

Long-Term Covid-19 Care Commission

Via Zoom
on Monday, September 21, 2020

**The government has objected to the evidence
redacted on the basis of privilege.**



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

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--- Held Virtually via Zoom, with all participants

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attending remotely, on the 21st day of September, 2020,

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3:03 p.m. to 4:58 p.m.

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13 BEFORE:

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15 The Honourable Frank N. Marrocco, Lead Commissioner

16 Angela Coke, Commissioner

17 Dr. Jack Kitts, Commissioner

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21 PRESENTING:

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23 Michelle-Ann Hylton, Director of the Capital Planning

24 Branch within the Ministry of Long-Term Care

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1 PARTICIPANTS:

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3 Margaret Allore, Capital Planning Branch within the
4 Ministry of Long-Term Care

5

6 Gary Thompson, Manager of the Programs and
7 Policy Unit within the Ministry of Long-Term Care

8

9 Neil Vanderkooy, Manager of the Project Management
10 Units within the Ministry of Long-Term Care

11

12 Alison Drummond, Assistant Deputy Minister,
13 Long-Term Care Commission Secretariat

14

15 Derek Lett, Policy Director, Long-Term Care
16 Commission Secretariat

17

18 Amy Leamen, Counsel, Legal Services Branch for
19 the Ministries of Health and Long-Term Care

20

21 John Callaghan, Lead Counsel, Long-Term Care
22 Commission Secretariat

23

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

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1 PARTICIPANTS (cont'd):

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3 Roopa Mann, Counsel, Crown Law Office Civil.

4

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

6

7 Lynn Mahoney, Counsel to the Ministry of

8 Health and Long-Term Care.

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11 ALSO PRESENT:

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13 Judith M. Caputo, Stenographer/Transcriptionist

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1 COMMISSIONER MARROCCO: Okay, let's
2 begin.

3 MS. HYLTON: A pleasure to come back to
4 you today. We ended Friday with -- or started
5 Friday with a very thorough conversation from the
6 licensing perspective.

7 The other part of my portfolio is
8 specific to LTC development. As I mentioned on
9 Friday, licensing goes hand-in-hand with capital.

10 And so the Long-Term Care Development
11 Program, as detailed in this deck, really embodies
12 an established program within the Ministry that was
13 developed to facilitate the development of net new
14 as well as the redevelopment of existing older
15 capacity across the Province.

16 Slide 2 as captured in the deck gives
17 you a bit of historical context as it relates to
18 long-term care homes more broadly.

19 So dating back to before 1991,
20 long-term care homes in the province fell into
21 multiple categories. So we either had nursing
22 homes, municipal homes for the aged or what we call
23 charitable homes for the aged.

24 Those three groupings also fell under
25 different ministries, so a very different structure

1 that we have currently.

2 It really was in 1991 that, as those
3 ministries were sitting between the Ministry of
4 Health and what was then the Ministry of Children,
5 Community and Social Services, it was around that
6 time that there were quite a bit of discussions
7 taking place in and around the benefit of bringing
8 what was then being called nursing homes together
9 under one ministry, and that was the Ministry of
10 Health.

11 So that change took place in 1993. I
12 think it's worthwhile stating though, as you had
13 the different programs, nursing homes, municipal
14 and charitable homes existing under different
15 ministries, each program had its own set of systems
16 and rules, and the approaches to development and
17 implementation of base standards also very
18 different, part of the impetus behind bringing
19 these homes together under one ministry, and under
20 a single piece of legislation.

21 So, again, that happened in 1993. And
22 these different homes were brought into the
23 Ministry of Health in particular.

24 But at that time, the legislation that
25 was used to introduce this change did not address

1 any building design features. The different
2 structural classifications and standards continued
3 to exist. The different structural standards.

4 The idea or the construct of a
5 structural classification, which is simply a means
6 of organizing and categorizing homes based on their
7 design and their age, that came about in 1998.

8 So not so far in the -- so far back in
9 terms of history. But the idea of organizing homes
10 on what we call "structural classification", or
11 their age and when they were built --

12 (Reporter sought clarification).

13 MS. HYLTON: Just at the bottom of
14 slide 2 there, just reiterating that it was in 1998
15 the idea of a structural classification, or a means
16 of categorizing homes based on the age of the beds,
17 the standards to which they were built, that came
18 about in 1998.

19 And the structural classification is
20 captured on slide 26. We'll refer to it a couple
21 of times throughout the deck. But internal to the
22 Ministry and the sector, you will always hear
23 reference to, you know, "A, B, C, D beds" or what
24 we call "new beds".

25 And that is just capturing the

1 structural classification as captured here, slide
2 26, and tied directly to the standard to which the
3 beds in that particular home was built.

4 It is perhaps worth saying here, and we
5 can jump back to slide 3, we have a mixture in the
6 system. So homes aren't necessarily a single
7 structural classification. There are homes where
8 you do have a mixture.

9 So depending on when the home was
10 originally built, if there was any work to upgrade
11 beds, if they added any new beds at a certain point
12 in history, we absolutely have homes where you have
13 a mixture of beds based on structural
14 classification.

15 Slide 3 gets into the idea of design
16 standards. So design standards, not new to
17 long-term care, first introduced through the
18 nursing home dating back to 1972. So back to when
19 we had nursing homes, municipal homes for the aged
20 and charitable homes.

21 So we had the Nursing Homes Act
22 covering nursing homes during that period. So the
23 design of design standards for nursing homes
24 certainly has been in existence for a while.

25 The change that came about in 1999 is

1 very important historically as it relates to the
2 development program. Because that is really the
3 first time that the Ministry had released what I
4 call "standard base policy design standards" -- and
5 these are minimum design standards -- in a document
6 at the time that was referred to as the Long-Term
7 Care Facility Design Manual.

8 So this is really a significant change
9 and shift. Because it is through this policy-based
10 minimum design standard that the Ministry started
11 to tie funding, in terms of capital funding, tie
12 that funding to a base set of design standards
13 created in policy, not in legislation, and
14 applicable to all long-term care homes.

15 So not what was previously referred to
16 as nursing homes or municipal homes, etcetera. So
17 that is a significant point in our history.

18 Another major change that happened at
19 that time was the introduction of what we call
20 "RHAs", or "Resident Home Areas".

21 So I think as you continue to dig deep
22 into LTC you will hear quite a bit about RHAs. And
23 RHAs essentially are contained units that are
24 supposed to support and are captured as one of our
25 standards to support a more home-like environment

1 for residents, where you limit the number of people
2 who are kind of sharing, sharing certain base
3 resources and facilities.

4 It also facilitates and helps homes and
5 operators identify, organize and staff the
6 different parts of the homes. So the idea of
7 creating an RHA was introduced when these base
8 policy standards, minimum design standards, came
9 about. And even to this day, the maximum number of
10 residents per RHA as per our standards is 32.

11 I underscore the word "maximum" here
12 because there is certainly flexibility within the
13 Ministry as part of our review. And we encourage
14 it where it makes sense to facilitate having fewer
15 people, even less people in one resident home area.

16 But our base standard says no more than
17 32 residents to one resident home area, and no more
18 than a maximum of two persons to one room.

19 So again, another important detail,
20 because prior to this standard being put into place
21 through policy in 1999, there were several homes in
22 existence -- some of them still exist today because
23 they have not redeveloped -- where you would have
24 multiple people to a room.

25 But as of 1999, any one building from

1 that time onwards would have been expected and
2 certainly have been required to build to our
3 standards as a base. And that is the only way they
4 would receive additional funding or the necessary
5 construction funding from the Ministry.

6 So in 1999, that major change came
7 about, and about ten years later, the Ministry
8 continued in its efforts to update and be
9 responsive to changes happening in the system.

10 And so ten years later, the design
11 standards were refreshed and as part of what is now
12 called the Long-Term Care Home Design Manual.

13 So, again, part of the change here is
14 really referring to the long-term care home, coming
15 out of verbiage that refers to long-term care as a
16 facility, more in line and keeping with the
17 legislation that came to fruition the following
18 year.

19 But in 2009 the Long-Term Care Home
20 Design Manual was actually launched, and featured
21 kind of refreshed standards. Jumping to 2015, we
22 have since built on the 2009 version of the design
23 manual. And we currently have now what is called
24 the Long-Term Care Home Design Manual that was
25 created back in 2015.

1 The 2015 design manual, with the
2 standards as they're currently captured, serves as
3 the current manual and the current set of standards
4 for homes.

5 So anyone building since 2015 would be
6 required to meet the standards under the 2015
7 design manual and 2015 standards to this day.

8 I should note here that the Ministry is
9 undertaking, as part of broader efforts which I'll
10 talk about a bit later, to modernize our
11 development program.

12 We are undertaking quite a bit of work
13 with Infrastructure Ontario to look at our design
14 standards. And this has been in the works even
15 prior to the pandemic. As part of modernizing the
16 development program, we had always intended to take
17 a look at the design standards and the design
18 manual.

19 I think the experience of the pandemic
20 has simply reinforced how critical a need there is
21 at this point to revisit those standards.

22 One thing to note also on --

23 COMMISSIONER MARROCCO: Can you just
24 help me with, why Infrastructure Ontario? Because
25 it's a building of some kind? Is that the idea

1 or...

2 MS. HYLTON: No. Infrastructure
3 Ontario is a Crown agency that, under the Ministry
4 of Infrastructure, they are tasked with supporting
5 the government realize infrastructure goals.

6 So historically, Infrastructure Ontario
7 has worked on both linear and vertical
8 infrastructure across the Province.

9 I can tell you that prior to 2019 they
10 weren't as heavily involved in long-term care.
11 They have been more involved in what I would call
12 "bigger infrastructure projects". So the building
13 of hospitals, for example, certainly, you know,
14 other endeavors related to major infrastructure
15 across the Province.

16 Since 2018, 2019, especially 2019, we
17 have partnered with IO, their expertise from an
18 infrastructure perspective, construction
19 perspective. We thought as a Ministry and
20 certainly under government's direction very much
21 relevant for the kind of mass development that we
22 would like to see in long-term care.

23 COMMISSIONER MARROCCO: So when
24 somebody wants to built a facility, that involves
25 Infrastructure Ontario, Ministry of Health, and the

1 Ministry of Long-Term Care? So you actually have
2 three -- am I right that there are then three
3 ministries that are involved with that project?

4 MS. HYLTON: No, not necessarily. So a
5 typical LTC development project, the two main
6 parties tend to be the operator/developer,
7 oftentimes it's operators who are developers as
8 well, working directly with the Ministry of
9 Long-Term Care.

10 The work I'm referring to with
11 Infrastructure Ontario is the Ministry strategic
12 policy work.

13 The Ministry has liaised and engaged
14 with Infrastructure Ontario on directly to support
15 strategic initiatives, policy development and more,
16 I would call it foundational changes to the
17 program, that will benefit anyone coming through
18 the program.

19 So generally speaking, the relationship
20 is between the operator/developer and the Ministry
21 directly. Infrastructure's work so far has really
22 been to support and advise the Ministry directly on
23 broader strategic changes for the program.

24 Now I should say, Commissioner, that we
25 do have a handful of projects where Infrastructure

1 Ontario is involved; they are quite recent. I will
2 certainly speak to them a little bit later, but
3 announced within the last three months by the
4 government.

5 And that is where we are leveraging
6 hospital lands to accelerate the development of LTC
7 homes in the GTA, and Infrastructure Ontario is
8 very much involved there and helping to project
9 manage. But that is really specific to that new
10 project.

11 Typical LTC development, the operators
12 are leading the charge, they are responsible for
13 getting their ducks in a row as best they can and
14 leveraging the resources from government to get it
15 done.

16 COMMISSIONER MARROCCO: So if I
17 understand correctly, one of the projects to find
18 land on which to construct long-term care homes
19 involves getting at the land that hospitals own in
20 the community?

21 So that means then to the extent you're
22 able to do that, the long-term care homes will
23 definitely be in the vicinity of hospitals?

24 MS. HYLTON: Yes.

25 COMMISSIONER MARROCCO: And is there

1 opposition from the hospitals to parting with land
2 where presumably -- I mean, I don't know, or is
3 that not an issue?

4 MS. HYLTON: I would say the support
5 from hospitals, given how much they depend on
6 long-term care, far outweighs any concerns in terms
7 of how to use the land.

8 Over 50 percent on average, in terms of
9 ALC, alternative level care patients, in hospitals
10 -- so those are waiting in hospital that could be
11 cared for elsewhere -- over 50 percent of those
12 patients for the last few years have actually been
13 LTC patients who are waiting to get into a
14 long-term care home.

15 So many of our hospitals, especially
16 more urban areas, they are very much inclined to
17 facilitating, supporting or building their own
18 long-term care homes.

19 There's certainly an understanding that
20 movement and continuing to facilitate flow in the
21 system is critical. So I think that is very much
22 of importance to the hospitals.

23 I should also say one of the things
24 that we -- we've seen it through the pandemic
25 experience, the demographics are so different in

1 terms of the LTC population at this point, that
2 they are requiring more and more medically complex
3 levels of care.

4 So perhaps not acute care level, but
5 certainly closer to the hospital grade type of care
6 you would expect to receive, as opposed to what
7 would have been LTC 20 or 30 years ago.

8 So we're seeing more and more
9 partnerships with hospitals. Some of them organic,
10 some of them through management contracts, as I had
11 explained, coming out of the pandemic.

12 And now even more so with hospitals
13 saying, we're interested in building long-term
14 care. And we're seeing applications even outside
15 of this accelerated program from hospitals.

16 COMMISSIONER MARROCCO: Right. So let
17 me sort of finish it off.

18 As far as you know, I appreciate you're
19 here to do what you're doing, and I won't -- you
20 know, you're not the last spokesman for the
21 government on the issue.

22 But it does appear then that there is
23 some consensus that hospitals have a role to play
24 in the development of these long-term care
25 facilities as far as Ministry of Health is

1 concerned and Ministry of Long-Term Care is
2 concerned?

3 MS. HYLTON: I would say, yes,
4 Commissioner. I think even outside of bricks and
5 mortar, or even building their own long-term care
6 homes, the evolution we're seeing in the healthcare
7 system coming out of the Ministry of Health, so
8 along the lines of Ontario Health, building up
9 Ontario Health teams under the regions, it further
10 underscores that kind of integration that is
11 necessary to move the sector along.

12 And so that, that linkage between acute
13 care hospitals and long-term care, I think is
14 growing almost by the day, given how close the two
15 sectors need to work together to facilitate flow
16 and the best outcomes for our residents.

17 We do know, depending on where the home
18 is located, oftentimes, and this is part of regular
19 business, LTC residents are transported to hospital
20 for services and then transported back to their
21 long-term care homes.

22 So we see that sometimes with dialysis
23 patients, for example. Some homes have the
24 capacity to provide it. Others have to actually
25 maintain a relationship with the hospitals, send

1 their residents there regularly and they come back
2 to the home.

3 COMMISSIONER MARROCCO: Usually via the
4 emergency department, at least based on my
5 experience.

6 MS. HYLTON: Yes. Unfortunately,
7 sometimes through emergency calls. I do know that
8 there are scheduled means of transportation paid
9 for under the operations, under the operations
10 division, but it doesn't always happen on the side
11 of the emergency realm. Sometimes that's the case.

12 COMMISSIONER MARROCCO: Okay, thank
13 you.

14 MS. HYLTON: So just to close off on
15 slide 4 here, a couple of things I wanted to
16 highlight. The Long-Term Care Home Design Manual,
17 the 2015 manual, which is the current manual,
18 speaks to a host of design objectives, as well as
19 design standards.

20 Just to give you a flavour of design
21 objectives, design standards, the design objectives
22 as they're captured now in the 2015 manual speak
23 to, again, self-contained units.

24 These RHAs to support privacy, to
25 create a home-like environment. And also to

1 support resident safety and comfort, in particular.
2 So those are some of the objectives captured as
3 part of the 2015 design manual.

4 Another example of a design standard
5 that is in place currently speaks to minimum space
6 requirements, either for shared spaces, like a
7 dining space, a dining room, or even minimum size
8 requirements as it relates to individual resident
9 rooms and space allotted to each resident.

10 What can they expect coming in? So,
11 again, these are minimum standards. We do have
12 operators who have built beyond the standards, and
13 that is certainly supported, encouraged by the
14 Ministry, but these are set as minimum and base
15 standards.

16 So our expectation is that operators
17 are building to a minimum, to the design standards
18 and the objectives outlined in the current manual.

19 I did speak a bit about the
20 self-contained RHAs and the continued work with
21 Infrastructure Ontario.

22 The 2015 design manual and standards,
23 as I mentioned, a few years old at this point,
24 certainly being looked at by the Ministry with
25 support from IO as part of their broader strategic

1 work and advice being provided for, and that is
2 live; that is actually happening now.

3 We are leveraging anecdotal information
4 coming in from the sector, having lived through the
5 Wave 1 of the pandemic, as well as tapping experts.

6 So looking at information and advice
7 coming in by way of research, paying attention and
8 looking at what other jurisdictions are doing, as
9 well as leveraging professionals such as architects
10 and getting their advice in terms of
11 recommendations for changes as we continue to look
12 at the standards and the manual as a whole.

13 COMMISSIONER KITTS: Can I just ask a
14 question about the 2015?

15 So are all the homes that meet the 2015
16 long-term care design standards, are they all new
17 builds? Or are also some retrofits that would then
18 meet the standards, and how many of them are there?

19 MS. HYLTON: So we do have mixtures.
20 So we do have homes where there are beds within the
21 homes that meet the 2015 design standards, because
22 they perhaps would have built at a later date and
23 may have some older capacity embedded within the
24 home; so we do have a mix.

25 I can give you some figures here based

1 on the most recent check; we did this on Thursday
2 of last week.

3 We have 39,508 new beds. So beds that
4 are classified as new and therefore meeting -- I
5 just want to make sure I have the right standards
6 here.

7 Beds that comply with the 2009 or 2015
8 design manual would be classified as "new"; we have
9 6,986 beds considered "A beds". So "new" would be
10 your highest, your most recent and essentially the
11 best of the crop at this point, given how recently
12 they were built.

13 6,986 "A beds".

14 5,628 "B beds".

15 24,425 "C beds".

16 And the oldest of the lot would be
17 considered "upgraded D beds". So the total there
18 is 1,346 upgraded D beds.

19 And then we also have 270, what we call
20 "ELDCAP beds". These are beds that are embedded in
21 hospitals in the north, and they tend to be built
22 closer to hospital grade.

23 And they're embedded in hospitals by
24 virtue of sustainability and being part of an
25 existing organization, likely in a more rural area

1 up north.

2 So not necessarily a need for a
3 stand-alone long-term care home, or even in terms
4 of operational feasibility, it makes sense to
5 partner with an existing hospital.

6 COMMISSIONER KITTS: Of the existing
7 homes then, I understand there's about almost
8 80,000 beds in total?

9 MS. HYLTON: Yes.

10 COMMISSIONER KITTS: Half of them would
11 be classified as new, which means that they're
12 single or double room?

13 MS. HYLTON: Single or double, yes. So
14 either private, meaning one person. Or, we do have
15 semi-private builds. So the preferred
16 accommodation in the Ministry we refer to preferred
17 or basic.

18 Preferred can either be private,
19 one-person, or semi-private; two people sharing a
20 washroom but in their own rooms.

21 And then we also have basic rooms,
22 where you have two people sharing a room and
23 sharing a washroom. So those are your --

24 COMMISSIONER KITTS: Then is it fair to
25 say that the B, C, D beds are three- or four-to a

1 room?

2 MS. HYLTON: I would say -- we cannot
3 say that unequivocally. Because you do have some
4 of the older beds, potentially the B's and even in
5 some of the A's where you would have had operators
6 build beyond any base standard and build with more
7 space.

8 It is more likely that where you see
9 what we call "ward rooms", where you have three or
10 more people, more than three or four people in a
11 room, they are more likely to be the oldest beds in
12 the system. So C's or D's.

13 COMMISSIONER MARROCCO: When you say
14 "new", that could be anywhere from 2009 to 2019 or
15 whatever.

16 MS. HYLTON: I am just triple checking
17 my definition here. New beds are defined as beds
18 that comply with the '99 design manual; 2002
19 long-term care retrofit program we had to upgrade
20 certain D beds as well as our 2009 and beyond, so
21 our current design standards.

22 So we do have beds essentially that
23 would have met the '99 standard completely. And
24 anything beyond that coming up to 2015, those would
25 be counted as new.

1 The A beds are considered to be beds
2 that substantially complied with the 1999 design
3 standard. And that --

4 COMMISSIONER KITTS: So is it fair to
5 say that we haven't built many, if any, new homes
6 and beds since 2015? So therefore, 2015 standards
7 are not likely to be found in most homes?

8 MS. HYLTON: I would say there haven't
9 been many beds built since 2015, correct.

10 The other piece that I think is
11 critical to mention here, we haven't had since many
12 years since 2015 or many opportunities with new
13 beds on the table to facilitate the building of new
14 beds.

15 So, yes, the idea of redevelopment has
16 been around for years, and I'll get into the
17 history there. But we also know there's been many
18 few opportunities to built net new because that
19 comes about once every few years depending on the
20 direction of the government.

21 So since the 2015 standards have come
22 about, there have been very few beds built to that
23 design standard. So I think that's fair and we
24 actually notice this quite a bit throughout the
25 pandemic.

1 While it is important, yes, and
2 critical to acknowledge that there were severe
3 outbreaks in older homes, we do know that many,
4 many of our homes are simply not built even to our
5 current design standard.

6 So there's quite a bit of capacity
7 there that is either very old, maybe dating back to
8 the 1970s at this point, with minor upgrades to
9 kind of bring them to a certain standard. And we
10 do have some that are in that middle range, so
11 maybe 25, 30 years old at this point. But you
12 would have fewer that are closer to 2015. That's
13 absolutely correct.

14 COMMISSIONER KITTS: Thank you.

15 MS. HYLTON: So slide 5 takes us to
16 some of the challenges with these older homes. The
17 work on the part of the Ministry over the last few
18 years, especially as we look at regular efforts to
19 refresh, to recalibrate the design, the design
20 standards, there are a few things that continue to
21 percolate: Lack of privacy and more institutional
22 setting rather than a home-like design, which we
23 see a lot with older homes built more like an older
24 hospital as opposed to a long-term care home.

25 Because prior to that, we were talking

1 about facilities quite a bit, as opposed to
2 someone's home. Very small room sizes, so
3 limitations for folks who need any kind of support.
4 So a wheelchair, for example, you know, limitations
5 in terms of things like turning radius.

6 Washrooms not necessarily fully
7 accessible. If they were built 30 years ago, our
8 standards from an accessibility perspective very
9 different at this point. Cramped spaces, shared
10 spaces. We noticed that in the dining rooms in
11 these older homes, very limited activity space as
12 well.

13 Access to light. So access to windows,
14 air-conditioning, continues to be an issue. And
15 from certainly from my and my team's observation,
16 all of these things, you put them together, they
17 can also serve to contribute to limited infection
18 prevention and control within the homes.

19 So if you are dealing with multiple
20 people to a room, if you are dealing with tighter
21 spaces, all of these things, as you can imagine,
22 can certainly impact the ability for infection
23 prevention and control measures within the home.

24 Over the years, the successive
25 governments have tried to inveigle the sector to

1 redevelop, and to support the sector as best they
2 can by providing incentives, issuing and creating
3 new programs.

4 And slide 6 gives you a bit of a walk
5 down memory lane in terms of the programs to date
6 from a redevelopment perspective. So if we can
7 jump to slide 6.

8 You'll see back in 1998, very much a
9 push on the part of the government to facilitate
10 the redevelopment of these older beds, the oldest
11 in the system, which is what we would have call the
12 "D beds".

13 At that time about 16,000 beds
14 structurally classified as "D", which were not even
15 meeting the 1972 Act criteria, would have been
16 identified for redevelopment.

17 Jumping to 2007, and to be fair, there
18 was movement between 1998 and 2007. The government
19 of the day had identified, I think, realized the
20 limited uptake in terms of getting all 16,000 of
21 those D beds to be fully redeveloped to new.

22 And so there was a program put in place
23 at that time to facilitate upgrading these D's,
24 which is why we now have what we call "upgraded
25 D's" in the system.

1 So these D's are what I would call
2 "somewhat refreshed". They are not, or they were
3 at that time, starting back in 2002, so to get them
4 closer to base standards at the time.

5 2007, I think was a turning point in
6 long-term care development. This is when perhaps
7 the most powerful statement from government was
8 made at that time in history around redeveloping
9 older capacity.

10 And this is when government pointed out
11 the need for beyond D's, but C's and B's, so coming
12 a little bit closer for all of these beds to be
13 redeveloped.

14 In and around this time we knew we were
15 tracking to a new legislation to come into force,
16 and it eventually came into force in 2010. But
17 going back to 2007, you would see a declaration of
18 a need to redevelop over 35,000 B's, C's, and
19 upgraded D's at that time in the system.

20 COMMISSIONER MARROCCO: An upgraded D
21 was likely built -- it was upgraded because it
22 didn't meet the 1972 Nursing Home Act regulation;
23 what does that mean? Like the 1972 Nursing Home
24 Act was one thing, but when would that regulation
25 have been in effect? In '72?

1 MS. HYLTON: Yes, it would have been in
2 effect in '72, but I think to get at your question,
3 if I'm understanding correctly, these homes or
4 structures would have been in place likely prior to
5 that. So prior to 1972.

6 COMMISSIONER MARROCCO: Right. So
7 "upgraded D" is a bed that has been upgraded, but
8 within existence prior to 1972?

9 MS. HYLTON: Yes.

10 COMMISSIONER KITTS: Does "upgraded" or
11 "redeveloped", does it indicate the number of beds
12 in a room, or is it something different? Because
13 if they're upgraded or redeveloped since maybe 2007
14 or -- are they down to two beds or one bed, or are
15 they still -- could be three or four?

16 MS. HYLTON: Upgraded D's still could
17 be three or four.

18 COMMISSIONER KITTS: What about B's and
19 C's?

20 MS. HYLTON: So we do know that we have
21 ward room style. So three or four across B's and
22 C's. But I should underscore, yes, they could
23 absolutely have ward rooms. We have that captured
24 for each home. We do have that listed now as we've
25 received kind of refreshed information from

1 operators.

2 So, yes, you could have a mixture, or
3 you could have a home that is a B home, that has
4 ward rooms. Whereas, you could have a B home
5 across the street that doesn't have more than two
6 people to a room. So it really is a mixture and
7 dependent on the home.

8 COMMISSIONER KITTS: Do you have a
9 breakdown then of how many ward beds there are
10 versus private or semi-private?

11 MS. HYLTON: Yes.

12 COMMISSIONER KITTS: I don't expect you
13 to have it here, but for us.

14 MS. HYLTON: Absolutely, yes, we can
15 share that after.

16 COMMISSIONER KITTS: Thank you.

17 MS. HYLTON: No problem.

18 So going back to slide 6. 2007, of
19 course, an important turning point. Very little
20 traction, I would say from the sector between 2007
21 and 2014.

22 So while there was certainly the push
23 to redevelop, folks were -- the sector, I think,
24 started to really understand and appreciate the
25 need to come up to a certain standard, as well as

1 the changes under the fire code and getting an
2 appreciation, I think back in 2010 now, for the
3 need to ensure that their beds or their homes are
4 sprinklered.

5 The uptake was still rather limited.
6 And so in 2014, the government of the day made a
7 change to funding. That is, the construction
8 funding subsidy. That is the funding that would be
9 provided by government to an operator who has
10 redeveloped. So made a change to funding as part
11 of, or perhaps the major incentive to try to get
12 redevelopment off the ground.

13 So that happened in 2014 and
14 essentially the program was re-branded as the
15 Enhanced Long-Term Care Home Renewal Strategy.

16 The goal there was to redevelop the
17 remaining 30,000 older beds by 2025. So that was
18 in 2014.

19 Fast forward another four years to
20 2018. Again, limited uptake by the sector. So we
21 did see some movement, but there have been a few
22 things that I would say have plagued long-term care
23 redevelopment.

24 So funding, as I mentioned, and that
25 changed in 2014, significant. So the sector has

1 been saying for years the construction funding
2 subsidy is not sufficient. The quantum, as well as
3 the approach to funding, where government only
4 provides funding after an operator has built the
5 building, and has the first resident through the
6 doors.

7 That is when the construction funding
8 amount is flowed, or funding is flowed to the
9 operator. So we've heard for years that that was
10 not sufficient, despite changes and site increases.

11 We've also heard that limitations in
12 terms of access to new beds was certainly plaguing
13 the sector and impacting operators as they made
14 their decisions to redevelop.

15 For many of them, their current bed
16 count did not make the projects financially viable.
17 And so not having new beds on the table for an
18 extended period of time, there have been years
19 where there have been no new beds to be received or
20 allocated.

21 And so folks were just expected to
22 redevelop existing capacity, and many of them said
23 simply wasn't financially viable.

24 Thirdly, I would note that when the
25 legislation came into force in 2010, a decision

1 that was made at that point allowed for existing
2 homes.

3 So, Commissioner Marrocco, going back
4 to your question about D beds, a decision was made
5 to allow for new licenses to be issued given the
6 introduction of legislation and it gave homes
7 anywhere between four and 25 years from 2010,
8 essentially, where they could continue to operate
9 beds.

10 So the incentive, the impetus wasn't
11 necessarily there for some of these older homes
12 because they now held a licence that was good for
13 another 10, 15, 20 years perhaps.

14 Some of them fewer, but still, if you
15 think of some of the B's and C's, they were able to
16 secure licences that allowed for them to continue
17 to exist in their current state and continue to
18 receive operating funding.

19 So those are some of the reasons that
20 we certainly identified within the Ministry as
21 impacting progress on development. And so to close
22 off slide 6 and move to slide 7.

23 In 2018, this government, when they
24 came into office, they announced the long-term care
25 home development program. And the focus there was

1 to facilitate not only building new, but also
2 modernizing B's, C's, and D's, so very similar to
3 the 2014 commitment.

4 But as you'll see through our
5 modernization work, quite a bit of effort to look
6 at addressing the issues that I've identified, and
7 being a bit more responsive to the sector, given
8 what they've said for the last few years and
9 experienced thus far.

10 Slide 7 speaks to the other important
11 part of development. So coming out of
12 redevelopment, there continues to be this need for
13 net new capacity as well. So as per the first
14 bullet, increased demand, change in demographics.

15 So there's been quite an evolution over
16 the last 20 years as it relates to who is moving
17 into the long-term care sector.

18 I can tell you even personally, prior
19 to coming into government I worked in healthcare
20 and I've seen quite a shift in the last ten years
21 in terms of the nature of the residents coming into
22 LTC; quite a bit more complex, medically speaking.

23 Most LTC residents now across the
24 Province are living with some form of dementia,
25 about 70 percent of our residents. And so the

1 requirements, the expectations of homes, are
2 certainly evolving.

3 And, again, the size of homes, simply
4 not financially viable. So when we look at wanting
5 to redevelop beds, we have many smaller homes
6 across the Province, especially in more rural areas
7 as you go a bit further north. They may have a
8 handful of beds.

9 Based on the Ministry's capital and/or
10 offers in funding, it may not be financially viable
11 to redevelop a home with less than a 128 beds. And
12 we know there are many homes that are much smaller
13 than that in the province.

14 To respond to that on slide 8. Again,
15 like redevelopment, a listing of efforts dating
16 back to 1998 to try to incent and support the
17 building of net new capacity.

18 I will say that the most significant
19 efforts, as captured here, you would see date back
20 to 1998. So beyond 2018, the biggest commitment to
21 new beds dates all the way back to 1998. So quite
22 a bit of time where 20,000 beds were committed to
23 and the majority of those beds were built and did
24 come on stream.

25 So, again, dating back to 1998, and

1 that's where, Commissioner Kitts, many of those new
2 beds would have come out of that batch.

3 So that 20,000 new beds program dating
4 back to 1998, I call the next two smaller programs.
5 You'll see a handful of beds through the Emergency
6 Department Action Plan Program, a handful of beds
7 coming out of LHINs directly, so less than 300.

8 2017 was a turning point. That was the
9 first time since 1998 that we had a significant
10 number of new beds put on the table. And that was
11 to the tune of 5,000 beds. And that commitment was
12 made in 2017 by the previous government.

13 When this government came into office
14 in 2018, to some extent, they recommitted to
15 developing 5,000, but also committed to tripling
16 that number. So moving forward with 15,000 beds,
17 initially that was the commitment. 15,000 beds in
18 five years, that was the commitment made in 2018,
19 15,000 new beds.

20 And government is continuing to monitor
21 and to evolve as the needs, I think, become a bit
22 more apparent. So they had also back in 2018 spoke
23 of building 30,000 new in a decade. So 15,000 in
24 five; 30,000 new in a decade.

25 COMMISSIONER MARROCCO: But there was

1 not much of a takeup to the previous attempts. Why
2 did they think there would be a takeup this time?

3 MS. HYLTON: So back in 1998, certainly
4 there was strong uptake. So in 1998, about 19,000
5 beds were actually built.

6 But coming down the line here, 2017,
7 there was strong interest on the part of the
8 sector. The Ministry received just over 20,000
9 beds, so applications for 20,000 beds, when 5,000
10 were on the table under the previous government.
11 And that was within a very short window.

12 But to answer your question, part of
13 what this government committed to when they came
14 into office was to look at ways of modernizing the
15 development program to address the barriers.

16 So just as you've identified, yes, the
17 uptake has either been limited, or what we've seen
18 from our seats within the Ministry is that while
19 folks might raise their hands, the projects may not
20 move forward.

21 And so really wanting to address the
22 barriers, and that is all coupled with the efforts
23 of government to modernize the program.

24 So looking at items like funding;
25 looking at just addressing other barriers like

1 access to land; just trying to figure out what is
2 causing delays for all of the projects; and really
3 looking at ways with Infrastructure Ontario's help
4 to address those barriers.

5 So slide 10 kind of brings us closer to
6 present day and speaks to the work on the part of
7 the Ministry, my division in particular. And
8 again, essentially our bread and butter here, which
9 is to modernize our development program and
10 facilitate the redevelopment of older beds and
11 building of new beds.

12 So to support that, the Ministry
13 released an application form almost one year ago.
14 So building on the application form from 2017,
15 2018, that was coupled with the 5,000 commitment.

16 In 2019, October 1st, the Ministry
17 launched an application, we call it the
18 "Application for Long-Term Care Home Development".

19 This is the means through which any
20 operator interested in building new or redeveloping
21 older capacity would indicate and communicate that
22 to the Ministry.

23 So there is a detailed application
24 form. As part of the form we have explained
25 government priorities; those are captured on slides

1 11 and 12 here. Priorities from an objectives
2 perspective as well as our policy priorities for
3 the program.

4 And so this is the opportunity and that
5 application form is open until September 25th of
6 this year.

7 We have extended the application
8 deadline, I think it's important to note this here.
9 We have extended the application deadline a couple
10 of times. Initially, when the application went
11 live in October, the deadline was January 2020.
12 That was an extended to March 2020.

13 And then, given the reality of the
14 pandemic, what we knew the sector was dealing with,
15 and really limited time for the sector to be able
16 to complete an application or focus on development
17 when they were just trying to take care of
18 residents.

19 So we took a step back and we allowed
20 for quite a bit more time, and so the sector now
21 has a deadline of December 25, 2020, to submit
22 applications.

23 Slides 11 and 12, give you, as I said,
24 a flavour of government's priorities. And we were
25 quite transparent in the application form, wanting

1 to underscore for the sector what government was
2 looking for.

3 That's always a question we get and we
4 know that elected officials receive -- what exactly
5 do you want in terms of these long-term care
6 development applications? What are you looking to
7 achieve?

8 And we've identified integration and
9 partnership, so again back to the question around
10 the role of hospitals. So we are certainly
11 encouraging partnerships of all kind, in keeping
12 with the evolution within the Ministry of Health as
13 a whole and health sector as a whole.

14 Innovation, so, again, looking at
15 leveraging technology, digitizing the sector. I
16 can tell you that long-term care is certainly a
17 sector in dire need of optimization from a
18 technology perspective.

19 And we have been very clear that
20 innovation, as it relates to how they intend to
21 provide care, what homes would look like, how they
22 are digitized, how they are capitalizing on
23 technology -- very critical and captured as an
24 objective in our application.

25 Licensee diversification is another

1 one. This came about really with an eye for
2 staying true to the public interest test from a
3 licensing perspective that I spoke to on Friday.
4 Wanting to ensure competition within the sector,
5 fairness in terms of access.

6 Wanting to limit the potential of any
7 one entity or handful of entities monopolizing the
8 system in any way, and wanting to maintain balance
9 in the system between for-profit and not-for-profit
10 entities. So licensing diversification was
11 captured as important.

12 We also know that there have been a
13 host of cultural, linguistic, I would say other,
14 even educational institutions, who have shown
15 interest in long-term care, but have felt
16 historically that they haven't had a window into
17 the sector. And so through our current application
18 form, we've tried to open that door and make that
19 quite clear.

20 Slide 12 speaks to policy priorities.
21 I should note that the objectives, the policy
22 priorities, were tabled, consulted on with the
23 sector dating back to the winter of 2018. So
24 months before the application was actually
25 launched.

1 And so these are very much informed by
2 the sector, not just the long-term care sector, the
3 health sector as a whole. And also, you know,
4 wanting to be reflective of what we have been
5 hearing from families and residents.

6 So slide 12 just gives you a sense of
7 our policy priorities, so we speak to flexible care
8 structures.

9 So again, looking at the change in
10 demographics in long-term care, wanting to ensure
11 that given what LTC residents present with --
12 they're more physically dependent; many of them are
13 cognitively impaired -- wanting to ensure that our
14 care structures within long-term care can actually
15 meet their needs.

16 I hear an anecdote provided quite
17 often. Years ago, long-term care residents were
18 driving to homes and would walk across to the Tim
19 Horton's if they wanted. The vast majority of LTC
20 residents are not in a capacity to do that. And so
21 more flexible care structures are needed.

22 Expanding our models of care are also
23 critical. And, again, looking at providing care
24 for more specialized groups within LTC.

25 So linguistic cultural groups in

1 particular. We know that if most people are living
2 with dementia, they are likely to revert to their
3 mother tongue, and for many residents their mother
4 tongue is not English.

5 So making sure that our models of care
6 are expanded and broad enough to provide more
7 specialized services has certainly been critical
8 for us from a development perspective.

9 The capacity to care for LTC residents
10 and to facilitate flow across the system, also a
11 policy priority for this government. So really
12 looking at opportunities to facilitate more of a
13 seamless flow for residents.

14 So, for example, the building of
15 campuses of care, where can we link retirement
16 homes or assisted living with long-term care.
17 Facilitate smoother movement for residents, so they
18 have a better experience and limit perhaps the need
19 to return home in between living within any of
20 these settings.

21 That's part of what is being captured
22 here in terms of increased care capacity.

23 COMMISSIONER MARROCCO: How do I read
24 that? These are things you're looking at?

25 THE WITNESS: These are things we have

1 identified as priorities, and have asked applicants
2 as they are putting together their applications to
3 describe and explain to us how they are poised, or
4 their applications are poised to meet these
5 priorities and objectives.

6 COMMISSIONER MARROCCO: And are these
7 developers who are going to build new facilities?

8 MS. HYLTON: New, and to redevelop the
9 older facilities.

10 COMMISSIONER MARROCCO: But did I
11 understand earlier that there's not been much of a
12 takeup to this point, as far as new structures are
13 concerned?

14 MS. HYLTON: We've had quite a bit of
15 interest in terms of applications. So dating back
16 to 2018, when we had 5,000 beds on the table, we
17 received applications to the tune of over 20,000
18 beds, when only 5,000 beds were on the table.

19 We currently have just about
20 200 applications in to the Ministry, covering --
21 and I'm going to ask Neil to give me the accurate
22 data points here -- but we have just about 200
23 applications in, covering just over 20,000 beds, a
24 mixture of redevelopment and new beds being applied
25 for through the current application form.

1 Neil, you can give me the exact figures
2 if you have them at your fingertips. But I would
3 say the interest is there. What we've seen,
4 Commissioners, limited movement, depending on the
5 project through to fruition. So getting shovels in
6 the ground. But the interest absolutely is there.
7 I would say certainly since -- especially since
8 2018, 2019, the interest is there.

9 COMMISSIONER MARROCCO: So it's how
10 many beds to limit, in terms of development, is how
11 many beds the Ministry puts on the table?

12 MS. HYLTON: Yes. How many beds do we
13 essentially have available? So currently we
14 have -- and I think these details are captured a
15 little later in this deck.

16 We have already allocated just about
17 9,000 new beds already, and approved just shy of
18 12,000 for redevelopment. So this is dating back
19 to 2018.

20 So we currently have 9,000 new beds
21 allocated. So that means the system is aware
22 individual operators have received letters from the
23 Minister saying, we have allocated to the tune of
24 9,000 -- just shy of 9,000 beds. And that goes
25 across, what I would call your routine development

1 applications, as well as those hospital-based ones
2 I mentioned earlier.

3 COMMISSIONER MARROCCO: Yes.

4 COMMISSIONER KITTS: Are the developers
5 a mixture of hospitals and private sector? And I
6 guess the question is sort of continuing from last
7 time is, so now that they've gotten the approval
8 for 9,000 beds, how long will it take to get those
9 open and in operation?

10 MS. HYLTON: So I'll answer the first
11 question first. Absolutely a mixture in terms of
12 applicants. So we have hospitals, we have existing
13 operators. Some of those are for-profit operators,
14 we have not-for-profit operators. Under
15 not-for-profit, we also have municipalities.

16 Under the legislation, certain
17 municipalities, the southern tier, kind of the
18 larger municipalities are actually required under
19 the legislation to operate at least one long-term
20 care home. So many of them would like to redevelop
21 their beds, or need to. Or even want to expand
22 their footprint. So we absolutely have a mixture.

23 Then we have net new entities. I can
24 tell you many of the newer entities that have
25 applied within the last two years, tend to be

1 cultural organizations who are community-based and
2 wanting to get into long-term care. Really, with
3 an eye for providing a service that historically
4 they have felt has not been available to their
5 communities, in their mother tongue or in keeping
6 with cultural preferences, so we absolutely have a
7 mixture.

8 I do know, though, from looking at the
9 latest cut of the data, the majority of the beds
10 requested or applied for to date, have actually
11 come from the for-profit arm of the sector. So
12 they are still kind of the lion share in terms of
13 even asking for beds.

14 To your second question, in and around
15 timing. We know that on average it takes about --
16 that is a actually captured on the next slide,
17 slide 13. It takes about 36 months to see a
18 project go from having land secured, funding
19 identified, they would have identified a lender,
20 really going from hitting those two milestones,
21 those are critical, we've come to learn through the
22 development process, to actually being able to
23 turnkey.

24 So you could say on average, about a
25 four-year turn around period. And depending on the

1 operator, that four-year period could be a lot
2 longer if they're not able to secure some basics,
3 like land or funding.

4 COMMISSIONER KITTS: So if I read that
5 correctly then, there's about 9,000 beds that
6 are -- could be up and running within four years.
7 The rest of the 30,000 have yet to be allocated?

8 MS. HYLTON: Yes. So the rest of the
9 30,000 yet to be allocated. That is part of what
10 government will have to pay attention to as they
11 look at the applications we now have, since
12 October 1st last year.

13 With the 9,000 beds that have been
14 allocated, they're all at different stages of the
15 process. So we have beds that are very much
16 tracking and look very likely to be ready to be
17 opened, I would say within the next four or
18 five years. And some that we know will take a bit
19 longer.

20 We've already heard from some
21 organizations or municipalities that it will take
22 them a bit of time to actually get the beds built.
23 So there is definitely a range there. But on
24 average, and part of what the Ministry is trying to
25 do is, keep operators feet to the fire to build to

1 our standards and build as quickly as they can.

2 COMMISSIONER KITTS: So the next 21,000
3 then, are going to be beyond five years.

4 MS. HYLTON: Yes. So the public
5 commitment there is 30,000 over a decade.

6 COMMISSIONER MARROCCO: Commissioner
7 Coke.

8 COMMISSIONER COKE: I'm just wondering,
9 the homes that we heard about in the last few
10 months that are sort of fast tracked and they're
11 going to be ready by next year.

12 I'm just trying to understand what is
13 the difference in the process there that is
14 enabling those to go to quicker rate, or has the
15 lead time before the announcement been a long time?

16 MS. HYLTON: No, that's actually a
17 great question. Very different process.

18 A couple of things that have really
19 resulted in the acceleration that we're seeing on
20 those files; number one, it takes the issue of land
21 off the table. So because those projects, they're
22 tied to three hospitals: Trillium Hospital in
23 Mississauga; we have Humber in Toronto; and
24 Lakeridge in Ajax. The idea here is to leverage
25 existing hospital-owned lands.

1 So that is one of the major hurdles
2 that we have found that contributes to the
3 potential lag we're seeing in terms of beds being
4 developed. So the accelerated build program takes
5 that off the table straight off the bat. That's a
6 critical piece.

7 I think the other change we're seeing
8 there is the role of Infrastructure Ontario in
9 terms of working with the operator. In this case,
10 it will be the hospitals, or whomever they decide
11 eventually to be the operator. But they're the
12 ones with the allocation of beds.

13 So Infrastructure Ontario -- and this
14 is very much a pilot -- stepping in, facilitating,
15 I would say an expedited procurement process, and
16 leveraging modular design. So kind of modular
17 building of different parts of the home that will
18 then be transported to a site and put together
19 rather more quickly. Very different from what a
20 typical LTC operator on their own would be doing to
21 move things ahead.

22 And there is a critical piece with
23 that, as well; change in funding. So as part of
24 this pilot, Commissioner Coke, the Province is
25 looking at a different funding model, very

1 different from our typical LTC funding.

2 So more along the lines of funding,
3 funding these projects fully, and providing the
4 money a lot earlier in the process than it is for
5 typical LTC development.

6 So I think all of those are ingredients
7 that make for the potential acceleration that we're
8 certainly hoping for through the pilot.

9 COMMISSIONER COKE: So this pilot, I'm
10 just wondering, is it just those three that you've
11 mentioned, or is there the potential to have more
12 in this frame, which obviously can deliver a lot
13 quicker than the normal process? Is there more
14 lined up? Or what's the potential expansion of
15 that?

16 MS. HYLTON: So I think the work that's
17 happening right now, because this is still very
18 new, I would say, this could be three and a half
19 months old at this point. There's a lot of
20 learning happening even on a daily basis. So, you
21 know, very much a public commitment to doing this
22 in an accelerated way, and have these beds built
23 and opened by next year.

24 Part of what Infrastructure Ontario,
25 the hospitals and the Ministry is learning through

1 the process is: Can the market actually deliver?
2 Can developers actually build these homes within
3 this timeframe?

4 So I think we are all very much keen in
5 wanting to support and facilitate getting this
6 done, but there's the reality that operators have
7 told us about historically: Access to trades; the
8 cost of paying certain trades, depending on where
9 you're located in the province; municipal
10 approvals.

11 Can the accelerated build pilot
12 overcome these challenges and actually meet the
13 deadline of building within such a very short
14 timeframe is to be seen.

15 I think what government is doing here
16 is really trying to almost push up hill, given what
17 we have lived with other projects.

18 I know I haven't mentioned municipal
19 approvals prior to now, but that is a critical
20 piece that we know has slowed down many of our
21 typical LTC projects. And so the accelerated build
22 projects are not immune. They're being built in
23 Durham region, in Peel and in Toronto. And so
24 municipal approval is another key piece.

25 So, really, looking at the steps being

1 taken now to accelerate all of these, all of these
2 things is critical. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

8 Government stepping in and testing the
9 waters with leveraging internal tools to move these
10 pilot builds forward. So all of that, I think will
11 contribute to a broader review, and the potential
12 for this program growing in the future.

13 COMMISSIONER MARROCCO: When you say
14 "looking at", does that mean they're considering
15 it?

16 MS. HYLTON: The use of these tools,
17 considering --

18 COMMISSIONER MARROCCO: Well, for
19 example, the expedited approvals. When you say
20 they're looking at that, what does that mean?

21 MS. HYLTON: So they have gone ahead,
22 government has made the decision to leverage
23 internal tools like Minister's Zoning Orders for
24 these particular sites. So for these accelerated
25 build projects as an example.

1 Historically, we've had very few
2 Minister's Zoning Orders tied to long-term care
3 development as a whole. But one of the learnings
4 beyond even the accelerated build projects -- and
5 we have been discussing this internally quite a bit
6 -- is really how else, what other projects could
7 benefit from this tool if government decides to go
8 ahead with using it?

9 The Minister Zoning Order is really a
10 tool that is left to the discretion of the Minister
11 of Municipal Affairs and Housing. So it is outside
12 the realm of the Minister of Long-Term Care, in
13 particular. But government is working
14 collaboratively or trying to work together,
15 certainly with different ministries to expedite
16 development.

17 So to answer your question, I'm aware
18 that Minister's Zoning Orders have been utilized,
19 or have been leveraged certainly for the
20 accelerated build projects, to try to move those
21 forward and kind of expedite municipal approvals to
22 some extent.

23 COMMISSIONER MARROCCO: So when you say
24 the Ministry of Long-Term Care is looking at
25 Minister's Zoning Orders, they're looking at

1 something that's outside their area of control?

2 MS. HYLTON: Yes. Yes.

3 COMMISSIONER MARROCCO: So it's
4 dependent on the Minister of Municipal Affairs, or
5 whatever they call the Minister, it's incumbent on
6 that. You have to hope that Minister thinks it's a
7 good idea to issue the order.

8 MS. HYLTON: Yes. So that is a tool,
9 for example, Minister Zoning Orders that is fully
10 within the right of the Minister of Municipal
11 Affairs and Housing. And it really is up to him,
12 Minister Clark, and it's at his discretion that
13 that tool is used.

14 We have seen significant movement,
15 especially within the last few months with these
16 accelerated build projects. And I do know one of
17 the other projects I'll talk about outside of our
18 routine development -- that's what we call our
19 "surplus lands file" internally -- also movement on
20 the part of that Minister and that Ministry, to
21 leverage that tool.

22 Routine LTC development projects, this
23 is really, I think, the opportunity for Ministry of
24 Long-Term Care, municipalities, as well as
25 operators, to do our best to get the attention of

1 the Minister of Municipal Affairs and Housing. And
2 where appropriate, try to leverage that tools more
3 than it has been historically. But, yes, it is
4 outside of our realm and our Minister's realm.

5 So slide 13, if I could just turn our
6 attention back to the deck. This gives you a bit
7 of a flavour in terms of the types of projects that
8 are being applied for and that we facilitate.

9 We have stand-alone projects so that
10 teal circle number one is kind of your typical net
11 new builds, where all beds are brand new, did not
12 exist in the system before. So we have stand-alone
13 net new projects.

14 We have hybrid projects. And that
15 yellow circle is purposely bigger, because the
16 majority of the projects being applied for, or
17 going through our internal process at this point,
18 are what we would consider hybrid. So a mixture of
19 new beds. So beds being allocated out of the new
20 beds available and existing beds to be redeveloped.

21 So back to my comments earlier on
22 financial viability. Lots of the operators, we
23 know many operators in the system are really
24 looking to redevelop and expand their footprint.
25 And so we see that come through in terms of the

1 nature of the applications.

2 And then thirdly, we do have some
3 operators who are looking simply to redevelop their
4 existing capacity. Fewer and fewer of those I've
5 certainly noticed within the last year. Most
6 operators, if they're planning to stay in the
7 business, they're looking to grow their footprint;
8 or coming net new.

9 A host of factors, as I mentioned:
10 Size, scope of the project, that might impact
11 timing for completion.

12 I did mention that 36-month window,
13 which is the average time we're seeing once an
14 operator is able to secure funding, and has a site
15 that is suitable to move the project forward.

16 When these projects are completed, it
17 is at that point that we actually issue the
18 licence. You may recall me mentioning on Friday
19 that we issue, what I call a "promise of a
20 license", or a licence undertaking earlier in the
21 process. So this is just to give folks, just I
22 would say, a bit of reassurance that should they
23 build to our standards, they would receive the
24 actual licence, but the licence to operate is only
25 issued once the building has been built and is

1 ready to take occupancy.

2 COMMISSIONER MARROCCO: So when you
3 were saying that the Ministry is facilitating this,
4 what does "facilitate" mean there? Practically
5 speaking, what is that?

6 MS. HYLTON: In terms of facilitating...

7 COMMISSIONER MARROCCO: The development
8 that you described. I thought you said the
9 Ministry was facilitating the development. I was
10 just curious what that entails.

11 MS. HYLTON: It means we allow for
12 projects that take any of these shapes or forms to
13 move forward.

14 COMMISSIONER MARROCCO: Okay.

15 MS. HYLTON: For example, their
16 government could have made a decision to go only
17 with hybrid builds. So really looking only at
18 growing capacity, where older beds would be
19 redeveloped. But government has certainly provided
20 direction since 2018, they're open to all three.
21 Redeveloping, and so looking at bucket three, that
22 could facilitate, buttressing capacity in an area
23 that already exists, but may be older capacity.

24 Number two, so the hybrid builds you
25 can grow and also get the benefit of redeveloping

1 your older beds.

2 And bucket number one, allows for the
3 net new development. So bringing net new capacity
4 into certain parts of the province.

5 The application form and our review
6 process internally allows for these types of
7 projects. So these three types to be considered.

8 The next slide, slide 14 grounds our
9 development program a bit. This is what I would
10 call "highlights of our framework".

11 So that the funding policy is a
12 critical piece. We have recently launched, or
13 refreshed funding policy. It's referred to as the
14 "Long-Term Care Home Capital Development Funding
15 Policy". It was launched a few days ago, now maybe
16 ten days ago at this point.

17 And this is a critical document for
18 anyone looking to develop or redevelop beds.
19 Because this stipulates how the Ministry will
20 support, from a funding perspective, the
21 development of these new beds; or redevelopment of
22 existing beds.

23 The design manual, as I've spoken to,
24 that's the 2015 design manual speaks to the design
25 standards and are minimum standards for homes being

1 developed or redeveloped on a go-forward basis.

2 And, of course, there's the
3 legislation. And the legislation speaks to certain
4 basic pieces in terms of what is required before a
5 home can receive a licence.

6 So a home going through the
7 redevelopment or development process, for example,
8 must have an occupancy plan. This is where checks
9 and balances come into place, from the perspective
10 of my division within the Ministry, coupled with
11 the operations arm of the Ministry.

12 So we cannot really count a project as
13 being successful, if they are not prepared, or meet
14 the necessary criteria to be open and to take
15 occupancy. And one strong example of that is
16 staffing.

17 So an operator can certainly move
18 forward with development, they can secure land,
19 secure financing, but when it comes to operations,
20 given my responsibility for issuing licenses, I'm
21 only able to issue a licence where I have the
22 confidence that they can operate. And so securing
23 and being able to articulate a staffing plan, as an
24 example, is something my division, as well as the
25 operations arm of the Ministry would take into

1 consideration.

2 COMMISSIONER MARROCCO: What protection
3 would there be? You know, if you get the idea
4 today that you want to build a long-term care
5 facility, you have to find the land, and then you
6 have to, I guess build it; and then apply for the
7 funding.

8 I appreciate there's this letter, but
9 if that takes three or four, can the policies
10 change in that period of time?

11 MS. HYLTON: Yes.

12 COMMISSIONER MARROCCO: Do you start
13 out in one world and end up in another one?

14 MS. HYLTON: Yes, yes. That is very
15 likely. The process involves really getting things
16 off the ground on the part of the operator. So
17 their first step is to apply to the Ministry; that
18 is their first step.

19 Some operators go ahead and purchase
20 land without receiving an allocation or an approval
21 to redevelop. But many prefer to have, I call it
22 the reassurance from the Ministry, or from
23 government, that they will either get new beds, or
24 there is comfort with them moving forward with
25 redevelopment.

1 So most operators start with applying.
2 People tend to apply, our operators tend to apply
3 on the basis of the framework that they're aware of
4 at the time. So what does the funding policy look
5 like?

6 And in their application form, we
7 review, I call it a play on a pro forma. So how
8 would they incorporate funding that is typical for
9 a project of that size, as per our funding policy?
10 What are they taking into account? That's one
11 example of something we look for. How are they
12 meeting the policy objectives?

13 If they are then moved through the
14 process and receive an allocation, they are then --
15 or one of our future slides gets to this -- we then
16 enter into a formal agreement with the operator.
17 So we call that a "development agreement".

18 And, essentially, that is the contract
19 that operators can refer to, to say they have
20 received an allocation or approval from the
21 Ministry.

22 They have reassurances from the
23 Ministry that should they build the building to
24 certain standards, develop a workable occupancy
25 plan to the Ministry's satisfaction, not only will

1 they receive the funding once it's -- the project
2 gets to that time, they will also receive a
3 licence.

4 So there is a contractual arrangement
5 that's entered into prior to the operator's
6 actually breaking ground. And so the Ministry also
7 has, as part of our process, we retain essentially
8 the right to approve a project going to construction.

9 So there are checks and balances in
10 place to ensure operators don't feel they have gone
11 too far down the line. Or, you know, are maybe
12 treading water without any confidence.

13 But, yes, within that time, things can
14 change. So, for example, there have been quite
15 recently as I mentioned, changes to the funding
16 policy. So we do have some applications now that
17 are very much underway, where they would have
18 applied under a certain funding policy back in
19 2018 or 2019. And in 2020, we have put out a new
20 funding policy.

21 And so part of what we are required to
22 do as the Ministry, is to ensure the sector is
23 up-to-date. Our development agreement is updated
24 and amended to reflect these changes. And also,
25 that we are working directly with the operators.

1 I keep getting asked the question about
2 design standards as an example. So you could apply
3 in 2019, based on the 2015 standards, or even 2020.

4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 We, within the Ministry, absolutely
8 have to take into consideration, ramifications of
9 such a fundamental change for a project that's
10 underway. And oftentimes, you know, changes that
11 substantial don't happen as often. The funding
12 changes tend to be more positive changes like 2020
13 in this case.

14 So we're not getting any complaints
15 about the changes, but we would have to take that
16 into consideration.

17 COMMISSIONER MARROCCO: All right. So
18 where are we?

19 MS. HYLTON: We're on slide 15. And
20 slide 15 captures basically what I just went
21 through. This is what we call our "pathway for
22 development".

23 And the green boxes to the left, and
24 with that development agreement. So it starts with
25 the application being submitted; the project goes

1 through the review and approval stage internally;
2 and then we enter into that contractual arrangement
3 with the operator.

4 We also, and internal to the Ministry,
5 to my team in particular under Neil's leadership,
6 we have architects, project managers who are
7 dedicated to working with each operator on an
8 individual basis to facilitate their movement
9 through this pathway.

10 So really looking at opportunities to
11 review, we look at design. So we see designs for
12 every building being built. We provide approval
13 for construction, and certainly we actually go out
14 and visit homes before we're able to give the go
15 ahead for them to take occupancy.

16 We have architects, and sometimes our
17 inspectors go out and take a look with our project
18 managers. We look at how the actual building
19 compares to the design that we approved; and then
20 we move into the occupancy stage. And it is at
21 that stage where we would issue the licence once
22 the first resident has moved into the home.

23 I should say that part of the
24 modernization work that I will mention a bit later,
25 one of the critical areas -- I've identified as a

1 priority given my role -- is really looking at how
2 we can move projects through the process faster.

3 So it has been very important to me,
4 and my team here, too, we say this all the time:
5 Make sure we keep the ball as best we can in the
6 court of the operator; because they have quite a
7 bit of a responsibility. We want to make sure the
8 Ministry isn't unnecessarily delaying movement of a
9 project. And we're certainly not holding projects
10 back.

11 So where they have what they need to
12 move forward, we try to move projects forward as
13 quickly as possible. Recognizing that, you know,
14 there are sign-offs depending on the stage of the
15 project, that happen at the Minister level or the
16 Deputy Minister level within the Ministry, so they
17 don't all sit within the Capital Division; some go
18 beyond.

19 But reducing red-tape, moving folks
20 through the process, really taking a more
21 risk-based approach. If we have an operator who's
22 built two homes within the last year, very familiar
23 with the process, we might take a bit of a
24 different path with them through our review process
25 because they're so familiar, and they will likely

1 have things like drawings, pretty much down pat by
2 the time they get to building three, as an example.

3 Slide 17 gives you a bit of a status
4 update. These numbers are a bit dated -- actually,
5 these numbers are accurate.

6 8,937, so just shy of 9,000 new beds
7 that have been allocated. That's inclusive of the
8 accelerated build pilots with the hospitals. And
9 as I mentioned, just shy of 12,000 existing beds to
10 be redeveloped, have been approved.

11 There is an error in this sub-bullet,
12 the first sub-bullet here, I just want to point
13 that out.

14 About 32 projects are currently in the
15 building stage, representing just over 1,600 new
16 long-term care beds and about 3,000 existing beds
17 to be redeveloped. So that building stage is the
18 second stage of the pathway.

19 Of these projects, 10 of them would
20 facilitate the redevelopment of about 700 existing,
21 not 7,000. Sorry, 700 existing beds and about
22 750 new beds. So I just want to flag that there's
23 an error in that sub-bullet.

24 We have a limited number, but we do
25 have a few development projects that have been

1 completed since 2018. Five projects in total,
2 representing a handful of beds. So 12,000 new
3 beds, but the redevelopment of almost 200 existing
4 beds have been completed since June 2018.

5 So we have quite a few projects in the
6 queue, and they're coming up either in the building
7 stage or towards the tail end of the planning
8 stage.

9 I'm happy to provide you with a bit
10 more detail there, if you would like. But just
11 underscoring that we are seeing, we are certainly
12 seeing movement. And the recent announcement to
13 the change in funding, we understand should
14 certainly make a difference.

15 COMMISSIONER MARROCCO: So that's
16 12 beds (verbatim), right? That's the correct
17 number?

18 MS. HYLTON: 12 (verbatim) new, yes.

19 COMMISSIONER MARROCCO: Yeah, okay.

20 MS. HYLTON: Net new.

21 Slide 18 provides just a bit more
22 background as we speak to -- I turn my attention
23 now to modernization.

24 So the new provider for modernization
25 further reiterated by the last comment there, in

1 and around the number of beds open to date.

2 So, clearly, there is still a need for
3 change to facilitate movement in the sector. So we
4 have been hearing from the sector because, of
5 course, the Ministry government is asking. We have
6 put new beds on the table. We have very much an
7 oiled machine in terms of reviewing applications as
8 they come in, or moving projects through the
9 process; but there's still limited movement
10 depending on the project.

11 And so what you see on slide 18 are
12 some of the ongoing issues that we've been hearing
13 from the sector that have slowed things down.

14 So upfront expenses; and you know,
15 things like development charges; the cost of land,
16 especially in urban areas. Operators have told us,
17 they simply can't afford it; they can't afford to
18 buy land in the GTA or the GTHA.

19 And construction costs. Since 2018
20 we've heard quite a bit about the costs for
21 specific trades and the lack of availability of
22 trades depending on where you're located.

23 Difficulty in receiving financing from
24 financial institutions. This has been a critical
25 concern for our sector, and certainly something I'm

1 hearing a lot more coming out of the pandemic.
2 Experience coming out of Wave 1, where financial
3 institutions, some of them seem to be less inclined
4 with providing funding, or lending to smaller
5 operators, or bigger operators seem to be able to
6 go to a bank and secure financing. But some of our
7 smaller operators have challenges.

8 And then there are challenges that are
9 specific to different parts of the province. And,
10 of course, the time it takes to actually move
11 through the approval process. I would say approval
12 at the municipal level. And by no means is the
13 Ministry of Long-Term Care separate from this as
14 well. Certainly opportunities for us to move folks
15 forward where we can a bit faster has been
16 identified by the sector.

17 So our modernization strategy has been
18 worked on with Infrastructure Ontario. And changes
19 to funding, I would say, is really the most
20 publicly spoken to part of the modernization
21 strategy. But there are a few other pieces related
22 to red-tape production as an example.

23 COMMISSIONER COKE: I just wanted to
24 know, some of the issues that you have in terms of
25 timeliness, is it the need to redesign parts of the

1 process? Or you don't have the capacity that you
2 have in your own group to do the work?

3 MS. HYLTON: I think we have a
4 combination of factors. Capacity within the
5 Ministry is one of our driving factors here. I
6 must say, the team we have dedicated to development
7 represents perhaps a third of what would have been
8 available back in 1998 when we had a commitment to
9 this magnitude, and it was actually a bit less than
10 30,000.

11 So we have a very small team, really
12 trying to move projects through internal to the
13 Ministry. So that is definitely a factor I would
14 say. I wouldn't -- I don't want to downplay that,
15 that is absolutely a factor.

16 I think the continued work with
17 Infrastructure Ontario, and simply the time it
18 takes to get through internal approvals within
19 government.

20 The changes we have proposed, for
21 example, from a funding perspective, require
22 approvals all the way up to the Cabinet level. And
23 so these are major changes that, you know, would
24 have significant implications for LTC funding
25 internal to government.

1 When we put forward, dating back a year
2 now, our ideas, and then towards the end of the
3 year last year, some figures as it relates to
4 changes in funding, it certainly has had
5 significant ramifications for the allocation to the
6 program as a whole through Treasury, Board and
7 Cabinet.

8 So these decisions are not necessarily
9 made quickly, because we're talking about billions
10 of dollars in terms of an impact here, as opposed
11 to thousands or millions.

12 So those are some of the issues that I
13 think are impacting movement here; separate and
14 apart of what we know individual operators are
15 experiencing.

16 COMMISSIONER COKE: Thank you.

17 MS. HYLTON: Slide 19 gives you a
18 flavour of the three projects that we've talked
19 about so far.

20 Just to turn your attention to the
21 arrows. There are kind of three key approaches
22 that we have tabled, and that are public at this
23 point as it relates to development.

24 Number one, leveraging government
25 surplus lands; that's the one I've spoken to the

1 least so far. This is really an opportunity for
2 government to dispose of surplus properties and
3 again getting to the barrier of limited access to
4 land in urban areas.

5 We do know that there are surplus sites
6 within certain parts of the province that are of
7 interest to long-term care operators, and so
8 government has directed the Ministry to work with
9 Infrastructure Ontario and other relevant
10 ministries to try to get these properties out to
11 market, and dispose of them to the sector to
12 facilitate rapid development of long-term care.

13 So that is well on its way. Very
14 recent, I would say, decisions made to facilitate
15 that getting off the ground. And so we're working
16 on a daily basis with Infrastructure Ontario right
17 now to try to put properties out to market to gauge
18 interest and facilitate the disposition.

19 COMMISSIONER MARROCCO: When was the
20 decision taken to make the properties available?

21 MS. HYLTON: So that decision came a
22 few months ago. So in the summer of this year. So
23 government has certainly expressed interest, but
24 the final decision for the set sites that we are
25 working with Infrastructure Ontario on, and there

1 are [REDACTED] of them, that decision came about this
2 summer.

3 COMMISSIONER MARROCCO: All right.

4 MS. HYLTON: For the [REDACTED] properties
5 identified. And they're captured on the slide
6 here.

7 So that is an important piece. I would
8 say very -- it makes sense, it gets at the barrier
9 of land, but it is not a process that happens
10 within weeks.

11 This involves us working with
12 Infrastructure Ontario, working with local
13 municipalities, to ensure that the land is properly
14 zoned, for example. As I mentioned, the Minister
15 of Municipal Affairs and Housing has leveraged his
16 zoning order making ability to issue a change in
17 zoning for these sites.

18 But some of these sites are plagued
19 with challenges. They may not all have access via
20 roads or utilities, or they may need to be severed.
21 So very much getting at the issue of helping
22 operators access land in urban areas, but it's
23 certainly not a change that can come about
24 overnight.

25 The next approach here speaks to -- I

1 call it a more routine LTC development program.
2 And it's specific changes we've made to funding,
3 going back to concerns raised by the sector
4 historically, as it relates to our
5 one-size-fits-all approach to funding, only
6 providing funding after residents have taken
7 occupancy, and their challenges with upfront costs
8 that they are incurring as captured on the previous
9 slide.

10 So we've made some significant changes
11 in this new funding policy that is about ten days
12 old at this point. One of the major changes is to
13 break the province into market segments, and really
14 look at a funding model that's very much tailored
15 to where a home is being built.

16 So for example, we would not be funding
17 development for a home in Sarnia, the same way we
18 would fund in downtown Toronto. Up until ten days
19 ago, that is what we had in place for years at this
20 point. So really looking at differences across the
21 province and trying to address those changes.

22 So the other major change that has come
23 about as a result of a new funding model beyond
24 increasing the CFS to address barriers, the
25 construction funding subsidiaries, also providing

1 money upfront. So prior to this new policy,
2 operators would only have expected to receive
3 funding once the first resident has taken
4 occupancy; this is the capital funding.

5 One of the changes we've made, given
6 advice from Infrastructure Ontario, is to provide
7 what is now being called a development grant to
8 help operators offset some of these upfront costs,
9 such as land development charges as captured as
10 barriers by them, and captured on the previous
11 slide. So that gives you a flavour of some of the
12 changes of this net new policy.

13 And then lastly, what you'll see
14 captured here is again the accelerated build
15 project to the tune of about 1,300 beds leveraging
16 hospital lands.

17 Slide 20 speaks to the second bucket I
18 just described, where we have broken up the
19 province under a new funding policy and into market
20 segments again. Increase the CFS across the board,
21 so regardless of where you are, your CFS, your
22 construction funding subsidy, that is your DM we
23 will provide over the course of 25 years for anyone
24 who has built new or redeveloped existing capacity.
25 That has increased as of ten days ago for every

1 operator looking to undertake a development
2 project.

3 The degree to which it has increased is
4 dependent on market segment or geographic location.
5 But across the board there is an increase, and of
6 course the development grant as I've referenced.

7 The development grant is provided up to
8 a cap, and dependent on the market segment what the
9 development grant is available across the board.

10 The next slide, I don't think I have to
11 spend too much time here. It just gets into the
12 surplus lands piece I had discussed earlier. [REDACTED]
13 sites identified and working with Infrastructure
14 Ontario to get these sites out to market, as
15 quickly as possible, and hoping to have at least
16 three of these sites out to market as soon as next
17 month, if all the necessary pieces fall into place.
18 But we're working diligently with Infrastructure
19 Ontario and the other ministries to move these
20 sites forward.

21 Accelerated build, just a bit more
22 detail here. The Accelerated Build Pilot has three
23 hospitals involved, as I mentioned across the GTA.
24 So Peel, Toronto, and Ajax and Durham region. So
25 looking at four building to the tune of 320 beds

1 each, so that takes us to just shy of 1,300 beds to
2 be built under this Accelerated Build Pilot
3 Program.

4 I think we can jump to the next slide
5 unless there are any questions there.

6 So as we wrap up here, from our
7 red-tape production perspective -- and this speaks
8 to the broader modernization work happening from a
9 development perspective. The work we've done in
10 terms of public consultations under licensing, as
11 well as changes to our funding policies, there have
12 been a host of changes to the application form, the
13 one that was actually launched in October of last
14 year. We have made several changes to facilitate
15 moving operators through the process of getting
16 through it faster.

17 For an example, we have crafted the
18 current application in a way that should an
19 operator provide the documentation we request and
20 complete the application form to a certain
21 standard, we can move that application form, if
22 there's interest on the part of government, very
23 quickly to that point of getting a development
24 agreement executed and bringing them a lot faster
25 to the point of building.

1 So we have made changes that could
2 facilitate shaving off even 12 months off the
3 process within the planning phase, and trying to
4 get folks closer to shovels in the ground and
5 getting that clock going to be able to facilitate
6 taking occupancy a lot faster. So quite a bit of
7 effort was taken last year to move the projects
8 forward.

9 Because those applications are still
10 coming in, I don't think the sector has really seen
11 any movement in that respect as of yet, because
12 allocations are yet to be made for applications
13 that have come through the new application. But
14 government has certainly signaled, by way of
15 setting a September 25th deadline, that they are
16 positioning themselves to make that change.

17 I would also flag as we close off slide
18 23, reviewing the design standards. Any other
19 opportunities to review a red-tape or anything that
20 might slow the process down for operators, as well
21 as looking at other ways to enable development
22 beyond just government funding.

23 So really looking at how we can help
24 the sector secure financing. These are some of the
25 other elements under our modernization strategy

1 that we are working with Infrastructure Ontario on
2 right now.

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

14 The last slide here is quite different
15 from everything else I've presented so far. So
16 before I jump into slide 24, this is specific to
17 where this team provided some advice and did some
18 work to support the Ministry's overall response to
19 the pandemic. But perhaps I'll pause here to see
20 if there are any questions related to the actual
21 development program.

22 COMMISSIONER MARROCCO: No, I don't
23 think so. I think we're good to go.

24 MS. HYLTON: All right. So I'll close
25 off with slide 24 here. The opportunity beyond the

1 licensing components I mentioned last week, so
2 adding capacity where it was appropriate, and when
3 it was appropriate, as well as facilitating
4 approvals from management contracts.

5 That is one bucket of the support
6 provided by the Capital Division to the overall
7 Ministry response to the pandemic.

8 The other is captured on this slide,
9 and I would start off by saying that the ideas that
10 were put forward here, did not necessarily take off
11 in any significant way during Wave 1, and are very
12 much still being discussed and considered as part
13 of the Ministry's current stabilization plan which
14 is under development, and being developed to
15 support homes respond during Wave 2.

16 So generally speaking, the Ministry
17 under the Capital Division identified two
18 opportunities to better support the sector as they
19 are -- or to further support the sector as they
20 responded to the pandemic. And the first one was
21 really to look at opportunities to optimize
22 existing long-term care space.

23 So what we were living through, and the
24 sector was living through throughout Wave 1, was
25 really limitations given the design.

1 So Commissioner Kitts, going back to
2 your question around ward rooms.

3 We certainly know from the data coming
4 in to the inspections branch, coming in from homes
5 and public health units, many of the older homes
6 where you had multiple people in a room, certainly
7 experienced significant outbreaks.

8 Now, we know that beyond structure,
9 practices in terms of what was happening from an HR
10 perspective: Sufficient staffing, regular IPAC
11 measures on the part of the individual staff, also
12 contributed. But we do know that infrastructure
13 played a role.

14 And so the Ministry, again, working
15 with other entities, Canadian Red Cross, certainly
16 one of them, Infrastructure Ontario, we had
17 identified or made recommendations in terms of
18 opportunities for minor renovations in the short
19 term to facilitate homes, especially older homes,
20 better to help them in terms of better infection
21 prevention and control. So really looking at
22 supporting their ability to cohort residents,
23 isolate residents if necessary, those types of
24 measures as an example.

25 And so looking at minor infrastructure

1 upgrades, that certainly came about. An example
2 that I know comes to mind for me is the idea of
3 looking at what is a sufficient divider if you have
4 multiple people in a room.

5 Does a curtain suffice? Or should we
6 be looking at something like Plexiglas, as an
7 example, to really provide a strong enough
8 impermeable barrier to limit spread. So those are
9 some of the ideas that were presented.

10 I do know that the Operations Division
11 is working right now on identifying opportunities
12 for funding, to support IPAC measures in homes
13 across the province. So this first bullet here is
14 certainly being worked on, currently, as part of
15 the stabilization plan.

16 COMMISSIONER MARROCCO: So when you say
17 responding to COVID-19, optimizing existing
18 long-term care space is an idea?

19 MS. HYLTON: Yes.

20 COMMISSIONER MARROCCO: But at this
21 stage, there's no funding for it; did I understand
22 that correctly?

23 MS. HYLTON: Well, certainly during
24 Wave 1, there was no additional funding in that
25 respect.

1 To answer your question, yes. Funding
2 is currently being sought. And as part of the
3 overall stabilization plan for the sector, I know
4 that the Operations Division is working to
5 communicate to the sector, funding or any
6 additional funding to be made available in this
7 respect, as well as any expectations around how
8 this funding could be used to facilitate minor
9 infrastructure upgrades to --

10 COMMISSIONER MARROCCO: Yes, I heard
11 you. No, I got that part of it.

12 Now, the temporary relocation
13 strategies, is it the same idea? That is, this is
14 an idea that requires funding which is not yet
15 forthcoming?

16 MS. HYLTON: Yes. I think this goes
17 beyond funding, though. For the temporary
18 relocation strategies, what we had put forward as a
19 division was really the opportunity to look at how,
20 if and under what circumstances, residents could
21 potentially be relocated, really to support
22 limiting infection spread, for example, in the home
23 or improving the experience of residents, or
24 limiting the potential for them to contract the
25 virus.

1 I do know that during Wave 1, this did
2 take place at a local level. It's captured in this
3 deck, because this division -- my division
4 certainly had put forward and made recommendations
5 in terms of this being an idea.

6 And we do know that locally, in a
7 handful of cases, this was implemented. I do know
8 of at least two homes where there was relocation of
9 residents permitted, and residents were moved out
10 of the home to facilitate containment, or achieve
11 as best as possible, containment of the virus
12 within a home that was already in outbreak.

13 But we do know, based on our work at
14 the time during Wave 1, feasibility was a strong
15 concern. You know, our colleagues locally and
16 other parts of the sector working with Ontario
17 Health, certainly concerns expressed around whether
18 or not there was actually space to accommodate
19 relocation of residents.

20 So if you are in an area where there is
21 limited space in terms of other facilities that are
22 equipped to care for residents, is this really a
23 feasible option locally. And so we know it was
24 certainly used in a limited way.

25 I do know that the Operations Division

1 is working with Ontario Health to look at
2 opportunities to limit occupancy, or to discuss
3 what occupancy really should look like on a
4 go-forward basis. As well as taking into
5 consideration opportunities for relocation as we
6 had put forward earlier.

7 So that, too, is being looked at. And
8 I am certain any associated funding will need to be
9 considered in that respect as well. It was
10 certainly one of the things we had identified as
11 critical for implementation.

12 COMMISSIONER MARROCCO: Yes,
13 Commissioner Kitts.

14 COMMISSIONER KITTS: Where does the
15 number 5,400 residents to be relocated come from?
16 And what do you mean by "locally"?

17 MS. HYLTON: So locally referring to
18 LHINs. So Local Health Integration Networks and as
19 well as Ontario health regions.

20 The responsibility of the regions in
21 terms of manning or supporting, rather, the local
22 health service providers, they were integral in
23 keeping tabs on capacity, capacity within hospitals
24 or other capacity being built. And so, you know,
25 those decisions were made closer to the ground.

1 I can tell you the Ontario Health
2 region, the LHIN, the Ministry always has to be
3 involved if residents are being moved out of any
4 location, pandemic or not. And certainly we saw
5 that in the two instances that I'm aware of where
6 residents were indeed relocated. So that certainly
7 came about.

8 The estimates in terms of 5,400
9 residents, very much an estimated figure from my
10 team. One of the things we looked at as we had put
11 forward our ideas here, was really honing in on
12 where the outbreak or where the virus was most
13 prevalent.

14 What parts of the province were we
15 seeing higher numbers in terms of homes being in
16 outbreak.

17 And also, bearing in mind the number of
18 homes in those areas that also had ward rooms.

19 So really looking at how can we bring
20 capacity down to no more than two per room? And
21 using those two factors to try to come up with a
22 rough estimate of number of residents we ended up
23 recommending as potentially being able to be
24 located.

25 It was very much a rough estimate from

1 the Ministry that we knew would need to be
2 corroborated more locally. But this is just the
3 Ministry taking a look at the data we had, in terms
4 of, how many homes did we have where you had more
5 than three people -- more than two people in a
6 room? What is our goal there? And our goal
7 certainly was to have no more than two people in
8 one room.

9 So I do know that there were changes
10 made outside of relocation to facilitate bringing
11 occupancy down. And that happened, again, on the
12 operation side of the Ministry through a directive
13 that was issued to limit the number of people in a
14 room. So it was achieved in the short term. And
15 through another route, as opposed to relocating
16 residents. But I do know that relocation is being
17 considered now.

18 COMMISSIONER KITTS: Okay, thank you.

19 COMMISSIONER MARROCCO: Well, I guess
20 that seems to be it. Is it?

21 MS. HYLTON: Yes.

22 COMMISSIONER MARROCCO: Well, thanks
23 again for coming back. And it's very informative
24 and we'll certainly give it careful consideration.
25 It's a very thorough presentation, and we thank you

1 for it.

2 MS. HYLTON: Thank you. Thank you for
3 your time and I do appreciate the opportunity to
4 present to you.

5 COMMISSIONER MARROCCO: Thank you.

6 COMMISSIONER KITTS: Thank you.

7 COMMISSIONER COKE: Thank you.

8 COMMISSIONER MARROCCO: Mr. Mathai,
9 you're here.

10 MR. MATHAI: I am, Justice Marrocco.

11 Yes.

12 COMMISSIONER MARROCCO: I wanted to ask
13 you to pass along to the appropriate client, the
14 regret over the fact that that page, I think it was
15 11, ended up on the website.

16 That was a mistake on our part, and we
17 regret it. It was captured by someone who was
18 paying attention to the website and tweeted out,
19 and so we saw it. We thought it would be more
20 controversial to take it down than just leave it up
21 there, so that's why we put it up there. But
22 please tell them as a general rule, if there was
23 ever an intention to publish something that we had
24 agreed to keep confidential, that we would never do
25 that without letting you know and hearing whatever

1 it is you had to say. And speaking personally, I
2 can't imagine that we'd ever do that. But it's
3 just a mistake and it's something that happened,
4 and we regret it.

5 MR. MATHAI: Thank you, Commissioner
6 Marrocco and Commissioners for those comments, and
7 I will definitely pass on that information to my
8 clients.

9 Earlier today, I did send an e-mail
10 message to Alison Drummond, with respect to this
11 slide deck. There are certain portions of this
12 slide deck that -- well, or that would probably be
13 subject to public interest immunity. I don't want
14 to go into a long explanation on it, but I'm told
15 there's a process between the Commissioner and
16 Ontario for how to address the decks or other
17 documents provided by Ontario.

18 I think it would be helpful that we
19 continue the dialogue on this issue, and that the
20 documents be treated as confidential until we have
21 a process in place, if that makes sense with the
22 Commissioners.

23 COMMISSIONER MARROCCO: I don't know
24 about that, but I've certainly spoken to
25 Mr. Callaghan about it, and I've asked him to work

1 with you to devise a process whereby if there is a
2 claim, it can be efficiently resolved. And,
3 obviously, we wouldn't put something up until it
4 was resolved.

5 But I can't go much further than that.
6 I do know Mr. Callaghan will work on that
7 diligently.

8 MR. MATHAI: That's much appreciated
9 Justice Marrocco and Commissioners, I appreciate
10 that. So thank you.

11 COMMISSIONER MARROCCO: Well, anything
12 further? Okay.

13 Mr. Mathai?

14 MR. MATHAI: No, nothing further
15 Commissioners.

16 COMMISSIONER KITTS: Thank you.

17 COMMISSIONER MARROCCO: So we'll
18 regroup shortly.

19
20 -- Meeting adjourned at 4:58 p.m.

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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 22nd day of September, 2020.



NEESONS, A VERITEXT COMPANY

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

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