  
9 I think it's that "probable" category that's less  
10 precise.

11 But I think the point you make is  
12 exactly right. And having done the excess death  
13 analysis, that later on Minister Fullerton had  
14 several of those same kinds of questions. And some  
15 of them are, at the end of the day, unanswerable.

16 What we do is rely on the -- you know,  
17 there's some clinician insight going into the  
18 categorization. But, you know, in long-term care  
19 with the number of deaths that happened, and the  
20 inherent uncertainty that comes with being precise  
21 about that, I would say there's probably some, on  
22 the margin, some cases that were categorized in the  
23 "probable", that might have been in the "not  
24 related" and vice versa.

25 COMMISSIONER COKE: Thank you.

1 MR. HILLMER: That's something that  
2 we'll have difficulty answering with a high degree  
3 of precision, because of the challenging clinical  
4 presentation of COVID. And again, it's an  
5 inherently imprecise exercise unless you get right  
6 down into a true forensic investigation.

7 COMMISSIONER MARROCCO: Commissioner Kitts.

8 COMMISSIONER KITTS: Michael, thank you  
9 for this.

10 I'm trying to figure out sort of the  
11 key metrics measurement before COVID and then how  
12 things might have changed post or during COVID.

13 Are you going to come to that, or is  
14 this appropriate to ask the question now?

15 MR. HILLMER: No, please go ahead,  
16 Commissioner.

17 COMMISSIONER KITTS: So we've heard  
18 about long-term care performance reports, I think  
19 maybe done by inspectors in the long-term care  
20 sector.

21 I'm just wondering, what were the key  
22 metrics that you captured, and from what data  
23 sources pre-COVID to determine whether a long-term  
24 care home was performing up to speed or not,  
25 pre-COVID?

1 MR. HILLMER: I think that's a great  
2 question.

3 So I think you've hit on a key  
4 distinction in that the inspector and, you know, in  
5 compliance with the legislation was something  
6 that -- so the results arising from the inspector  
7 process and the complaints process, those are all  
8 data systems and processes, you know, I'll use air  
9 quotes here, owned by the Ministry of Long-Term  
10 Care.

11 We access them from time to time to  
12 assist them with their analysis. So we would, in  
13 order to help the Ministry of Long-Term Care, we  
14 monitor a whole range of indicators related to  
15 institutional characteristics, which are inherently  
16 static. Like the number of homes, the number of  
17 beds, you know, some aspects of financial health  
18 and HR health. We monitor the wait list, the  
19 number of people on the wait list.

20 Once you're in the home, we use  
21 primarily the Continuing Care Reporting System to  
22 characterize a whole range of health and functional  
23 status indicators. So, number of chronic  
24 conditions; you know, proportion of residents  
25 requiring support with activities of daily living.

1 And then, you know, those are all ones we do as a  
2 matter of course. And we've got, you know, our  
3 long-term care dashboard that people can access to  
4 get some of these statistics.

5 And then a whole range of more ad hoc  
6 analysis. So, you know, a colleague might ask us  
7 about polypharmacy, and we would do that analysis,  
8 but maybe not repeat it. Or, can you please tell  
9 us, you know, the number of -- oh, sorry, I've  
10 overlooked an important one, and I'll ask my  
11 colleagues to fill in here.

12 But transfers to hospital is a big one  
13 for us, we monitor that routinely. Not only  
14 because it sits in the Ministry LHIN Accountability  
15 Agreement, but it's a good marker of quality that  
16 we want to have our eyes on. Falls is another big  
17 one.

18 And at this point, I'd ask my  
19 colleagues to jump in to help round that answer  
20 out, because I will not do it justice.

21 MS. BRIDGE: Some other things are just  
22 sometimes wait times would be, you know, to get  
23 into LTC, but not actually about patient condition,  
24 but wait times to go in is another thing that is,  
25 you know, monitored sometimes as well.

1                   COMMISSIONER KITTS: I'm just sort of  
2 trying to understand if the key metrics that we  
3 were following in long-term care were robust, or  
4 detailed enough, or not too high level, to perhaps  
5 predict which homes might have more difficulty with  
6 a pandemic than others.

7                   Do you think that the data was there,  
8 or it was captured that could show that, or was it  
9 just too high level?

10                  MR. HILLMER: I think it's a good  
11 question, Commissioner. I will offer an informed,  
12 hopefully informed response to the question.

13                  I think -- what we've observed so far,  
14 because I think there are two aspects to the  
15 answer.

16                  One is, what's the probability of  
17 infection entering the home? And then once it  
18 enters, what's the probability it's going to  
19 spread?

20                  And we found clear correlates of what  
21 determines whether it enters the home. And we get  
22 into that a little bit later, but just to kind of  
23 answer your question. We did have the data  
24 beforehand. The data that we found to -- let me  
25 back up.

1           The biggest determinative of whether  
2 COVID enters the home we found was the rates of  
3 community COVID. And I think that was something  
4 that might have been self-evident, but we were only  
5 able to verify it after the fact. And verify it  
6 with some level of precision. And you can even see  
7 it in the -- you know, in some of the mobility data  
8 that's presented later on in this presentation.

9           So I think in terms of constructing a  
10 probability of COVID entering the home before COVID  
11 struck, I think the data existed, I just don't  
12 think the knowledge to construct the analysis  
13 existed necessarily.

14           In terms of spread, I'll answer that  
15 two ways. We found the case fatality rate hovers  
16 around 30 percent, you know, so of those cases that  
17 have COVID, how many people die, you know, three  
18 out of ten.

19           This seems to be consistent with other  
20 jurisdictions as well. So it seems as if, as an  
21 individual in a home, once you have COVID there's  
22 not necessarily a whole lot -- a therapeutic  
23 approach can do to help you, it's about 30 percent.

24           The correlates have spread, though. We  
25 did have that data, and that's why I highlighted

1 the design standard. The design standard is  
2 essentially a proxy for crowdedness. And the older  
3 homes have more of these multi-occupant rooms,  
4 shared bathrooms, much harder to cohort  
5 individuals.

6 You know, the much newer designs have  
7 these, you know, pods that are -- have some  
8 physical separation from other pods, so cohorting  
9 becomes -- infection control as a discipline  
10 becomes much easier in a newer home.

11 COMMISSIONER KITTS: Yes.

12 MR. HILLMER: So we had those data. I  
13 mean, us as a division, we didn't analyze that data  
14 from an infection-spread perspective. So I hope  
15 I'm answering your question.

16 COMMISSIONER KITTS: No, it is a  
17 difficult question and I think you've covered it  
18 nicely.

19 It looks like the more detailed metrics  
20 appeared during the crisis where a much sharper  
21 focus on design standards, compliance with public  
22 health practices, PPE, IPAC and staffing, those are  
23 not necessarily followed routinely as metrics might  
24 predict which homes would do better in an outbreak  
25 or not. They're new since COVID; is that correct?

1 MR. HILLMER: I think that's fair to  
2 say, Commissioner. We would have never had any  
3 information on PPE for any sector.

4 We had some information on staffing,  
5 but it came in, generally, as part of quarterly or  
6 annual submissions. And it wasn't necessarily  
7 granular. Like we didn't necessarily know, there  
8 are this many PSWs providing these many hours of  
9 care.

10 We always understood the resident  
11 characteristics in quite granular detail. Again,  
12 as a division, we never had any line of sight into  
13 infection prevention practices.

14 So of those three, sorry, of the four  
15 if you include design standards, really only did we  
16 have some line of sight into the staffing that we  
17 would, you know, sometimes characterize as part of  
18 reports and dashboards.

19 COMMISSIONER KITTS: That's good, thank  
20 you, Michael.

21 MR. HILLMER: Yeah, my pleasure.

22 Okay. Let's keep going. I think I've  
23 covered this, in that this is just getting into  
24 some of the more details of how we used the  
25 coroner's data, and how it ended up being a really

1 valuable data source for us, and provided a great  
2 characterization.

3           You know, you'll have to forgive me.  
4 Sometimes, as somebody who gets excited about data  
5 analytics, I use words like "great" when we're  
6 talking about ways to capture death. And that's by  
7 no means other than to say, I like a good data  
8 system and it excites me. Please don't take any  
9 offense from that.

10           So we'll keep going, because now I  
11 think we move into part of the presentation where  
12 we start to get into some of the information  
13 products we've launched.

14           So early on in the pandemic, we  
15 launched an online interactive mapping and report  
16 tool. And you can see the different aspects of the  
17 sector and pandemic that we monitored. And, you  
18 know, a whole range of people were able to sign  
19 onto this and use it to check in daily; we updated  
20 it daily.

21           And on the right you'll see a map that  
22 shows the -- you know, the "L's" are long-term care  
23 homes; the "Rs" are retirement homes; and the green  
24 circles are representations of ICU and acute  
25 capacities. So that, you know, we always launch

1 these in collaboration with program planners and  
2 people who have other levers at their disposal.

3 So this was something that our  
4 colleagues wanted to be able to see, to understand,  
5 you know, where there are gaps, where there was a  
6 high concentration of homes, and not much acute  
7 care or ICU capacity. Just one kind of snapshot  
8 example from this dashboard, and we continue to  
9 update this dashboard until this day.

10 Next slide. This is another dashboard  
11 that we designed in collaboration with the Ontario  
12 health regions. And there is a specific dashboard  
13 for each of the five regions. And then within,  
14 there are these subdashboards that show different  
15 aspects of the health system, always related to  
16 some aspect of the pandemic response.

17 So the "surgical" tab was to help them  
18 understand what procedures were in arrears, and how  
19 progress was being made to make up the gap that had  
20 happened during the shutdown; what the PPE supply  
21 was.

22 This "COVID" tab is just a whole series  
23 of regional-specific information. The number of  
24 people in your region with COVID, again, updated  
25 daily with the number of active cases, number of

1 long-term care cases.

2 So the regional structure had a daily  
3 situational awareness arising from these  
4 dashboards.

5 Next slide.

6 So early on in the pandemic we were --  
7 you'll see this in the early versions of the  
8 command tables scorecard. If you haven't seen,  
9 you'll be getting as part of your document  
10 submission process.

11 We constructed this one-page snapshot  
12 of what was happening in the home sector in terms  
13 of cases and deaths and the rate of change. We  
14 didn't continue to do this because it ended up  
15 being incorporated into different other aspects of  
16 the Command Table Scorecard, but we wanted to just  
17 show you what some of the command table members  
18 were seeing specifically here.

19 Next slide, please.

20 So this gets to your question earlier,  
21 Commissioner Kitts, around predicting and  
22 forecasting -- actually, Commissioner Marrocco you  
23 made this point as well, of what's happening in the  
24 home sector.

25 So within the general population, it's

1 relatively easy to make a prediction about what's  
2 going to happen with an epidemic. And, you know,  
3 these kinds of techniques are used by disease  
4 epidemiologists all the time, and people like  
5 Dr. David Fisman or, you know, others like that  
6 will apply a curve that just makes certain  
7 assumptions about the number of people infected;  
8 the number of people who recovered; the number of  
9 people who die. And they follow a kind of  
10 predictable ascent and descent process.

11           What we did here was that we used that  
12 same idea, but essentially treated each home as a  
13 person, and tried to predict when that home would  
14 move into outbreak status. And that map, that  
15 little tiny map there is what lies behind each of  
16 those dots as the very nifty forecasting  
17 methodology that predicts the individual risk of  
18 the home entering outbreak.

19           And then from that, we're able to say,  
20 "okay, these are the numbers of homes that are  
21 going to move into outbreak and when". And then  
22 once they've done that, we kind of make a separate  
23 prediction of the spread within the home itself.

24           And once that process runs through --  
25 if you can go to the next slide, please -- we're

1 able to say, you know, "here is the upper and the  
2 lower boundary of the number of homes that will  
3 move into outbreak".

4 So we ended up, as Kamil said, starting  
5 close to the end of April, presenting this weekly  
6 as part of the Command Table Scorecard.

7 The red line is the number of homes  
8 that went into outbreak. And then we realized we  
9 were sort of undercounting, because homes can  
10 re-enter outbreak. And so that's why you see the  
11 higher yellow line to reflect the fact that homes  
12 went into outbreak multiple times potentially.

13 Yes, thank you, next slide.

14 There's a follow up to that, showing  
15 the number of cases and deaths. And we did this to  
16 both, you know, showcase just what could be  
17 expected. And I think at the early parts in early  
18 April, you know, the high and the low bounds were  
19 giving kind of the limits of possibility to the  
20 decision makers at the command table, but also as  
21 the pandemic progressed, it offered opportunities  
22 for reflection on our further directives required.

23 You know, should we introduce more  
24 restrictive measures around mobility? Should we,  
25 you know, further shut down homes? I'm speaking

1 hypothetically here but, you know, this was the --  
2 this was the general purpose for which these  
3 forecasts were created and hopefully were used.

4           Okay, yeah, next slide.

5           So there was a big question around how  
6 did COVID get into the homes? And somebody was  
7 introducing COVID into the homes. And, of course,  
8 I think that seems self-evident.

9           But what this analysis shows is that  
10 there's a high degree of predictability and  
11 correlation between when COVID rates go up in the  
12 community, and then what happens subsequently  
13 within the home sector.

14           And so if we want to focus in on the  
15 top left in the Ontario quadrant. The orange line  
16 is rates of community COVID, non-long-term care  
17 COVID in the communities in Ontario. And then  
18 what's happening in the long-term care home sector.

19           And you can see the rate of ascent and  
20 the patterns closely mimic each other. Even so  
21 much so that that subsequent community spike was  
22 associated with a long-term care spike as well.  
23 And this is borne out in each region as well.

24           And so on the right, you can see, you  
25 know, it's about 20 days, depending on the region

1 from when the rates of community COVID go up to  
2 when you can expect a spike to happen in the  
3 long-term care home sector. And this is through  
4 the first wave of the pandemic.

5 We are now monitoring closely to see if  
6 all of the hard work that has been done through  
7 public health assessments, and supply of PPE, and  
8 training on best practices of infection control,  
9 we'll see this pattern borne out again. And we're  
10 actually seeing it in real-time now, because we do  
11 have a few hot spots that we're watching closely in  
12 Ottawa, Peel and Toronto.

13 And so, you know, just for example,  
14 Ottawa is sitting right now between 20 and 25 cases  
15 per 100,000. And we're using a rule of thumb that  
16 we'll talk about a little more when we get to the  
17 risk matrix of alerting homes when they're in a  
18 community that is 10 cases per 100,000 or above,  
19 based on this analysis.

20 So we're really trying to take the  
21 lessons learned from this analysis and build it  
22 into empirical thresholds that are linked to  
23 specific actions. It's not just about monitoring  
24 the data, it's about knowing that the data then  
25 leads to something specific happening.

1                   So I'll maybe keep moving on to the  
2 next slide. This is a slide that gives you a lot  
3 of information. And it was a specific analysis  
4 that Deputy Steele asked for, because he would  
5 always get the number of homes in outbreak. And I  
6 think what was hidden from him was, what was  
7 underlying that? How many homes are entering and  
8 exiting outbreak status? And, what's the extent of  
9 the outbreaks? Are individual homes getting worse,  
10 or better? And so we continue to do this.

11                   And what it shows is, you know, these  
12 are all the number of homes that are in outbreak  
13 status right now. And the intensity of the colour  
14 represents how many people were infected in the  
15 home, staff and residents. And the homes that are  
16 written down in red, are in a repeat outbreak.  
17 Then the ones shaded in blue, are these older  
18 standards. And then you can quickly see, you know,  
19 which have kind of come and gone; or which are new;  
20 which are getting worse.

21                   So he really liked this presentation of  
22 data. And so it now ends up in the scorecard every  
23 week as well.

24                   And then just knowing that Commissioner  
25 Kitts is from Ottawa, we do unfortunately have one

1 Ottawa home that has upwards of 20 people infected  
2 in it right now. So that's kind of what I meant by  
3 we're trying to, you know, link what we've learned  
4 to be as real-time in our surveillance framework as  
5 we can be.

6 Next slide, please.

7 So this was an analysis we did -- there  
8 was a lot of interest from -- you probably have  
9 heard of the Central Coordination Table by now, the  
10 "CCT". You know, kind of the uber command table,  
11 where the secretary cabinet and other senior execs  
12 sit.

13 The Deputy was interested in this, and  
14 this whole idea of, you know, above and beyond  
15 people dying with COVID, was there excess death  
16 happening in the long-term care home sector. We  
17 were able to do this analysis by combining all  
18 these different data sources, and particularly  
19 relying on the coroner's data.

20 So you'll remember I started the  
21 presentation with that kind of historical mortality  
22 pattern. So we know in any given week what the  
23 five-year average of people dying in any given time  
24 period.

25 So you can see, you know, this

1 represents kind of mid-April until the end of June,  
2 which is exactly corresponding to the coroner's  
3 data collection.

4 And so right at the beginning, in  
5 mid-April, you know, that's roughly, you know, 300  
6 deaths a week. And then we're able to categorize,  
7 okay, well, the next category of people dying are  
8 the ones with confirmed and probable COVID deaths.  
9 In that case, it's the red.

10 And then kind of the non-COVID deaths  
11 that are potentially above and beyond what would  
12 normally be expected, is kind of that -- I don't  
13 know what you'd call it, but like an orange dotted  
14 colour. And you can see it in, at least in  
15 Ontario's case during this period, seems to be  
16 small, and gets smaller as time goes on.

17 So, you know, we tentatively concluded  
18 that for better or for worse, the number of people  
19 dying in homes above and beyond normal, were  
20 largely related to COVID. And by the end of June,  
21 had largely returned to the historical patterns  
22 that we've observed over the last five years.

23 COMMISSIONER MARROCCO: Why was the  
24 coroner's timeframe selected or followed?

25 MR. HILLMER: Yeah, it's -- selected

1 for analysis or why did he put it in place for  
2 those time periods?

3 COMMISSIONER MARROCCO: Why did you  
4 choose the same time period?

5 MR. HILLMER: That's a good question,  
6 Commissioner Marrocco.

7 We can only do this analysis with the  
8 data arising out of the coroner's data set.  
9 Because we don't know from any other data set the  
10 people dying unrelated to COVID.

11 So his data was the only data that told  
12 us the total number of people dying in homes on any  
13 given day during that period. Otherwise, we would  
14 have just been able to show you the red part of  
15 that graph, not the yellow or the orange, because  
16 of the way the data categorization worked.

17 So every day, every home submitted to  
18 the coroner, the total number of people who died,  
19 and then categorized by not related, probably  
20 related, and definitely related to COVID.

21 So it's one source of data, should  
22 another spike in cases happened, that I would  
23 advocate for it to be started up again. And the  
24 reason -- I mean, Dr. Huyer can speak for himself,  
25 but I think by the end of June, the number of COVID

1 deaths were very small. So collecting data is  
2 always a process, you know, done by overseers. And  
3 at that point, again, I don't want to put words in  
4 his mouth, but I think that balance had tipped,  
5 because the number of COVID deaths was very small.

6 COMMISSIONER MARROCCO: Was there any  
7 reason why the data couldn't be reported directly  
8 to you?

9 MR. HILLMER: No, there is no reason.  
10 He does, within the Coroner's Act, have a -- there  
11 is a legislative obligation for homes to report  
12 deaths within some time period of them happening to  
13 the coroner. So he leveraged that legislative  
14 obligation to bring the additional  
15 characterization. You know, we can either work  
16 with him or just ask directly.

17 But the simple answer is, there is no  
18 reason, other than we would just need to figure out  
19 the best way to make it happen.

20 COMMISSIONER MARROCCO: Could you  
21 compel the production of the information?

22 MR. HILLMER: I don't know the  
23 technical answer to that. So I would have to get  
24 back to you after conferring.

25 I mean, there are different ways to

1     compel.  You can make it an obligation of funding,  
2     that's often how we compel.  And then other pieces  
3     of legislation can compel directly.  But maybe I'd  
4     get back to you specifically on that.

5                 COMMISSIONER MARROCCO:  That's fine,  
6     yeah.

7                 MR. HILLMER:  Okay, thank you.

8                 Commissioner Kitts, it looked like you  
9     had a question.

10                COMMISSIONER KITTS:  I was just going  
11     to ask whether going back to the epi curve, which  
12     starts, I think, on the 4th of April, where there  
13     are very few deaths, who would help fill in the  
14     first week of April if that was important?

15                MR. HILLMER:  Sorry, I didn't quite  
16     catch the question, I apologize.

17                COMMISSIONER KITTS:  So the question  
18     here is why did we start on the 14th of April?

19                And I think if you go back to the epi  
20     curve that you showed, it was just starting to rise  
21     in the early, first week of April.  So I doubt that  
22     the number of deaths would have been very large.

23                MR. HILLMER:  Yeah, I mean, I think we  
24     show it on the right here, where you can kind of  
25     see the, you know, the component omitted.

1                   And I think it was just the timing  
2 required to get the system up and running on the  
3 coroner's piece. I mean, he'll be able to answer  
4 probably more precisely as to the reasons, but I --  
5 my educated response/speculation would be, it just  
6 takes time to get the data systems up and running  
7 and that was as quick as they could do it.

8                   COMMISSIONER KITTS: Okay. Thanks,  
9 Michael.

10                  MR. HILLMER: Okay. Now we're going to  
11 give you an overview of how we're trying -- yes,  
12 next slide, please -- how we're trying to help our  
13 long-term care colleagues understand risk. And  
14 this is the product of what we learned through the  
15 first phase of the pandemic. And I'm going to hand  
16 it over to my colleague Jen Bridge to walk you  
17 through how this system works and how we try to use  
18 it.

19                  MS. BRIDGE: Thank you, Michael.

20                  So this is something that we had  
21 proposed in late -- proposed in mid to late July in  
22 working with our colleagues in the Ministry of  
23 Long-Term Care and understanding their needs.

24                  And it was in response to the Deputy  
25 really wanting to have an understanding of, you

1 know, what can we do that might help us before we  
2 get to a point where there's problems. Help put  
3 some homes on the radar that could be at risk, so  
4 that we know who they are, and start to think about  
5 what do we want to do about this.

6 And so we came up with a framework that  
7 we could filter the homes through to try and look  
8 at increasing risk. And most of these things are,  
9 you know, dealing with things that we knew from the  
10 evidence was telling us are important to look at.

11 Like Michael had already spoken about  
12 that rate of 10 per 100,000 cases; we know that  
13 crowdedness is an issue; older homes that are part  
14 of a chain can put you at higher risk.

15 So what we did is we thought, okay, the  
16 very first thing we know is being in a community  
17 with greater than 10 per 100,000 active cases, you  
18 want to be alerted to that. So the first step was,  
19 okay, let's start with these homes. You are  
20 already in a bucket.

21 The next thing is, okay, whether or not  
22 you're in that bucket, there's also these other  
23 risk factors that we know about that could put  
24 you -- that we want to maybe alert you to, because  
25 these homes, there's something about them, the way

1 they're structured, that could be, you know,  
2 putting them at higher risk on top of that.

3 And, you know, we've looked at also a  
4 couple of other things we included in there, just  
5 because of historical reasons was, if they're in  
6 outbreak, or repeat outbreak, or if they've been --  
7 you know, what they called red status, which was a  
8 designation that came out of the IMS table that was  
9 the response to the outbreak in Phase 1.

10 So if the home was red, they had, you  
11 know, low PPE, there were staffing issues, and it  
12 was a home that they really needed to get into and  
13 do something about. So that historical data is  
14 there as well.

15 So taking that, we say, okay, if you're  
16 already in an active community, if you're a part of  
17 a chain, so if you have more than 50 percent of C/D  
18 beds, that's usually an indication that you're an  
19 older home. If you have more than one repeat  
20 outbreak since March 29th. If you were ever  
21 designated a red status by the IMS response for  
22 more than five days.

23 And there's also a crowdedness index,  
24 which is an index that comes out of McMaster  
25 University that takes a look at the number of beds

1 in the home and takes a few other factors into  
2 consideration and then gives it a rating of low to  
3 high crowdedness.

4 So if that index for the home, if that  
5 particular home has a rating of greater or equal to  
6 three, then that's also a flag.

7 And then we created four categories.  
8 So the next slide we'll show you how we grouped  
9 these homes based on this. But before I get into  
10 how we grouped them, is there any questions?

11 (No response).

12 Okay, thank you. Going to the next  
13 slide.

14 So taking all of that into  
15 consideration, and we spoke with our colleagues at  
16 MLTC and, you know, did some work trying to figure  
17 out, okay, how do we want to bucket these? You  
18 know, for slightly increasing risk. So we came up  
19 with three groups that when you're in a high risk  
20 community, and then one group if you're not in a  
21 high risk community.

22 So the grey area on your left with the  
23 three groups, if you were all in that area of  
24 greater than 10 per 100,000, and you didn't have  
25 any of those other risk criteria, those four risk

1 criteria that we've outlined on the previous slide,  
2 you would be called "Group 1". And then we would  
3 have a list of homes that were in this Group 1.

4 And then Group 2, this would be if you  
5 were in a high risk community that has 10 or more  
6 per 100,000, and you had any one of those other two  
7 criteria. So you were crowded, or you were older  
8 in a chain, or any combination of those other  
9 criteria, then you were in Group 2. So you're in a  
10 high risk community, and you have a couple of other  
11 things that you may want to pay more attention to.

12 And then Group 3, same sort of thing,  
13 but now you have three or more of those four  
14 criteria. So there's extra things on there that  
15 you may want to pay attention to.

16 But we know that some of the  
17 structural, or other risk things that were on  
18 there, you just don't have to be in a high risk  
19 community to have some risk factors. So we also  
20 create this fourth group which is, okay, if  
21 everything is looking good in your community, but  
22 you have three or more of these other sort of  
23 structural criteria, or historic criteria, we're  
24 going to give you a flag as well, and that's  
25 Group 4.

1                   So what we've been doing is running on  
2 a weekly basis the homes according to these  
3 lists for Ministry of Health and Long-Term Care,  
4 and so that they can see where these homes are on  
5 these risk factors.

6                   I don't think that -- Commissioner  
7 Marrocco, I think you're on mute.

8                   COMMISSIONER MARROCCO: Does it follow  
9 that this would describe the necessarily the risk  
10 that the home is in?

11                   Like take Group 4, for example.  
12 They've got other criteria, they just don't have  
13 very many people in their community that are sick,  
14 thank goodness. So I mean, is that a comment about  
15 the home or a comment about the community?

16                   MS. BRIDGE: No, excellent point. And  
17 so this about kind of that early detection, so it's  
18 trying to, you know, trying to help the Ministry of  
19 Long-Term Care say, okay, there's some things about  
20 these places that you want to, you know, whatever  
21 you want to do, you may want to try -- what can you  
22 do to sure up before things happen. And if you had  
23 to prioritize, here is a way that you can maybe do  
24 your priorities, or decide on certain actions.

25                   So with the Group 4, the reason we did

1 this is just to let them know that, okay, maybe if  
2 they don't show up on the radar because something  
3 is happening in their community, just know that  
4 these are the homes right now. That there may not  
5 be something happening in your community, but let's  
6 say if you wanted to say we have to -- for home  
7 communities, where maybe there aren't any  
8 urgencies, but, you know, if you had to prioritize  
9 some homes, that maybe you wanted to just, you  
10 know, hey, how is your IPAC? How are all these  
11 things?

12 Like these are just homes that might be  
13 at a higher risk if something were to start coming  
14 into the community. So it's just a way to try and  
15 segment it for them, so they can maybe think of  
16 some actions they want to take.

17 COMMISSIONER MARROCCO: That  
18 anticipates, I guess, my question.

19 Having identified them, what do you do  
20 with that?

21 MR. HILLMER: Yeah, maybe -- I'll take  
22 this one, Jennifer.

23 MS. BRIDGE: Okay. Thanks, Michael.

24 MR. HILLMER: I think in the time you  
25 spent with the Deputy Minister, he was alluding to

1 some of the recovery and stabilization work.

2 One very specific aspect of that is an  
3 operational playbook that's being developed. And I  
4 think you will probably either get some testimony  
5 on that, or the document itself. And what it does  
6 is, it lays out very specific actions in response  
7 to certain signals.

8 So, for example, if you're a home in a  
9 community with that rate of COVID, you would get an  
10 alert that said, you know, "ensure your active  
11 screening protocols are working. That your staff  
12 have had recent training on donning and doffing of  
13 PPE", etcetera, etcetera. "If you're a home that  
14 has declared a critical staffing shortage, here are  
15 the very specific actions and which organizations  
16 will take them on".

17 And so I think that is a direct  
18 response to what happened through Wave 1, where a  
19 lot of those things happened, but now it's a chance  
20 to mechanize them into a, you know, a series of "If  
21 Then" statements.

22 So, you know, hopefully, some of my  
23 MLTC colleagues who are authors of this playbook  
24 can tell you more about the specific actions, but  
25 our role is to try to help them connect these data

1 signals to those specific actions.

2 COMMISSIONER MARROCCO: Are the  
3 specific actions mandated or voluntarily?

4 MR. HILLMER: It's a good question,  
5 Commissioner. And I think I probably would leave  
6 the answers to my colleagues. Because I am  
7 uncertain of the answer right at this point.

8 COMMISSIONER MARROCCO: Does anybody  
9 know the answer?

10 (No response).

11 Okay. Maybe you can get back to us.  
12 Because I'm trying to, you know, I'm just, I guess,  
13 imaging a situation where somebody is essentially  
14 noncompliant, has created kind of a risky  
15 situation, the risk materializes in Wave 1. If  
16 Wave 2 is -- you know, as you were saying,  
17 well, you would want to make sure of this, make  
18 sure of that. You don't know that they're going to  
19 be anymore faithful to that than they were  
20 previously; that's the thrust of where I'm coming  
21 from.

22 MR. HILLMER: No, it makes total sense  
23 Commissioner. I'd offer two reflections on that,  
24 just to give you general categories of methods to  
25 enforce compliance.

1                   One is the -- I don't know if you've  
2 gone into the Section 22 capability that sits under  
3 the Health Protection and Promotion Act.  
4 Essentially a local Medical Officer of Health can  
5 compel, you know, a series of actions from  
6 independent operators of various sorts.

7                   So, you know, a Medical Officer of  
8 Health could -- you know, let's say compliance with  
9 IPAC best practices is a part of the playbook, and  
10 it's been -- again, I'm speaking hypothetically  
11 here. But the power itself is real. You know, the  
12 local Medical Officer of Health is the one charged  
13 with assessing the IPAC readiness and could, if the  
14 home is not deemed to be compliant, order a  
15 Section 22 that has, you know, aspects of  
16 compelling it. And by no means am I a lawyer, so I  
17 won't go into more detail. But that is a power  
18 that exists under the Health Protection and  
19 Promotion Act.

20                   And through Wave 1, you might have gone  
21 through this. And if you haven't, you will no  
22 doubt. Is that the different management orders  
23 that were put in place on certain kinds of  
24 long-term care homes, you know, they were the  
25 voluntary management orders, they were homes

1     partnered with hospitals and hospital  
2     administrative infrastructure came in to support  
3     and staff. And then there were the mandatory  
4     management orders which was, you know, a forced  
5     partnership. "Partnership" isn't the right word.  
6     You know, a forced management oversight model where  
7     local hospitals would come in and essentially take  
8     over administration of the home.

9             So those are forms of compelling that  
10     did and do exist. And we'll get back to you, and  
11     I -- my respectful suggestion would be to probably  
12     ask the, you know, for a copy of the playbook and  
13     perhaps a narrated overview of it. We'll certainly  
14     get back to you, but that might be the best way for  
15     you to get insight into that.

16             COMMISSIONER MARROCCO: And the  
17     decision to enforce the recommendations in the  
18     playbook, that falls to -- would fall in the  
19     conversation we were just having to the local  
20     Medical Officer of Health.

21             MR. HILLMER: If it was under the  
22     Health Protection and Promotion Act, you know, they  
23     maintain that compelling power.

24             I would say in general, you know, the  
25     decisions around -- I would have to be -- at this

1 point, I would be speculating and would not want to  
2 do that and give you any kind of incorrect  
3 information.

4 COMMISSIONER MARROCCO: All right.

5 MR. HILLMER: Maybe we'll keep going.  
6 I think now I'll take over again and just offer you  
7 a quick oversight of some of the more health human  
8 resource support programming that we had in place.

9 So my division oversees health human  
10 resource strategy and planning. And before COVID  
11 came about, we did have a plan to bolster the  
12 supply of PSWs. You're going to hear this loud and  
13 clear through your discovery process, that supply  
14 of PSWs is an ongoing issue before COVID and  
15 certainly during.

16 So many institutions through the  
17 pandemic expressed urgent HR needs, long-term care  
18 homes included. So we saw the creation of what we  
19 call the "Ontario Matching Portal", to assist  
20 institutions needing qualified HR personnel with  
21 those people who want to take on a shift. You can  
22 think of it as an uber for bringing supply and  
23 demand together.

24 We also did collect some additional  
25 health workforce information from hospitals and

1 long-term care homes, we continue to do so. And  
2 maybe I'll just tell you a little bit about the  
3 portal itself and what it does. So we will go to  
4 the next slide.

5 So as I said, it's based on a sales  
6 force platform, Deloitte Consulting created it for  
7 us. And it's got registration intake forms, where  
8 you as a provider can say, you know, "I'm a PSW and  
9 I'd like to work on these days in this geography".  
10 And then homes would register their need for  
11 shifts. And then in collaboration with Health  
12 Force Ontario, which is one of the arms of the  
13 Ontario Health Agency, they would support the  
14 matching of requests on the part of the worker and  
15 the organization.

16 And so just to give you some sense of  
17 what has happened to date. So there have been  
18 25,000 people who registered, about half of them  
19 are regulated health professionals. As of just a  
20 couple of days ago, a thousand organizations had  
21 signed up. 40 percent are long-term care homes.  
22 Of the 1,500 requests for staff, half were made by  
23 homes, and close to 80 percent of the requests had  
24 approved matches.

25 And so we're looking to leverage the

1 existence of this portal moving into Wave 2. We've  
2 got some planned enhancements of it, so that it's  
3 easy to use. And we build awareness of it, because  
4 we think that ease of use and awareness are key  
5 drivers of uptake.

6 And we've got other ministries using  
7 it. You know, throughout the summer we were  
8 working with education to try and deploy custodians  
9 into homes. For example, retirement homes is  
10 another sector. And we really want to, you know,  
11 have this be the tool that organizations use to  
12 help them fill unfilled shifts.

13 And I think this is our last slide.  
14 Yes, it is. So I'd stop there, and I'm happy to  
15 entertain any questions or discussions you've got.

16 Yes, Commissioner Coke, please go  
17 ahead.

18 COMMISSIONER COKE: I'm just wondering  
19 if any of the data that you have, the health human  
20 resource data, does any of that help determine what  
21 is the right sort of mix of stuff that should be in  
22 these homes?

23 MR. HILLMER: I think what we have  
24 would be an input into that answer, but not in  
25 itself. I know that the long-term care staffing

1 study was just complete, and they made some  
2 recommendations to that regard.

3 And there's a fairly rich literature  
4 out there around the kind of mixtures of regulated,  
5 unregulated and types of and amounts of care.

6 What we've never done ourselves is  
7 connect it up. What we know about staffing, and  
8 then the kinds of outcomes seen, although I might  
9 ask my colleagues if they've been involved in any  
10 of that kind of analysis, that might get at what  
11 you're asking about.

12 MR. MALIKOV: I haven't done an  
13 analysis of that kind.

14 MR. HILLMER: Not to say that it  
15 couldn't be done, but it would be a separate kind  
16 of analytical project to figure it out.

17 COMMISSIONER COKE: Okay.

18 COMMISSIONER MARROCCO: Yes, go ahead  
19 Jack.

20 COMMISSIONER KITTS: Michael, that was  
21 a great presentation and very clear.

22 It seems that right now, there is a lot  
23 of very rich data that is both accurate and timely  
24 and reflective of what's happening. Am I correct  
25 in that?

1 MR. HILLMER: I would say "yes" to that  
2 with a few caveats that are, you know, as somebody  
3 who loves this kind of data, you never have enough,  
4 but you know you can't ask for everything or the  
5 people who run the organizations would do nothing  
6 else.

7 But I think -- and I might just say,  
8 some areas where I think a little bit extra  
9 information would be really helpful would be, we  
10 don't really have a good understanding on a near  
11 real-time basis of the number of residents being  
12 transferred back and forth between hospital.

13 And we also don't have a very good  
14 real-time understanding of occupancy of long-term  
15 care homes. You'll know this from your CEO days,  
16 we asked you every day what your occupancy was; and  
17 you told us.

18 COMMISSIONER KITTS: Yeah.

19 MR. HILLMER: That same level of  
20 insight doesn't exist in the long-term care home  
21 sector. Because by and large every home was  
22 100 percent almost every day. But we know that's  
23 not going to be the case going forward, and  
24 occupancy is a big determinant of spread.

25 So I think some more routine

1 information on occupancy would be valuable. But,  
2 yes, I agree with your question as --

3 COMMISSIONER KITTS: And so for the  
4 data to be valuable and make a difference, it  
5 requires a level of leadership and accountability.  
6 And this may not be a fair question for you, but do  
7 you see the data being used at the right level by  
8 the leaders on the frontlines and being held  
9 accountable for improving the data?

10 MR. HILLMER: I can offer reflections  
11 from what I've observed.

12 I know that Deputy Steele absolutely is  
13 a, an adherent to using data to drive improvement.

14 Mat Anderson, who played a key role  
15 through Wave 1 and will continue to play in that  
16 role. You know him as well as I do, is certainly  
17 the same. I mean, his question is always, "so  
18 what? What's next? You've told me an interesting  
19 pattern here, what should I do with it?"

20 There are certainly many operators who  
21 are just, you know, caring passionate people who  
22 want nothing but the best. I've had a chance to  
23 become, you know, exposed to the Schlegel  
24 Organization throughout this. And this certainly  
25 would apply to them.

1                   That being said, the homes exist on a  
2 continuum. And there's always opportunity for  
3 improvement, and so I would say that the answer to  
4 that is going to be variable. You know, if Jamie  
5 Schlegel sits on kind of one end of the continuum,  
6 there are no doubt people on the other end.

7                   What I can't tell you is how tight that  
8 distribution is, what's the difference between best  
9 and worst. If I can use kind of crude terms like  
10 that, and that every -- and that distribution can  
11 always shift to the right towards the better, even  
12 if you're at the top of it.

13                   COMMISSIONER KITTS: Okay, thank you.

14                   COMMISSIONER MARROCCO: This is, I  
15 guess, related in a way.

16                   Is the data that you've been showing to  
17 us, is that generally available to academics, to  
18 the public, to people interested in policy? How  
19 available is it?

20                   MR. HILLMER: That's a really good  
21 question.

22                   Our general practice around providing  
23 data is request based. So academics will ask us  
24 for information, and we'll provide it to them,  
25 based on how they specify they want it.

1                   Canada, in general, it's not that easy  
2 to get a hold of data. You have to request it from  
3 the Canadian Institute for Health Information,  
4 "CIHI", you know, from us as a provincial  
5 government, Provincial Minister of Health.

6                   One really neat development through the  
7 pandemic was the creation of the modelling and  
8 consensus table. It was started up by Professor  
9 Adalsteinn Brown, in the effort to provide  
10 government with really strong consensus at the  
11 estimates of spread and impact of COVID.

12                   The table probably has a dozen academic  
13 members, and we provide them with a lot of the same  
14 information that we presented to you daily, and  
15 they've been able to do some pretty amazing things  
16 with it.

17                   You know, that's a small group. And it  
18 is a big community out there, so I would say the  
19 answer to that question is "yes", but in a limited  
20 way. And if you're a member of the public, it's  
21 not that easy to find really good information  
22 beyond what we put on our website, which  
23 admittedly, could be a lot better visualized  
24 compared to what you see on a slick, you know, New  
25 York Times website.

1                   So if you're an academic, you're well  
2 served. But you could be better served in the way  
3 that I described this modelling table, member of  
4 the public, that remains challenging.

5                   COMMISSIONER MARROCCO: Is there any  
6 reason why the information would be somewhat  
7 closely held?

8                   COMMISSIONER COKE: Can I add to that  
9 before you answer?

10                   In terms of Open Data Directive, we  
11 have some policies and corporate policies that are  
12 in place that have a much higher requirement than  
13 the past to put this stuff out more openly.

14                   So I'm just trying to understand what's  
15 your adherence to that direction that, you know, is  
16 quite a push at least when I was there.

17                   MR. HILLMER: Commissioner Coke, thank  
18 you for bringing up the Open Data Directive.

19                   For several years now, the entire  
20 Ontario Government has been under the guidance of  
21 the Open Data Directive, which states that data  
22 needs to show up in a easy-to-use format in a  
23 centralized place.

24                   So, for example, the public health  
25 information actually is in the open data

1 repository. So as a lay person, you could go in  
2 and examine the number of cases, and where they  
3 are. And, of course, the limits on what shows up  
4 in the open data set is, is it of commercial  
5 sensitivity or somehow revealing an individual's  
6 identity.

7 So a lot of what we present is based on  
8 individual records, you know, which we can never  
9 release in that format. You know, the individual  
10 cases in the public health open data set are shown  
11 in age groupings, you know, 10 to 20 and at a  
12 fairly high geographic level. You know, so that  
13 you'd never be able to reverse engineer who that  
14 person was.

15 So in terms of holding things close to  
16 the chest, the first hurdle is, is there any way  
17 you're going to identify somebody? And if you're  
18 not, then we feel better about releasing it.

19 And then whether we release things or  
20 not, there's a whole, you know, political process  
21 that happens. You know, where a communications  
22 lens is put on it, and ultimately we advise and,  
23 you know, Minister's Office decide.

24 It's that process that kind of mediates  
25 what gets released and what doesn't. And we try to

1 provide the parameters of, you know, as  
2 Commissioner Coke has said, this falls under the  
3 Open Data Directive, it doesn't violate privacy,  
4 and provide our best advice as to whether it should  
5 be released on those parameters. And then they use  
6 their own calculus to decide whether it ultimately  
7 gets released or not.

8 COMMISSIONER MARROCCO: Thank you. Any  
9 further questions?

10 Well, Mr. Hillmer, is there anything  
11 further?

12 MR. HILLMER: No, I wanted to thank you  
13 for your interest and your attention. And I know  
14 that you're likely to have lots of follow-up  
15 questions, and as you get into your analysis there  
16 may very well be questions you have that we can  
17 help answer.

18 I wanted to make the offer to you that  
19 we're here to help, and I don't want you to  
20 hesitate in reaching out. Because the capability  
21 represented by my group is quite sophisticated, and  
22 we want to be able to aid you in reaching your end  
23 goal.

24 COMMISSIONER MARROCCO: I appreciate  
25 that. I'm sure we all do, we all appreciate the

1 offer. And we'll take you up on it, you can count  
2 on that.

3 This is our first run through to try to  
4 get some understanding of the environment that  
5 we're dealing in. And we all anticipate that we'll  
6 be back asking further questions. And so your  
7 offer is to the point and very much appreciated.

8 And I thank you for the presentation.  
9 As with all the presentations we've had, but yours  
10 included, has been very helpful to us and we  
11 appreciate it.

12 MR. HILLMER: It was our pleasure.

13 MR. MATHAI: Commissioner Marrocco,  
14 this is Sunil Mathai here.

15 I wanted to highlight for the  
16 Commissioners, I tried to jump in when you asked  
17 the open question to anybody that was on the call.  
18 As with things in the pandemic, my internet was  
19 giving me a problem so I wasn't able to jump in at  
20 the time.

21 I wanted to give you a highlight right  
22 now. The playbook that Michael has described, is  
23 the LTC Stabilization Action Plan, that you already  
24 heard bits about at a very high level during Deputy  
25 Steele's presentation.

1                   We are trying to arrange with the  
2                   secretariat now for a follow-up examinational  
3                   briefing with Alison Blair and Olha Dobush, who is  
4                   the Executive Lead, for Stabilization in the  
5                   Long-Term Care Home Sector, and they'll provide  
6                   more information on the stabilization plan,  
7                   including the additional compliance monitoring that  
8                   is part of that plan.

9                   So you will hear that information. I  
10                  wanted to let you know that on the HPPA side that  
11                  Michael briefly addressed with you, we are also  
12                  planning a foundational briefing with one of the  
13                  counsel at MOH, who will give you kind of a 1-0-1  
14                  on the HPPA and the powers that are contained  
15                  within it.

16                 COMMISSIONER MARROCCO: Thank you for  
17                 that information, it's appreciated.

18                 MR. MATHAI: No problem, thank you.

19                 COMMISSIONER MARROCCO: So good bye  
20                 everybody and we'll regroup in a few minutes.

21

22                 -- Examination adjourned at 4:35 p.m.

23

24

25

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

REPORTER'S CERTIFICATE

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

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

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

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

Dated this 16th day of September, 2020.



---

NEESONS, A VERITEXT COMPANY

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

**WORD INDEX**

**< 1 >**

**1** 42:9 44:2, 3  
47:18 48:15  
49:20 56:15  
**1,500** 52:22  
**10** 33:18 41:12,  
17 43:24 44:5  
60:11  
**100** 13:23 14:3  
18:24 55:22  
**100,000** 33:15,  
18 41:12, 17  
43:24 44:6  
**1-0-1** 63:13  
**14th** 39:18  
**15th** 1:6  
**16th** 64:19

**< 2 >**

**2** 44:4, 9 48:16  
53:1  
**20** 32:25 33:14  
35:1 60:11  
**2020** 1:6 64:19  
**20th** 6:10  
**21** 9:2  
**22** 9:3 49:2, 15  
**25** 33:14  
**25,000** 52:18  
**29th** 42:20

**< 3 >**

**3** 44:12  
**3:04** 1:7  
**3:05** 4:1  
**30** 24:16, 23  
**300** 36:5  
**31** 11:12  
**34** 11:12

**< 4 >**

**4** 44:25 45:11,  
25  
**4:35** 1:7 63:22  
**40** 52:21  
**48** 17:1  
**4th** 39:12

**< 5 >**

**50** 42:17  
**50-50** 8:5

**< 8 >**

**80** 52:23

**< A >**

**ability** 7:15  
**Absolutely** 6:1  
15:2 56:12  
**academic** 58:12  
59:1  
**academics** 7:24  
57:17, 23  
**access** 4:24  
6:17 21:11 22:3  
**Accountability**  
22:14 56:5  
**accountable**  
56:9  
**accurate** 9:22  
54:23  
**acquisition**  
11:25 12:1  
**Act** 11:16  
38:10 49:3, 19  
50:22  
**Acting** 1:20  
**Action** 62:23  
**actions** 33:23  
45:24 46:16  
47:6, 15, 24  
48:1, 3 49:5  
**active** 28:25  
41:17 42:16  
47:10  
**activities** 21:25  
**acute** 27:24  
28:6  
**ad** 22:5  
**Adalsteinn** 58:9  
**add** 59:8  
**additional** 38:14  
51:24 63:7  
**addressed** 63:11  
**adherence** 59:15  
**adherent** 56:13  
**adieu** 4:6  
**adjourned** 63:22  
**administration**  
50:8  
**administrative**  
6:21 50:2  
**admissions**  
14:24  
**admittedly** 58:23  
**advice** 61:4

**advise** 60:22  
**advocate** 37:23  
**affectionately**  
11:9  
**after** 7:8, 9  
17:15 18:1  
24:5 38:24  
**age** 60:11  
**Agency** 52:13  
**ago** 52:20  
**agree** 56:2  
**Agreement**  
22:15  
**ahead** 20:15  
53:17 54:18  
**aid** 61:22  
**air** 21:8  
**alert** 41:24  
47:10  
**alerted** 41:18  
**alerting** 33:17  
**Alison** 2:3 63:3  
**allow** 7:9  
**alluding** 46:25  
**altogether** 7:12  
**amazing** 58:15  
**amounts** 54:5  
**Amy** 2:12  
**analyses** 5:2  
17:22  
**analysis** 17:24  
19:13 21:12  
22:6, 7 24:12  
32:9 33:19, 21  
34:3 35:7, 17  
37:1, 7 54:10,  
13 61:15  
**analytical** 16:22  
54:16  
**Analytics** 1:18,  
21 4:23 5:15  
27:5  
**analyze** 25:13  
**Anderson** 56:14  
**Angela** 1:13  
**Ann** 3:3  
**annual** 26:6  
**answering** 20:2  
25:15  
**answers** 48:6  
**anticipate** 62:5  
**anticipates**  
46:18  
**anybody** 48:8

62:17  
**anymore** 48:19  
**apologize** 39:16  
**appeared** 25:20  
**applies** 12:18  
**apply** 12:15  
30:6 56:25  
**appreciate**  
61:24, 25 62:11  
**appreciated**  
62:7 63:17  
**approach** 24:23  
**appropriate**  
10:19 15:17  
20:14  
**approved** 52:24  
**April** 6:10 18:3,  
10 31:5, 18  
39:12, 14, 18, 21  
**area** 43:22, 23  
**areas** 55:8  
**arising** 21:6  
29:3 37:8  
**arms** 52:12  
**arrange** 63:1  
**arrears** 28:18  
**ascent** 30:10  
32:19  
**ascertainment**  
12:1  
**asked** 18:3  
34:4 55:16  
62:16  
**asking** 13:12  
54:11 62:6  
**aspect** 28:16  
47:2  
**aspects** 21:17  
23:14 27:16  
28:15 29:15  
49:15  
**assessing** 49:13  
**assessments**  
7:4 17:11 33:7  
**assist** 21:12  
51:19  
**assistance** 4:5  
**Assistant** 1:17  
2:3  
**associated** 6:22  
12:3, 17 32:22  
**assumptions**  
30:7  
**attending** 1:6

**attention** 44:11,  
15 61:13  
**authoritative**  
11:13  
**authors** 47:23  
**available** 57:17,  
19  
**average** 35:23  
**awareness** 5:4  
29:3 53:3, 4

**< B >**  
**back** 14:18  
23:25 38:24  
39:4, 11, 19  
48:11 50:10, 14  
55:12 62:6  
**balance** 38:4  
**based** 10:3  
33:19 43:9  
52:5 57:23, 25  
60:7  
**baseline** 8:25  
**basically** 13:22  
**basis** 13:6  
45:2 55:11  
**bathrooms** 25:4  
**Bed** 12:25  
13:11  
**beds** 21:17  
42:18, 25  
**beginning** 36:4  
**best** 11:25  
15:18 33:8  
38:19 49:9  
50:14 56:22  
57:8 61:4  
**better** 25:24  
34:10 36:18  
57:11 58:23  
59:2 60:18  
**Bianchi** 2:15  
**big** 14:18  
22:12, 16 32:5  
55:24 58:18  
**biggest** 24:1  
**bit** 15:25 23:22  
52:2 55:8  
**bits** 62:24  
**Blair** 63:3  
**blue** 34:17  
**bolster** 51:11  
**borne** 32:23  
33:9

**boundary** 31:2  
**bounds** 31:18  
**box** 6:16  
**Branch** 1:21  
2:12 5:15, 17,  
20, 24  
**branches** 5:11  
**Bridge** 1:20  
22:21 40:16, 19  
45:16 46:23  
**briefing** 63:3, 12  
**briefly** 63:11  
**bring** 38:14  
**bringing** 51:22  
59:18  
**broad** 5:17  
**Brown** 58:9  
**bucket** 41:20,  
22 43:17  
**build** 33:21  
53:3  
**bye** 63:19  
  
< C >  
**C/D** 42:17  
**cabinet** 35:11  
**calculus** 61:6  
**call** 11:10 12:8,  
11 16:16, 19  
36:13 51:19  
62:17  
**Callaghan** 2:18  
**called** 42:7  
44:2  
**Canada** 58:1  
**Canadian** 58:3  
**capability** 49:2  
61:20  
**capable** 14:19  
**capacities** 27:25  
**Capacity** 1:18  
4:23 5:16 28:7  
**capture** 27:6  
**captured** 20:22  
23:8  
**Caputo** 3:11  
64:3, 24  
**card** 7:16 9:19  
11:22, 24 15:8  
**CARE** 1:1, 22,  
25 2:4, 7, 9, 13,  
15, 18 4:10, 17  
6:24 7:1, 2, 10  
8:13 9:1, 15, 20  
10:14, 21 11:7

12:18, 21 14:15,  
23 15:15 16:13,  
18 17:9 19:18  
20:18, 19, 24  
21:10, 13, 21  
22:3 23:3 26:9  
27:22 28:7  
29:1 32:16, 18,  
22 33:3 35:16  
40:13, 23 45:3,  
19 49:24 51:17  
52:1, 21 53:25  
54:5 55:15, 20  
63:5  
**caring** 56:21  
**Case** 11:10, 18,  
22 12:7, 9, 14,  
16 19:8 24:15  
36:9, 15 55:23  
**cases** 19:22  
24:16 28:25  
29:1, 13 31:15  
33:14, 18 37:22  
41:12, 17 60:2,  
10  
**catch** 39:16  
**categories** 8:7  
43:7 48:24  
**categorization**  
8:9 19:18 37:16  
**categorize** 36:6  
**categorized**  
19:22 37:19  
**category** 10:12  
19:9 36:7  
**caveats** 55:2  
**CCM** 11:11  
**CCT** 35:10  
**Census** 12:25  
13:11  
**Central** 35:9  
**centralized**  
59:23  
**centre** 12:11  
**centres** 5:13  
**CEO** 13:5 55:15  
**certain** 30:6  
45:24 47:7  
49:23  
**certainly** 6:3  
50:13 51:15  
56:16, 20, 24  
**CERTIFICATE**  
64:1

**Certified** 64:4  
**certify** 64:4  
**chain** 41:14  
42:17 44:8  
**chains** 14:18  
**challenging**  
20:3 59:4  
**chance** 47:19  
56:22  
**change** 29:13  
**changed** 20:12  
**characteristics**  
14:25 21:15  
26:11  
**characterization**  
27:2 38:15  
**characterize**  
16:1 21:22  
26:17  
**characterized**  
7:3 18:12  
**charged** 49:12  
**check** 27:19  
**chest** 60:16  
**choose** 37:4  
**Christian-Brown**  
3:3  
**chronic** 21:23  
**CIHI** 58:4  
**circles** 27:24  
**Civil** 2:21, 23,  
25 3:3  
**claims** 10:14  
**classified** 19:6  
**classify** 13:21  
**clear** 23:20  
51:13 54:21  
**clinical** 13:3  
17:12 20:3  
**clinician** 19:17  
**close** 18:10  
31:5 52:23  
60:15  
**closely** 10:6  
32:20 33:5, 11  
59:7  
**code** 12:15  
**cognitive** 7:5  
**cohort** 25:4  
**cohorting** 25:8  
**Coke** 1:13  
18:18, 24 19:25  
53:16, 18 54:17  
59:8, 17 61:2

**collaboration**  
28:1, 11 52:11  
**colleague** 22:6  
40:16  
**colleagues** 10:7  
12:11 16:17  
22:11, 19 28:4  
40:13, 22 43:15  
47:23 48:6 54:9  
**collect** 51:24  
**collecting** 38:1  
**collection** 5:13  
36:3  
**colloquially**  
16:16  
**colour** 34:13  
36:14  
**comb** 10:17  
**combination**  
44:8  
**combine** 5:1  
**combining** 5:14  
35:17  
**come** 9:10  
20:13 34:19  
50:7  
**comes** 9:7  
19:20 42:24  
**coming** 4:4  
10:13 46:13  
48:20  
**command** 29:8,  
16, 17 31:6, 20  
35:10  
**commencing**  
4:1  
**comment** 45:14,  
15  
**commercial** 60:4  
**COMMISSION**  
1:1 2:4, 7, 10,  
16, 19  
**Commissioner**  
1:12, 13, 14 4:3,  
10 5:23 6:4, 11  
13:1, 14, 17  
14:1, 20 15:20  
16:4 18:18, 24  
19:25 20:7, 8,  
16, 17 23:1, 11  
25:11, 16 26:2,  
19 29:21, 22  
34:24 36:23  
37:3, 6 38:6, 20  
39:5, 8, 10, 17

40:8 45:6, 8  
46:17 48:2, 5, 8,  
23 50:16 51:4  
53:16, 18 54:17,  
18, 20 55:18  
56:3 57:13, 14  
59:5, 8, 17 61:2,  
8, 24 62:13  
63:16, 19  
**Commissioners**  
4:19 62:16  
**communications**  
60:21  
**communities**  
32:17 46:7  
**community**  
10:4 24:3  
32:12, 16, 21  
33:1, 18 41:16  
42:16 43:20, 21  
44:5, 10, 19, 21  
45:13, 15 46:3,  
5, 14 47:9 58:18  
**COMPANY**  
64:23  
**compared** 58:24  
**compel** 38:21  
39:1, 2, 3 49:5  
**compelling**  
49:16 50:9, 23  
**complaints** 21:7  
**complete** 54:1  
**compliance**  
14:6 21:5  
25:21 48:25  
49:8 63:7  
**compliant** 49:14  
**component**  
39:25  
**concentration**  
28:6  
**concluded** 36:17  
**condition** 22:23  
**conditions** 8:14,  
18, 21 21:24  
**conferring** 38:24  
**confirmed** 36:8  
**connect** 47:25  
54:7  
**consensus** 58:8,  
10  
**consider** 11:13  
**consideration**  
43:2, 15  
**consistent** 24:19

<p><b>construct</b> 10:19, 25 24:12 <b>constructed</b> 29:11 <b>constructing</b> 24:9 <b>Consulting</b> 52:6 <b>Contact</b> 11:10 <b>contained</b> 63:14 <b>contemporaneous</b> 9:12 <b>continue</b> 4:15 6:8 17:7 28:8 29:14 34:10 52:1 56:15 <b>continued</b> 3:1 <b>continuing</b> 17:9 21:21 <b>continuum</b> 57:2, 5 <b>contracted</b> 12:6 <b>contractual</b> 13:19 <b>control</b> 25:9 33:8 <b>conversation</b> 50:19 <b>Coordination</b> 35:9 <b>copy</b> 50:12 <b>core</b> 11:4 <b>coroner</b> 37:18 38:13 <b>coroner's</b> 17:16 26:25 35:19 36:2, 24 37:8 38:10 40:3 <b>corporate</b> 14:18 59:11 <b>correct</b> 25:25 54:24 64:16 <b>correlates</b> 23:20 24:24 <b>correlation</b> 32:11 <b>corresponding</b> 36:2 <b>Counsel</b> 2:12, 15, 18, 21, 25 3:3, 5 63:13 <b>count</b> 62:1 <b>couple</b> 17:15 42:4 44:10 52:20</p>	<p><b>course</b> 17:13 22:2 32:7 60:3 <b>covered</b> 16:13 25:17 26:23 <b>COVID</b> 13:9 14:22 16:2 17:19 18:7, 8, 9, 15, 21 19:5, 6 20:4, 11, 12 24:2, 3, 10, 17, 21 25:25 28:22, 24 32:6, 7, 11, 16, 17 33:1 35:15 36:8, 20 37:10, 20, 25 38:5 47:9 51:10, 14 58:11 <b>COVID-19</b> 1:1 5:25 11:5, 17 12:6 13:13 16:20 <b>create</b> 10:7 44:20 <b>created</b> 32:3 43:7 48:14 52:6 <b>creation</b> 51:18 58:7 <b>crisis</b> 25:20 <b>criteria</b> 18:12 43:25 44:1, 7, 9, 14, 23 45:12 <b>critical</b> 14:23 15:2 47:14 <b>crowded</b> 44:7 <b>crowdedness</b> 25:2 41:13 42:23 43:3 <b>Crown</b> 2:21, 23, 25 3:3 <b>CRR</b> 64:3, 24 <b>crude</b> 57:9 <b>CSR</b> 64:3, 24 <b>curve</b> 30:6 39:11, 20 <b>custodians</b> 53:8</p> <p>&lt; D &gt; <b>Daily</b> 12:25 13:6, 11 14:19 15:1 16:16, 19 21:25 27:19, 20 28:25 29:2 58:14 <b>dashboard</b> 22:3 28:8, 9, 10, 12</p>	<p><b>dashboards</b> 5:1, 14 26:18 29:4 <b>data</b> 4:25 5:13, 20, 24 9:7, 9, 17, 20 10:13, 17, 21, 22 11:1, 4, 14, 20 12:7, 15, 25 15:17 16:13, 15, 17 17:7, 16, 17 18:14 20:22 21:8 23:7, 23, 24 24:7, 11, 25 25:12, 13 26:25 27:1, 4, 7 33:24 34:22 35:18, 19 36:3 37:8, 9, 11, 16, 21 38:1, 7 40:6 42:13 47:25 53:19, 20 54:23 55:3 56:4, 7, 9, 13 57:16, 23 58:2 59:10, 18, 21, 25 60:4, 10 61:3 <b>database</b> 9:18 <b>date</b> 52:17 <b>Dated</b> 64:19 <b>David</b> 30:5 <b>Dawn</b> 2:6 <b>day</b> 1:6 13:22 14:12 19:15 28:9 37:13, 17 55:16, 22 64:19 <b>days</b> 32:25 42:22 52:9, 20 55:15 <b>dealing</b> 41:9 62:5 <b>death</b> 9:12 17:24 18:23 19:12 27:6 35:15 <b>deaths</b> 16:21 17:18 19:19 29:13 31:15 36:6, 8, 10 38:1, 5, 12 39:13, 22 <b>decide</b> 45:24 60:23 61:6 <b>decision</b> 31:20 50:17 <b>decision-making</b> 5:3 <b>decisions</b> 50:25 <b>declare</b> 12:13</p>	<p><b>declared</b> 11:17 47:14 <b>deemed</b> 49:14 <b>deep</b> 19:2 <b>definitely</b> 37:20 <b>degree</b> 20:2 32:10 <b>delivery</b> 5:19 <b>Deloitte</b> 52:6 <b>demand</b> 51:23 <b>dementia</b> 8:15, 17 <b>demographics</b> 11:25 <b>department</b> 14:12 <b>depending</b> 32:25 <b>deploy</b> 53:8 <b>Deputy</b> 1:17 2:3 34:4 35:13 40:24 46:25 56:12 62:24 <b>Derek</b> 2:9 <b>descent</b> 30:10 <b>describe</b> 45:9 62:22 <b>described</b> 59:3 62:22 <b>design</b> 10:9 25:1, 21 26:15 <b>designated</b> 42:21 <b>designation</b> 8:5 42:8 <b>designed</b> 7:25 8:1 28:11 <b>designs</b> 25:6 <b>detail</b> 6:3 26:11 49:17 <b>detailed</b> 17:12 23:4 25:19 <b>details</b> 16:23 26:24 <b>detection</b> 45:17 <b>determinant</b> 55:24 <b>determinative</b> 24:1 <b>determine</b> 10:18 12:9 17:17 20:23 53:20 <b>determines</b> 23:21 <b>developed</b> 47:3</p>	<p><b>development</b> 5:8 58:6 <b>die</b> 9:1, 3 24:17 30:9 <b>died</b> 9:13, 22 18:5, 8, 11, 13, 14, 20 19:5, 6 37:18 <b>dies</b> 18:6 <b>difference</b> 56:4 57:8 <b>different</b> 7:23 8:2 9:8, 16 27:16 28:14 29:15 35:18 38:25 49:22 <b>difficult</b> 25:17 <b>difficulty</b> 20:2 23:5 <b>digress</b> 4:19 <b>direct</b> 47:17 <b>direction</b> 59:15 <b>Directive</b> 59:10, 18, 21 61:3 <b>directives</b> 31:22 <b>directly</b> 18:23 38:7, 16 39:3 <b>Director</b> 1:20, 24 2:6, 9 <b>discharges</b> 14:24 <b>discipline</b> 25:9 <b>discovery</b> 9:10 51:13 <b>discussions</b> 53:15 <b>disease</b> 11:18 30:3 <b>disposal</b> 28:2 <b>distinction</b> 7:25 21:4 <b>distributed</b> 8:2 <b>distribution</b> 57:8, 10 <b>dive</b> 6:3 <b>Division</b> 1:18 4:13, 24 6:18 25:13 26:12 51:9 <b>Dobush</b> 63:3 <b>document</b> 29:9 47:5 <b>documents</b> 10:7 <b>doffing</b> 47:12</p>
--	---	--	---	---

**doing** 6:5 9:11, 16 19:1 45:1  
**donning** 47:12  
**dots** 30:16  
**dotted** 36:13  
**doubt** 39:21 49:22 57:6  
**dozen** 8:20 58:12  
**drive** 56:13  
**drivers** 53:5  
**Drummond** 2:3  
**dwelt** 5:12  
**dying** 35:15, 23 36:7, 19 37:10, 12  
**Dynacare** 16:9  
  
< E >  
**earlier** 16:17 29:20  
**early** 10:2 11:16 27:14 29:6, 7 31:17 39:21 45:17  
**ease** 53:4  
**easier** 12:20 25:10  
**easy** 30:1 53:3 58:1, 21  
**easy-to-use** 59:22  
**educated** 40:5  
**education** 53:8  
**effort** 58:9  
**empirical** 33:22  
**ended** 26:25 29:14 31:4  
**ends** 34:22  
**enforce** 48:25 50:17  
**engineer** 60:13  
**enhancements** 53:2  
**ensure** 47:10  
**entered** 11:19 12:7 16:9 17:11  
**entering** 23:17 24:10 30:18 34:7  
**enters** 23:18, 21 24:2  
**entertain** 53:15  
**entire** 59:19

**entry** 11:19, 21 17:5  
**environment** 62:4  
**epi** 39:11, 19  
**epidemic** 30:2  
**epidemiologists** 30:4  
**equal** 43:5  
**equipment** 17:3  
**essentially** 9:18 25:2 30:12 48:13 49:4 50:7  
**estimates** 58:11  
**etcetera** 47:13  
**everybody** 9:19 18:11 63:20  
**evidence** 41:10  
**exactly** 19:12 36:2  
**Examination** 63:22  
**examinational** 63:2  
**examine** 60:2  
**example** 6:19 8:12 28:8 33:13 45:11 47:8 53:9 59:24  
**excellence** 5:13  
**excellent** 14:7 45:16  
**exceptions** 15:23  
**excess** 17:18, 23 19:12 35:15  
**excited** 27:4  
**excites** 27:8  
**exclusive** 8:19  
**execs** 35:11  
**Executive** 63:4  
**exercise** 19:2 20:5  
**exist** 50:10 55:20 57:1  
**existed** 24:11, 13  
**existence** 53:1  
**exists** 49:18  
**exiting** 34:8  
**expect** 33:2  
**expected** 31:17 36:12  
**experience** 14:2,

14  
**expertise** 5:1, 7  
**exposed** 56:23  
**expressed** 51:17  
**extent** 34:8  
**external** 7:24  
**extra** 44:14 55:8  
**eyes** 22:16  
  
< F >  
**facility** 17:5, 6, 8  
**fact** 6:25 7:8, 9, 23 9:7 12:21 17:15 18:1 24:5 31:11  
**factors** 41:23 43:1 44:19 45:5  
**fair** 26:1 56:6  
**fairly** 5:5 6:20 9:21 54:3 60:12  
**faithful** 48:19  
**fall** 9:6 50:18  
**Falls** 22:16 50:18 61:2  
**fatality** 24:15  
**feel** 60:18  
**field** 12:8, 19  
**figure** 20:10 38:18 43:16 54:16  
**fill** 16:25 22:11 39:13 53:12  
**filter** 41:7  
**finally** 7:2  
**Financial** 17:23 21:17  
**find** 11:21 12:10 14:6 58:21  
**fine** 39:5  
**Fisman** 30:5  
**five-year** 35:23  
**flag** 43:6 44:24  
**focus** 25:21 32:14  
**focuses** 5:21  
**folks** 4:4  
**follow** 13:24 16:1 30:9 31:14 45:8  
**followed** 25:23 36:24  
**following** 7:13

23:3  
**follows** 4:12  
**follow-up** 61:14 63:2  
**food** 7:6  
**force** 52:6, 12  
**forced** 50:4, 6  
**forecasting** 5:21, 24 29:22 30:16  
**forecasts** 32:3  
**foregoing** 64:7, 15  
**forensic** 19:2 20:6  
**forgive** 27:3  
**formal** 13:18  
**format** 59:22 60:9  
**forms** 50:9 52:7  
**formulation** 5:3  
**for-profit** 8:5  
**forth** 55:12 64:9  
**forward** 8:9, 10 55:23  
**found** 7:24 23:20, 24 24:2, 15  
**foundational** 7:17 63:12  
**fourth** 44:20  
**frailest** 8:22  
**framework** 10:10 35:4 41:6  
**Frank** 1:12  
**friendly** 13:25  
**frontlines** 56:8  
**full** 18:15, 16  
**Fullerton** 19:13  
**functional** 7:6 21:22  
**funding** 5:19 6:22 13:20 39:1  
  
< G >  
**gap** 28:19  
**gaps** 28:5  
**general** 4:12 10:25 11:6 14:14 17:25 29:25 32:2 48:24 50:24 57:22 58:1

**generally** 8:21 13:2 26:5 57:17  
**geographic** 60:12  
**geography** 7:15 52:9  
**give** 10:24 13:23 40:11 44:24 48:24 51:2 52:16 62:21 63:13  
**given** 13:22 35:22, 23 37:13  
**gives** 15:10, 11 34:2 43:2  
**giving** 31:19 62:19  
**goal** 61:23  
**good** 10:13 13:16 14:2, 3, 9 15:13 22:15 23:10 26:19 27:7 37:5 44:21 48:4 55:10, 13 57:20 58:21 63:19  
**goodness** 45:14  
**government** 58:5, 10 59:20  
**Gowlings** 3:5  
**grained** 7:2  
**granular** 26:7, 11  
**graph** 8:3 37:15  
**great** 4:5 21:1 27:1, 5 54:21  
**greater** 41:17 43:5, 24  
**green** 6:16 27:23  
**grey** 43:22  
**group** 43:20 44:2, 3, 4, 9, 12, 20, 25 45:11, 25 58:17 61:21  
**grouped** 43:8, 10  
**groupings** 60:11  
**groups** 43:19, 23  
**guess** 18:20 46:18 48:12 57:15  
**guidance** 59:20

<p><b>guide</b> 5:2 10:8</p> <p><b>&lt; H &gt;</b></p> <p><b>half</b> 8:20 52:18, 22</p> <p><b>hand</b> 40:15</p> <p><b>happen</b> 4:21 30:2 33:2 38:19 45:22</p> <p><b>happened</b> 15:6 19:19 28:20 37:22 47:18, 19 52:17</p> <p><b>happening</b> 13:7 29:12, 23 32:18 33:25 35:16 38:12 46:3, 5 54:24</p> <p><b>happens</b> 32:12 60:21</p> <p><b>happy</b> 4:20 53:14</p> <p><b>hard</b> 33:6</p> <p><b>harder</b> 25:4</p> <p><b>Health</b> 1:20, 21, 25 2:13 4:25 5:6, 8, 13, 15, 16, 18, 20, 23 7:16 8:14 9:19 11:8, 12, 13, 15, 20, 22, 24 12:2 15:8, 10 16:8, 14 18:13 21:17, 18, 22 25:22 28:12, 15 33:7 45:3 49:3, 4, 8, 12, 18 50:20, 22 51:7, 9, 25 52:11, 13, 19 53:19 58:3, 5 59:24 60:10</p> <p><b>healthcare</b> 6:15</p> <p><b>hear</b> 51:12 63:9</p> <p><b>heard</b> 14:3 20:17 35:9 62:24</p> <p><b>Held</b> 1:5 56:8 59:7</p> <p><b>he'll</b> 40:3</p> <p><b>help</b> 10:8 21:13 22:19 24:23 28:17 39:13 40:12 41:1, 2 45:18 47:25 53:12, 20 61:17, 19</p>	<p><b>helpful</b> 55:9 62:10</p> <p><b>hesitate</b> 61:20</p> <p><b>heterogenous</b> 14:16</p> <p><b>hey</b> 46:10</p> <p><b>hidden</b> 34:6</p> <p><b>high</b> 8:16 20:2 23:4, 9 28:6 31:18 32:10 43:3, 19, 21 44:5, 10, 18 60:12 62:24</p> <p><b>higher</b> 12:24 31:11 41:14 42:2 46:13 59:12</p> <p><b>highlight</b> 62:15, 21</p> <p><b>highlighted</b> 6:16 24:25</p> <p><b>highly</b> 8:6</p> <p><b>Hillmer</b> 1:17 4:8, 11 6:1, 6, 12 13:16 14:4, 21 15:22 16:7 18:24 20:1, 15 21:1 23:10 25:12 26:1, 21 36:25 37:5 38:9, 22 39:7, 15, 23 40:10 46:21, 24 48:4, 22 50:21 51:5 53:23 54:14 55:1, 19 56:10 57:20 59:17 61:10, 12 62:12</p> <p><b>historic</b> 44:23</p> <p><b>historical</b> 35:21 36:21 42:5, 13</p> <p><b>hit</b> 21:3</p> <p><b>hoc</b> 22:5</p> <p><b>hold</b> 58:2</p> <p><b>holding</b> 60:15</p> <p><b>holdings</b> 10:18</p> <p><b>home</b> 12:21 14:15 15:15 18:3, 4 20:24 21:20 23:17, 21 24:2, 10, 21 25:10 29:12, 24 30:12, 13, 18, 23 32:13, 18 33:3 34:15 35:1, 16</p>	<p>37:17 42:10, 12, 19 43:1, 4, 5 45:10, 15 46:6 47:8, 13 49:14 50:8 55:20, 21 63:5</p> <p><b>homes</b> 7:22, 25 8:1, 4 9:1 12:18 14:17 16:19 21:16 23:5 25:3, 24 27:23 28:6 30:20 31:2, 7, 9, 11, 25 32:6, 7 33:17 34:5, 7, 9, 12, 15 36:19 37:12 38:11 41:3, 7, 13, 19, 25 43:9 44:3 45:2, 4 46:4, 9, 12 49:24, 25 51:18 52:1, 10, 21, 23 53:9, 22 55:15 57:1</p> <p><b>Honourable</b> 1:12</p> <p><b>hope</b> 15:18 25:14</p> <p><b>hopefully</b> 23:12 32:3 47:22</p> <p><b>hospital</b> 9:20 13:3, 6, 12 14:6, 10, 14, 17 22:12 50:1 55:12</p> <p><b>hospitalized</b> 13:9, 13</p> <p><b>hospitals</b> 6:19 13:11 50:1, 7 51:25</p> <p><b>hot</b> 33:11</p> <p><b>hours</b> 17:1 26:8</p> <p><b>hovers</b> 24:15</p> <p><b>HPPA</b> 63:10, 14</p> <p><b>HR</b> 21:18 51:17, 20</p> <p><b>human</b> 5:6, 8, 18 16:23 51:7, 9 53:19</p> <p><b>hurdle</b> 60:16</p> <p><b>Huyer</b> 18:2 37:24</p> <p><b>hypothetically</b> 32:1 49:10</p> <p><b>&lt; I &gt;</b></p>	<p><b>ICU</b> 14:21, 25 27:24 28:7</p> <p><b>Ida</b> 2:15</p> <p><b>idea</b> 17:18 30:12 35:14</p> <p><b>identified</b> 46:19</p> <p><b>identify</b> 60:17</p> <p><b>identity</b> 60:6</p> <p><b>illustrative</b> 10:5</p> <p><b>imagine</b> 12:5</p> <p><b>imaging</b> 48:13</p> <p><b>impact</b> 58:11</p> <p><b>implemented</b> 11:11 18:2, 5</p> <p><b>important</b> 12:22 14:22 16:2, 22 22:10 39:14 41:10</p> <p><b>importantly</b> 12:2</p> <p><b>imprecise</b> 20:5</p> <p><b>improvement</b> 56:13 57:3</p> <p><b>improving</b> 56:9</p> <p><b>IMS</b> 42:8, 21</p> <p><b>include</b> 15:21 26:15</p> <p><b>included</b> 16:2 42:4 51:18 62:10</p> <p><b>including</b> 63:7</p> <p><b>inclusive</b> 11:5</p> <p><b>incorporated</b> 29:15</p> <p><b>incorrect</b> 51:2</p> <p><b>increasing</b> 41:8 43:18</p> <p><b>independent</b> 49:6</p> <p><b>index</b> 42:23, 24 43:4</p> <p><b>indication</b> 42:18</p> <p><b>indicator</b> 10:20 11:1</p> <p><b>indicators</b> 5:14 21:14, 23</p> <p><b>individual</b> 7:16 11:19 12:16, 23 15:14 24:21 30:17 34:9 60:8, 9</p> <p><b>individuals</b> 25:5</p> <p><b>individual's</b> 60:5</p> <p><b>infected</b> 17:8 30:7 34:14 35:1</p>	<p><b>infection</b> 23:17 25:9 26:13 33:8</p> <p><b>infection-spread</b> 25:14</p> <p><b>information</b> 4:14 5:2 6:17 7:18 9:9 11:9, 14 13:3 14:5, 23 15:3, 4, 10 16:22 17:10, 12 26:3, 4 27:12 28:23 34:3 38:21 51:3, 25 55:9 56:1 57:24 58:3, 14, 21 59:6, 25 63:6, 9, 17</p> <p><b>informed</b> 23:11, 12</p> <p><b>infrastructure</b> 6:22 50:2</p> <p><b>inherent</b> 19:20</p> <p><b>inherently</b> 20:5 21:15</p> <p><b>initiated</b> 16:17</p> <p><b>input</b> 53:24</p> <p><b>inquiry</b> 7:21</p> <p><b>Insight</b> 1:21 10:25 19:17 50:15 55:20</p> <p><b>Insights</b> 5:15</p> <p><b>inspector</b> 21:4, 6</p> <p><b>inspectors</b> 16:18 20:19</p> <p><b>inspector's</b> 16:15</p> <p><b>Institute</b> 58:3</p> <p><b>institutional</b> 21:15</p> <p><b>institutions</b> 51:16, 20</p> <p><b>instrument</b> 13:19, 20</p> <p><b>intake</b> 52:7</p> <p><b>Integrated</b> 11:8</p> <p><b>intensity</b> 34:13</p> <p><b>interactive</b> 27:15</p> <p><b>interest</b> 35:8 61:13</p> <p><b>interested</b> 35:13 57:18</p> <p><b>interesting</b> 7:13 56:18</p>
--	---	--	---	---

**internet** 62:18  
**interrogate** 4:20  
**interrupt** 4:19  
**introduce** 31:23  
**introducing** 32:7  
**investigation**  
20:6  
**investigator**  
12:8  
**investigators**  
12:19  
**investment** 5:6  
**involved** 54:9  
**IPAC** 25:22  
46:10 49:9, 13  
**iPHIS** 11:9  
**issue** 18:22  
41:13 51:14  
**issues** 42:11

< J >

**Jack** 1:14 54:19  
**Jamie** 57:4  
**Jen** 40:16  
**Jennifer** 1:20  
46:22  
**John** 2:18  
**journey** 10:3  
**Judith** 2:23  
3:11 64:3, 24  
**July** 40:21  
**jump** 22:19  
62:16, 19  
**June** 18:11  
36:1, 20 37:25  
**jurisdictions**  
24:20  
**justice** 22:20

< K >

**Kamil** 1:24 6:6,  
9 31:4  
**key** 12:25 17:7  
20:11, 21 21:3  
23:2 53:4 56:14  
**kind** 6:17 9:7  
10:24 16:1  
19:2 23:22  
28:7 30:9, 22  
31:19 34:19  
35:2, 10, 21  
36:1, 10, 12  
39:24 45:17  
48:14 51:2  
54:4, 10, 13, 15

55:3 57:5, 9  
60:24 63:13  
**kinds** 4:14  
8:18 9:8 19:14  
30:3 49:23 54:8  
**Kitts** 1:14 13:1  
20:7, 8, 17 23:1  
25:11, 16 26:19  
29:21 34:25  
39:8, 10, 17  
40:8 54:20  
55:18 56:3  
57:13  
**knew** 41:9  
**knowing** 33:24  
34:24  
**knowledge**  
24:12  
**known** 12:1  
13:6 15:3

< L >

**lab** 15:5 16:5  
**Laboratory** 15:4  
**labs** 15:21 16:8  
**large** 9:2 15:22  
19:4 39:22  
55:21  
**largely** 36:20, 21  
**late** 40:21  
**launch** 14:4  
27:25  
**launched** 27:13,  
15  
**Law** 2:21, 23, 25  
3:3 18:4  
**lawyer** 49:16  
**lay** 60:1  
**lays** 47:6  
**Lead** 1:12 2:18  
63:4  
**leaders** 56:8  
**leadership** 56:5  
**leads** 33:25  
**Leamen** 2:12  
**learned** 33:21  
35:3 40:14  
**leave** 48:5  
**leaving** 7:6  
**led** 18:21  
**left** 32:15 43:22  
**Legal** 2:12  
**legislation**  
11:15 21:5 39:3

**legislative**  
38:11, 13  
**lens** 60:22  
**lessons** 33:21  
**Lett** 2:9  
**letters** 13:25  
**level** 13:4 23:4,  
9 24:6 55:19  
56:5, 7 60:12  
62:24  
**leverage** 52:25  
**leveraged** 38:13  
**levers** 28:2  
**LHIN** 22:14  
**licence** 4:19  
**lie** 10:24  
**lies** 30:15  
**liked** 34:21  
**limited** 58:19  
**limits** 31:19  
60:3  
**link** 7:12, 15  
9:8 11:24 35:3  
**linked** 15:8  
33:22  
**linking** 9:16  
**lists** 45:3  
**literature** 54:3  
**living** 21:25  
**local** 49:4, 12  
50:7, 19  
**location** 15:14  
**LONG-TERM**  
1:1, 22, 25 2:4,  
7, 9, 13, 15, 18  
4:16 6:24 7:1,  
2, 10 8:13 9:1,  
15, 20 10:21  
11:6 12:18, 21  
14:15 15:15  
16:13, 18 19:18  
20:18, 19, 23  
21:9, 13 22:3  
23:3 27:22  
29:1 32:18, 22  
33:3 35:16  
40:13, 23 45:3,  
19 49:24 51:17  
52:1, 21 53:25  
55:14, 20 63:5  
**looked** 39:8  
42:3  
**looking** 44:21  
52:25  
**looks** 25:19

**lot** 24:22 34:2  
35:8 47:19  
54:22 58:13, 23  
60:7  
**lots** 61:14  
**loud** 51:12  
**loves** 55:3  
**low** 31:18  
42:11 43:2  
**lower** 31:2  
**lowest** 9:5  
**L's** 27:22  
**LTC** 22:23  
62:23  
**Lynn** 3:5

< M >

**made** 28:19  
29:23 52:22  
54:1 64:11  
**Mahoney** 3:5  
**maintain** 50:23  
**major** 6:15  
**makers** 31:20  
**Malikov** 1:24  
6:10 54:12  
**management**  
5:4 10:10  
11:11 49:22, 25  
50:4, 6  
**mandated** 48:3  
**mandatory** 50:3  
**Mann** 2:25  
**manner** 9:14  
**map** 27:21  
30:14, 15  
**mapping** 27:15  
**March** 42:20  
**margin** 19:22  
**marker** 14:22  
22:15  
**Marrocco** 1:12  
4:3, 10 5:23  
6:4, 11 13:14  
14:1, 20 15:20  
16:4 20:7  
29:22 36:23  
37:3, 6 38:6, 20  
39:5 45:7, 8  
46:17 48:2, 8  
50:16 51:4  
54:18 57:14  
59:5 61:8, 24  
62:13 63:16, 19

**Mat** 56:14  
**matches** 52:24  
**Matching** 51:19  
52:14  
**materializes**  
48:15  
**Mathai** 2:21  
62:13, 14 63:18  
**matrix** 33:17  
**matter** 22:2  
**McMaster** 42:24  
**means** 27:7  
49:16  
**meant** 35:2  
**measurement**  
20:11  
**measures** 31:24  
**mechanize**  
47:20  
**mediates** 60:24  
**mediators** 17:4  
**Medical** 49:4, 7,  
12 50:20  
**MEETING** 1:1  
**member** 58:20  
59:3  
**members** 8:22  
29:17 58:13  
**mentioned** 17:9,  
24  
**methodologies**  
5:21  
**methodology**  
30:17  
**methods** 48:24  
**metrics** 20:11,  
22 23:2 25:19,  
23  
**Michael** 1:17  
20:8 26:20  
40:9, 19 41:11  
46:23 54:20  
62:22 63:11  
**mid** 18:10  
40:21  
**mid-April** 36:1, 5  
**middle** 18:3  
**mimic** 32:20  
**mind** 8:10  
**Minister** 1:17  
2:3 19:13  
46:25 58:5  
**Minister's** 60:23  
**Ministries** 2:13  
53:6

<p><b>Ministry</b> 1:21, 22, 24, 25 16:18 21:9, 13 22:14 40:22 45:3, 18 <b>minutes</b> 63:20 <b>miscategorization</b> 19:3 <b>mix</b> 15:17 53:21 <b>mixtures</b> 54:4 <b>MLTC</b> 16:15 43:16 47:23 <b>mobility</b> 24:7 31:24 <b>model</b> 50:6 <b>modelling</b> 58:7 59:3 <b>MOH</b> 63:13 <b>monitor</b> 21:14, 18 22:13 <b>monitored</b> 22:25 27:17 <b>monitoring</b> 33:5, 23 63:7 <b>monitors</b> 14:24 <b>monthly</b> 9:4 <b>moral</b> 13:21 <b>mortality</b> 35:21 <b>mouth</b> 38:4 <b>move</b> 9:5 27:11 30:14, 21 31:3 <b>moving</b> 16:12 34:1 53:1 <b>multi-occupant</b> 25:3 <b>multiple</b> 31:12 <b>mute</b> 45:7 <b>mutually</b> 8:19</p> <p><b>&lt; N &gt;</b> <b>narrated</b> 50:13 <b>near</b> 55:10 <b>neat</b> 58:6 <b>necessarily</b> 9:13 24:13, 22 25:23 26:6, 7 45:9 <b>necessary</b> 4:20 <b>needed</b> 42:12 <b>needing</b> 51:20 <b>needs</b> 40:23 51:17 59:22 <b>NEESONS</b> 64:23 <b>negative</b> 15:12</p>	<p><b>New</b> 17:22 25:25 34:19 58:24 <b>newer</b> 8:1 25:6, 10 <b>nicely</b> 25:18 <b>nifty</b> 17:21 30:16 <b>noncompliant</b> 48:14 <b>non-COVID</b> 36:10 <b>non-long-term</b> 32:16 <b>normal</b> 17:19 36:19 <b>normally</b> 36:12 <b>northern</b> 14:10 <b>note</b> 6:24 <b>notes</b> 64:16 <b>number</b> 7:16 8:25 9:19 11:23, 24 13:9 15:8 16:19, 21 19:19 21:16, 19, 23 22:9 28:23, 25 30:7, 8 31:2, 7, 15 34:5, 12 36:18 37:12, 18, 25 38:5 39:22 42:25 55:11 60:2 <b>numbers</b> 30:20</p> <p><b>&lt; O &gt;</b> <b>obligated</b> 18:4 <b>obligation</b> 13:18 38:11, 14 39:1 <b>obliged</b> 13:15 <b>observed</b> 23:13 36:22 56:11 <b>occupancy</b> 55:14, 16, 24 56:1 <b>offense</b> 27:9 <b>offer</b> 4:18 9:24 15:13 23:11 48:23 51:6 56:10 61:18 62:1, 7 <b>offered</b> 6:21 15:5 31:21 <b>offers</b> 15:9</p>	<p><b>Office</b> 2:21, 23, 25 3:3 14:18 60:23 <b>Officer</b> 49:4, 7, 12 50:20 <b>older</b> 7:25 8:4 25:2 34:17 41:13 42:19 44:7 <b>oldest</b> 8:22 <b>Olha</b> 63:3 <b>omitted</b> 39:25 <b>one-page</b> 29:11 <b>ones</b> 16:8 22:1 34:17 36:8 <b>ongoing</b> 51:14 <b>online</b> 27:15 <b>Ontario</b> 1:22, 24, 25 8:13 9:2, 11 15:3 17:25 28:11 32:15, 17 51:19 52:12, 13 59:20 <b>Ontario's</b> 36:15 <b>Open</b> 59:10, 18, 21, 25 60:4, 10 61:3 62:17 <b>openly</b> 59:13 <b>operated</b> 7:22 <b>operational</b> 47:3 <b>Operations</b> 2:6 5:8 <b>operator</b> 10:13 <b>operators</b> 49:6 56:20 <b>opportunities</b> 31:21 <b>opportunity</b> 57:2 <b>option</b> 10:12 <b>orange</b> 32:15 36:13 37:15 <b>order</b> 12:24 21:13 49:14 <b>orders</b> 49:22, 25 50:4 <b>organization</b> 52:15 56:24 <b>organizations</b> 47:15 52:20 53:11 55:5 <b>Ottawa</b> 13:5 33:12, 14 34:25 35:1 <b>outbreak</b> 12:4, 14, 17, 24 25:24</p>	<p>30:14, 18, 21 31:3, 8, 10, 12 34:5, 8, 12, 16 42:6, 9, 20 <b>outbreaks</b> 34:9 <b>outcomes</b> 54:8 <b>outlined</b> 44:1 <b>overlooked</b> 22:10 <b>overseers</b> 38:2 <b>oversees</b> 51:9 <b>oversight</b> 11:1 50:6 51:7 <b>overview</b> 4:12 40:11 50:13 <b>owned</b> 21:9 <b>ownership</b> 8:2, 7</p> <p><b>&lt; P &gt;</b> <b>p.m</b> 1:7 4:1 63:22 <b>paint</b> 7:9 9:21 <b>painted</b> 10:2 <b>Palin</b> 2:6 <b>pandemic</b> 4:16 10:2 11:17 23:6 27:14, 17 28:16 29:6 31:21 33:4 40:15 51:17 58:7 62:18 <b>parameters</b> 61:1, 5 <b>Parker</b> 2:23 <b>part</b> 12:6, 14, 24 26:5, 17 27:11 29:9 31:6 37:14 41:13 42:16 49:9 52:14 63:8 <b>participants</b> 1:5 2:1 3:1 <b>particular</b> 15:14, 19 43:5 <b>particularly</b> 14:5 35:18 <b>partnered</b> 50:1 <b>partnership</b> 50:5 <b>parts</b> 31:17 <b>passionate</b> 56:21 <b>patient</b> 10:3 22:23 <b>patients</b> 6:20 7:13</p>	<p><b>pattern</b> 33:9 35:22 56:19 <b>patterns</b> 32:20 36:21 <b>pay</b> 44:11, 15 <b>paying</b> 7:7 <b>Peel</b> 33:12 <b>people</b> 9:1 10:15 13:9, 12 15:11 16:20 21:19 22:3 24:17 27:18 28:2, 24 30:4, 7, 8, 9 34:14 35:1, 15, 23 36:7, 18 37:10, 12, 18 45:13 51:21 52:18 55:5 56:21 57:6, 18 <b>percent</b> 13:23 14:3 18:24 24:16, 23 42:17 52:21, 23 55:22 <b>performance</b> 5:3 10:10 20:18 <b>performing</b> 20:24 <b>period</b> 35:24 36:15 37:4, 13 38:12 <b>periods</b> 37:2 <b>person</b> 18:7 30:13 60:1, 14 <b>personal</b> 17:2 <b>personnel</b> 51:20 <b>persons</b> 9:17 <b>person's</b> 11:22 <b>perspective</b> 11:2 16:23 25:14 <b>phase</b> 40:15 42:9 <b>physical</b> 25:8 <b>picture</b> 6:20 7:10 9:22 18:15, 16 <b>piece</b> 9:9 40:3 <b>pieces</b> 39:2 <b>place</b> 37:1 49:23 51:8 59:12, 23 64:8 <b>places</b> 45:20 <b>plan</b> 51:11 62:23 63:6, 8</p>
---	--	---	--	--

<p><b>planned</b> 53:2 <b>planners</b> 28:1 <b>Planning</b> 1:18 4:23 5:7, 17, 18 51:10 63:12 <b>plate</b> 7:7 <b>platform</b> 52:6 <b>play</b> 56:15 <b>playbook</b> 47:3, 23 49:9 50:12, 18 62:22 <b>played</b> 56:14 <b>pleasure</b> 26:21 62:12 <b>pods</b> 25:7, 8 <b>point</b> 12:13 19:11 22:18 29:23 38:3 41:2 45:16 48:7 51:1 62:7 <b>policies</b> 59:11 <b>Policy</b> 2:9 5:3 10:7 57:18 <b>political</b> 60:20 <b>polypharmacy</b> 22:7 <b>population</b> 7:3 9:14 11:6, 7 17:25 29:25 <b>Portal</b> 51:19 52:3 53:1 <b>positive</b> 11:18, 22 12:7, 16 15:12 19:5 <b>possibility</b> 31:19 <b>possible</b> 12:12 <b>Post</b> 17:23 20:12 <b>potential</b> 17:4 <b>potentially</b> 31:12 36:11 <b>power</b> 49:11, 17 50:23 <b>powers</b> 63:14 <b>PPE</b> 25:22 26:3 28:20 33:7 42:11 47:13 <b>practice</b> 57:22 <b>practices</b> 25:22 26:13 33:8 49:9 <b>precise</b> 19:10, 20 <b>precisely</b> 40:4</p>	<p><b>precision</b> 20:3 24:6 <b>pre-COVID</b> 20:23, 25 <b>predict</b> 23:5 25:24 30:13 <b>predictability</b> 32:10 <b>predictable</b> 30:10 <b>predicting</b> 29:21 <b>prediction</b> 30:1, 23 <b>predictions</b> 5:22 <b>predicts</b> 30:17 <b>PRESENT</b> 3:9 7:20 60:7 <b>presentation</b> 4:9 20:4 24:8 27:11 34:21 35:21 54:21 62:8, 25 <b>presentations</b> 62:9 <b>presented</b> 10:2 24:8 58:14 <b>PRESENTERS</b> 1:16 <b>presenting</b> 31:5 <b>pretty</b> 58:15 <b>prevention</b> 26:13 <b>previous</b> 44:1 <b>previously</b> 48:20 <b>primarily</b> 21:21 <b>primary</b> 10:14 <b>priorities</b> 45:24 <b>prioritize</b> 45:23 46:8 <b>privacy</b> 61:3 <b>private</b> 15:21 16:6, 10 <b>probability</b> 23:16, 18 24:10 <b>probable</b> 19:9, 23 36:8 <b>problem</b> 62:19 63:18 <b>problems</b> 41:2 <b>procedures</b> 6:21 28:18 <b>proceedings</b> 64:7 <b>process</b> 9:24 12:20 21:7</p>	<p>29:10 30:10, 24 38:2 51:13 60:20, 24 <b>processes</b> 21:8 <b>product</b> 40:14 <b>production</b> 38:21 <b>products</b> 5:2 27:13 <b>professionals</b> 52:19 <b>Professor</b> 58:8 <b>profile</b> 6:25 <b>program</b> 5:7, 19 10:6 28:1 <b>programming</b> 10:8 51:8 <b>programs</b> 11:1 <b>progress</b> 28:19 <b>progressed</b> 31:21 <b>progressively</b> 13:25 <b>project</b> 54:16 <b>projected</b> 4:9 <b>Promotion</b> 11:16 49:3, 19 50:22 <b>proportion</b> 8:16 21:24 <b>proposed</b> 40:21 <b>Protection</b> 11:16 49:3, 18 50:22 <b>protective</b> 17:2 <b>protocols</b> 47:11 <b>provide</b> 4:16 5:7 57:24 58:9, 13 61:1, 4 63:5 <b>provided</b> 4:15 27:1 <b>provider</b> 16:10 52:8 <b>providers</b> 7:23 <b>provides</b> 4:24 <b>providing</b> 26:8 57:22 <b>province</b> 8:22 9:20 15:5 <b>provincial</b> 58:4, 5 <b>proxy</b> 25:2 <b>PSW</b> 52:8 <b>PSWs</b> 26:8 51:12, 14</p>	<p><b>Public</b> 11:8, 12, 13, 19 12:2 15:9, 21 16:6, 7, 8, 14 18:13 25:21 33:7 57:18 58:20 59:4, 24 60:10 <b>published</b> 17:22 <b>purpose</b> 32:2 <b>purposes</b> 10:5 <b>push</b> 59:16 <b>put</b> 13:18 37:1 38:3 41:2, 14, 23 49:23 58:22 59:13 60:22 <b>putting</b> 42:2  &lt; Q &gt; <b>quadrant</b> 32:15 <b>qualified</b> 51:20 <b>quality</b> 22:15 <b>quarter-and-a- half</b> 7:8 <b>quarterly</b> 26:5 <b>quarters</b> 17:15 <b>question</b> 13:16 15:19 18:19 20:14 21:2 23:11, 12, 23 25:15, 17 29:20 32:5 37:5 39:9, 16, 17 46:18 48:4 56:2, 6, 17 57:21 58:19 62:17 <b>questions</b> 19:14 43:10 53:15 61:9, 15, 16 62:6 <b>quick</b> 9:11 40:7 51:7 <b>quickly</b> 34:18 <b>quite</b> 4:20 6:25 7:9 8:16 26:11 39:15 59:16 61:21 <b>quotes</b> 21:9  &lt; R &gt; <b>radar</b> 41:3 46:2 <b>range</b> 4:25 14:24 16:21 21:14, 22 22:5 27:18</p>	<p><b>rate</b> 24:15 29:13 32:19 41:12 47:9 <b>rates</b> 24:2 32:11, 16 33:1 <b>rating</b> 43:2, 5 <b>reaching</b> 61:20, 22 <b>readiness</b> 49:13 <b>real</b> 7:25 49:11 <b>realized</b> 31:8 <b>really</b> 8:4 10:4 17:12, 21 26:15, 25 33:20 34:21 40:25 42:12 53:10 55:9, 10 57:20 58:6, 10, 21 <b>real-time</b> 13:3 33:10 35:4 55:11, 14 <b>reason</b> 14:9 37:24 38:7, 9, 18 45:25 59:6 <b>reasons</b> 40:4 42:5 <b>recommendation s</b> 50:17 54:2 <b>record</b> 11:21 15:4, 6 <b>recorded</b> 64:12 <b>records</b> 60:8 <b>recovered</b> 30:8 <b>recovery</b> 47:1 <b>red</b> 31:7 34:16 36:9 37:14 42:7, 10, 21 <b>re-enter</b> 31:10 <b>reflect</b> 31:11 <b>reflection</b> 31:22 <b>reflections</b> 48:23 56:10 <b>reflective</b> 54:24 <b>regard</b> 54:2 <b>Regardless</b> 16:5 <b>region</b> 28:24 32:23, 25 <b>regional</b> 13:4 29:2 <b>regional-specific</b> 28:23 <b>regions</b> 28:12, 13 <b>register</b> 52:10</p>
---	--	---	---	--

<p><b>registered</b> 9:17 52:18 <b>registration</b> 9:12 52:7 <b>regroup</b> 63:20 <b>regular</b> 17:1 <b>regulated</b> 52:19 54:4 <b>related</b> 18:9, 23 19:24 21:14 28:15 36:20 37:19, 20 57:15 <b>relating</b> 14:25 <b>relatively</b> 30:1 <b>release</b> 60:9, 19 <b>released</b> 60:25 61:5, 7 <b>releasing</b> 60:18 <b>relevance</b> 8:8 <b>relevant</b> 7:20 <b>rely</b> 19:16 <b>relying</b> 35:19 <b>remains</b> 59:4 <b>remarks</b> 64:11 <b>remember</b> 35:20 <b>remotely</b> 1:6 <b>repeat</b> 22:8 34:16 42:6, 19 <b>replaced</b> 11:10 <b>report</b> 27:15 38:11 <b>reportable</b> 11:17 <b>reported</b> 38:7 <b>Reporter</b> 64:4 <b>REPORTER'S</b> 64:1 <b>reporting</b> 14:19 17:10 21:21 <b>reports</b> 20:18 26:18 <b>repository</b> 60:1 <b>representations</b> 27:24 <b>represented</b> 8:6 61:21 <b>represents</b> 34:14 36:1 <b>request</b> 57:23 58:2 <b>requests</b> 14:5 52:14, 22, 23 <b>required</b> 31:22 40:2 <b>requirement</b></p>	<p>59:12 <b>requires</b> 56:5 <b>requiring</b> 21:25 <b>resident</b> 12:22 18:5 26:10 <b>residents</b> 7:1, 10, 14 8:13, 17, 20 9:3, 15 16:20 21:24 34:15 55:11 <b>resident-specific</b> 6:25 <b>resource</b> 5:19 51:8, 10 53:20 <b>resources</b> 5:6, 9 16:23 <b>respectful</b> 50:11 <b>respiratory</b> 9:6 <b>respond</b> 6:7 13:15 <b>response</b> 14:2, 3 23:12 28:16 40:24 42:9, 21 43:11 47:6, 18 48:10 <b>response/specu-</b> <b>ation</b> 40:5 <b>restrictive</b> 31:24 <b>results</b> 21:6 <b>retirement</b> 15:15 27:23 53:9 <b>returned</b> 36:21 <b>revealing</b> 60:5 <b>reverse</b> 60:13 <b>rich</b> 6:20, 25 7:10 54:3, 23 <b>richly</b> 7:3 <b>rise</b> 39:20 <b>risk</b> 8:8 30:17 33:17 40:13 41:3, 8, 14, 23 42:2 43:18, 19, 21, 25 44:5, 10, 17, 18, 19 45:5, 9 46:13 48:15 <b>risky</b> 48:14 <b>robust</b> 23:3 <b>Rokosh</b> 2:6 <b>role</b> 47:25 56:14, 16 <b>rooms</b> 25:3 <b>Roopa</b> 2:25 <b>roughly</b> 36:5</p>	<p><b>round</b> 22:19 <b>routine</b> 55:25 <b>routinely</b> 22:13 25:23 <b>RPR</b> 64:3, 24 <b>Rs</b> 27:23 <b>rule</b> 33:15 <b>run</b> 55:5 62:3 <b>running</b> 40:2, 6 45:1 <b>runs</b> 30:24  &lt; S &gt; <b>sales</b> 52:5 <b>Saturday</b> 14:11 <b>scenarios</b> 19:8 <b>schematic</b> 6:14 10:1 <b>Schlegel</b> 56:23 57:5 <b>Science</b> 5:20, 24 <b>scorecard</b> 29:8, 16 31:6 34:22 <b>screening</b> 47:11 <b>season</b> 9:6 <b>Secretariat</b> 2:4, 10, 16, 19 63:2 <b>secretary</b> 35:11 <b>Section</b> 49:2, 15 <b>sector</b> 9:22 14:6, 14, 15, 16, 17 20:20 26:3 27:17 29:12, 24 32:13, 18 33:3 35:16 53:10 55:21 63:5 <b>sectors</b> 6:15 7:3, 11 <b>segment</b> 46:15 <b>selected</b> 36:24, 25 <b>self-assessment</b> 10:16 <b>self-evident</b> 24:4 32:8 <b>send</b> 13:10 <b>senior</b> 35:11 <b>sense</b> 15:1 48:22 52:16 <b>sensitivity</b> 60:5 <b>separate</b> 30:22 54:15 <b>separation</b> 25:8 <b>September</b> 1:6 64:19</p>	<p><b>series</b> 13:24 28:22 47:20 49:5 <b>served</b> 6:20 59:2 <b>Services</b> 2:12 <b>sessions</b> 9:10 <b>set</b> 16:15, 17 37:8, 9 60:4, 10 64:8 <b>sets</b> 9:9, 17 <b>severity</b> 14:22 <b>shaded</b> 34:17 <b>share</b> 10:4 <b>shared</b> 25:4 <b>sharper</b> 25:20 <b>shift</b> 51:21 57:11 <b>shifts</b> 16:25 52:11 53:12 <b>shortage</b> 47:14 <b>shortages</b> 16:24 <b>Shorthand</b> 64:4, 16 <b>show</b> 7:19 8:24 23:8 28:14 29:17 37:14 39:24 43:8 46:2 59:22 <b>showcase</b> 31:16 <b>showed</b> 39:20 <b>showing</b> 31:14 57:16 <b>shown</b> 60:10 <b>shows</b> 27:22 32:9 34:11 60:3 <b>shut</b> 31:25 <b>shutdown</b> 28:20 <b>sick</b> 45:13 <b>side</b> 63:10 <b>sight</b> 26:12, 16 <b>sign</b> 27:18 <b>signals</b> 47:7 48:1 <b>signed</b> 52:21 <b>simple</b> 15:24 38:17 <b>simulations</b> 5:22 <b>single</b> 9:3 <b>sit</b> 35:12 <b>sits</b> 8:15 22:14 49:2 57:5 <b>sitting</b> 33:14 <b>situation</b> 48:13, 15</p>	<p><b>situational</b> 5:4 29:3 <b>sizeable</b> 5:5 <b>skills</b> 4:25 <b>slick</b> 58:24 <b>slide</b> 4:22 5:10 6:13 11:3 16:11 18:17 28:10 29:5, 19 30:25 31:13 32:4 34:2 35:6 40:12 43:8, 13 44:1 52:4 53:13 <b>slides</b> 6:2 <b>slightly</b> 43:18 <b>small</b> 14:9 36:16 38:1, 5 58:17 <b>smaller</b> 14:17 36:16 <b>snapshot</b> 28:7 29:11 <b>somebody</b> 18:6, 20 27:4 32:6 48:13 55:2 60:17 <b>somewhat</b> 59:6 <b>sophisticated</b> 61:21 <b>sorry</b> 22:9 26:14 39:15 <b>sort</b> 20:10 23:1 31:9 44:12, 22 53:21 <b>sorts</b> 49:6 <b>source</b> 10:20 11:14, 25 12:1 13:1 17:7 27:1 37:21 <b>sources</b> 11:4 15:17 16:13 20:23 35:18 <b>space</b> 7:14 <b>speak</b> 37:24 <b>speaking</b> 31:25 49:10 <b>specific</b> 4:16 13:10 28:12 33:23, 25 34:3 47:2, 6, 15, 24 48:1, 3 <b>specifically</b> 29:18 39:4 <b>specifics</b> 4:14</p>
--	--	---	--	--

<p><b>specify</b> 57:25 <b>speculating</b> 51:1 <b>speed</b> 20:24 <b>spent</b> 46:25 <b>spike</b> 32:21, 22 33:2 37:22 <b>split</b> 8:5 <b>spoke</b> 43:15 <b>spoken</b> 41:11 <b>spots</b> 33:11 <b>spread</b> 17:5, 6 23:19 24:14, 24 30:23 55:24 58:11 <b>stabilization</b> 47:1 62:23 63:4, 6 <b>staff</b> 16:20 17:1 34:15 47:11 50:3 52:22 <b>staffing</b> 25:22 26:4, 16 42:11 47:14 53:25 54:7 <b>standard</b> 25:1 <b>standards</b> 25:21 26:15 34:18 <b>start</b> 6:5 12:9 27:12 39:18 41:4, 19 46:13 <b>started</b> 4:7, 21 6:9 35:20 37:23 58:8 <b>starting</b> 31:4 39:20 <b>starts</b> 9:5, 6 39:12 <b>statements</b> 47:21 <b>states</b> 59:21 <b>static</b> 21:16 <b>statistics</b> 9:23 22:4 <b>status</b> 7:5, 6, 7 21:23 30:14 34:8, 13 42:7, 21 <b>Steele</b> 34:4 56:12 <b>Steele's</b> 62:25 <b>Stenographer/Tra- nscriptionist</b> 3:11</p>	<p><b>stenographically</b> 64:12 <b>step</b> 41:18 <b>stop</b> 53:14 <b>stories</b> 7:13 <b>strategy</b> 51:10 <b>strengths</b> 10:23 <b>strictly</b> 18:21 <b>strong</b> 58:10 <b>struck</b> 24:11 <b>structural</b> 44:17, 23 <b>structure</b> 29:2 <b>structured</b> 42:1 <b>study</b> 54:1 <b>stuff</b> 53:21 59:13 <b>suasion</b> 13:22 <b>subdashboards</b> 28:14 <b>submission</b> 14:11 29:10 <b>submissions</b> 14:21 26:6 <b>submitted</b> 37:17 <b>subsequent</b> 32:21 <b>subsequently</b> 32:12 <b>suggestion</b> 50:11 <b>summary</b> 13:11 <b>summer</b> 9:5 53:7 <b>Sunil</b> 2:21 62:14 <b>supply</b> 17:2 28:20 33:7 51:12, 13, 22 <b>support</b> 21:25 50:2 51:8 52:13 <b>supports</b> 4:15 <b>surgical</b> 28:17 <b>surprisingly</b> 8:15 <b>surveillance</b> 10:9 35:4 <b>survey</b> 13:10 <b>system</b> 6:15 9:12 11:9, 11, 20 12:8, 15 14:23, 25 15:1, 3, 4, 10 17:10 18:2, 6 21:21</p>	<p>27:8 28:15 40:2, 17 <b>system-based</b> 5:18 <b>systems</b> 13:3, 7 21:8 40:6  &lt; T &gt; <b>tab</b> 28:17, 22 <b>Table</b> 29:16, 17 31:6, 20 35:9, 10 42:8 58:8, 12 59:3 <b>tables</b> 29:8 <b>takes</b> 40:6 42:25 43:1 <b>talk</b> 13:7 33:16 <b>talking</b> 27:6 <b>technical</b> 38:23 <b>techniques</b> 30:3 <b>tele-health</b> 10:13 <b>tentatively</b> 36:17 <b>terms</b> 4:14 5:24 24:9, 14 29:12 57:9 59:10 60:15 <b>test</b> 15:5, 6 18:8 <b>tested</b> 15:11 <b>testimony</b> 47:4 <b>testing</b> 19:4 <b>tests</b> 16:3 <b>Thanks</b> 40:8 46:23 <b>therapeutic</b> 24:22 <b>thing</b> 22:24 41:16, 21 44:12 <b>things</b> 13:8 18:25 20:12 22:21 41:8, 9 42:4 44:11, 14, 17 45:19, 22 46:11 47:19 58:15 60:15, 19 62:18 <b>thought</b> 41:15 <b>thousand</b> 9:3 52:20 <b>thresholds</b> 33:22 <b>thrust</b> 48:20 <b>thumb</b> 33:15 <b>tight</b> 57:7</p>	<p><b>time</b> 7:14 18:9 21:11 30:4 35:23 36:16 37:2, 4 38:12 40:6 46:24 62:20 64:8, 11 <b>timeframe</b> 36:24 <b>timely</b> 9:14, 23 17:14 54:23 <b>Times</b> 17:22 22:22, 24 31:12 58:25 <b>timing</b> 6:7 40:1 <b>tiny</b> 30:15 <b>tipped</b> 38:4 <b>told</b> 37:11 55:17 56:18 <b>tool</b> 27:16 53:11 <b>top</b> 8:16 32:15 42:2 57:12 <b>Toronto</b> 33:12 <b>total</b> 37:12, 18 48:22 <b>tracker</b> 16:16 <b>tracking</b> 11:5 <b>training</b> 33:8 47:12 <b>transcribed</b> 64:13 <b>transcript</b> 64:16 <b>transferred</b> 55:12 <b>transfers</b> 22:12 <b>treated</b> 30:12 <b>triangulate</b> 15:16 18:16 <b>true</b> 14:13 20:6 64:15 <b>trying</b> 18:16 20:10 23:2 33:20 35:3 40:11, 12 43:16 45:18 48:12 59:14 63:1 <b>two-thirds</b> 8:16 <b>types</b> 7:23 8:2, 14 54:5 <b>typical</b> 10:3 <b>typically</b> 8:20  &lt; U &gt; <b>uber</b> 35:10 51:22</p>	<p><b>ultimately</b> 60:22 61:6 <b>unanswerable</b> 19:15 <b>uncertain</b> 48:7 <b>uncertainty</b> 19:20 <b>undercounting</b> 31:9 <b>underlying</b> 34:7 <b>underresourced</b> 14:10 <b>understand</b> 4:8 17:8 23:2 28:4, 18 40:13 59:14 <b>understanding</b> 8:25 12:3 40:23, 25 55:10, 14 62:4 <b>understood</b> 26:10 <b>unfilled</b> 53:12 <b>unfortunately</b> 34:25 <b>unique</b> 16:12 <b>unit</b> 11:20 <b>units</b> 11:12 <b>unit's</b> 12:2 <b>University</b> 42:25 <b>unregulated</b> 54:5 <b>unrelated</b> 37:10 <b>update</b> 28:9 <b>updated</b> 27:19 28:24 <b>upper</b> 31:1 <b>uptake</b> 53:5 <b>upwards</b> 9:6 35:1 <b>urgencies</b> 46:8 <b>urgent</b> 51:17  &lt; V &gt; <b>valuable</b> 27:1 56:1, 4 <b>value</b> 15:7 <b>variable</b> 14:15 57:4 <b>variation</b> 9:4 <b>various</b> 49:6 <b>verify</b> 24:5 <b>VERITEXT</b> 64:23 <b>versa</b> 19:24 <b>versions</b> 29:7</p>
---	--	--	--	--

**vice** 19:24  
**violate** 61:3  
**virtual** 10:11  
**Virtually** 1:5  
**visualized** 58:23  
**vital** 9:23  
**voluntarily** 48:3  
**voluntary** 49:25

< W >

**wait** 21:18, 19  
22:22, 24  
**walk** 40:16  
**wanted** 4:18  
8:24 28:4  
29:16 46:6, 9  
61:12, 18 62:15,  
21 63:10  
**wanting** 40:25  
**watching** 33:11  
**wave** 33:4  
47:18 48:15, 16  
49:20 53:1  
56:15  
**ways** 7:1, 19  
24:15 27:6  
38:25  
**weakness** 17:13  
**weaknesses**  
10:24  
**website** 10:14  
58:22, 25  
**week** 34:23  
35:22 36:6  
39:14, 21  
**weekly** 31:5  
45:2  
**Wonderful** 4:11  
**wondering**  
20:21 53:18  
**won't** 5:11  
49:17  
**word** 50:5  
**words** 27:5  
38:3  
**work** 10:6 33:6  
38:15 43:16  
47:1 52:9  
**worked** 12:10  
37:16  
**worker** 52:14  
**Workforce** 5:16  
51:25

**working** 14:12  
40:22 47:11  
53:8  
**workplace** 12:6  
**works** 40:17  
**worse** 34:9, 20  
36:18  
**worst** 57:9  
**written** 34:16

< Y >

**Yeah** 16:7  
26:21 32:4  
36:25 39:6, 23  
46:21 55:18  
**year** 9:2, 3  
**years** 17:25  
36:22 59:19  
**yellow** 31:11  
37:15  
**York** 17:22  
58:25

< Z >

**Zoom** 1:5