

Long Term Care Covid-19 Commission Mtg.

Meeting with OPSEU
on Thursday, October 22, 2020



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7	MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION
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14	--- Held via Zoom, with all participants attending
15	remotely, on the 22nd day of October, 2020,
16	10:00 a.m. to 11:56 a.m.
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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead

4 Commissioner;

5 Angela Coke, Commissioner;

6 Dr. Jack Kitts, Commissioner.

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8 PRESENTERS:

9

10 Nick Mustari, OPSEU Negotiator/Representative;

11 Joan Corradetti, Chair, OPSEU Long-Term Care;

12 Resident Care Clerk in Scheduling.

13

14 PARTICIPANTS:

15

16 Alison Drummond, Assistant Deputy Minister,

17 Long-Term Care Commission Secretariat;

18 John Callaghan, Counsel, Long-Term Care Commission

19 Secretariat;

20 Jessica Franklin, Policy Lead, Policy Unit,

21 Long-Term Care Commission Secretariat;

22 Lynn Mahoney, Counsel to the Ministry of Health and

23 Long-Term Care.

24

25 ALSO PRESENT:

1 McKaya McDonald, Stenographer/Transcriptionist.

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

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3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Good morning.

5 NICK MUSTARI: Good morning.

6 COMMISSIONER KITTS: Good morning.

7 COMMISSIONER COKE: Good morning, good
8 morning.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Well, I think we're all here. Is OPSEU -- are you
11 waiting for anybody?

12 NICK MUSTARI: No. It's just Joan and
13 I on the call today.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 Okay. Well, I'm Commissioner Frank Marrocco. The
16 other two commissioners are here, Dr. Jack Kitts
17 and Commissioner Angela Coke. So we are the
18 Commission.

19 And we're at the investigative stage,
20 so we're meeting with people and trying to find out
21 as much as we can to give us a sense of where we'll
22 go next.

23 We are very interested in your
24 perspective on this because the perspective of the
25 people who are actually involved and engaged in all

1 aspects of this is something we're really looking
2 forward to understanding.

3 There's a transcript, and the court
4 reporter is here, Ms. McDonald. And we will post
5 the transcript in a couple of days.

6 We will probably send some preliminary
7 recommendations soon, and we may do that more than
8 once in an effort to bring matters to the attention
9 of the Minister that we think are important.

10 But that having been said -- and the
11 other thing, I guess, just process wise -- and I
12 hope it's okay -- we have tended to interrupt with
13 questions as we go along, if you don't mind, rather
14 than trying to go back and recollect what somebody
15 said and ask a question about it.

16 We're not being rude. It's just
17 something that's interesting, and so we just ask a
18 question. If that's okay with you, that's the way
19 we would prefer to do it.

20 The other thing is I'll typically take
21 a break around ten after, or so, 11 or something
22 like that. So if you let me know around that time,
23 if you're still presenting, when it's convenient,
24 we'll break for ten minutes around then.

25 So with that having been said, we're

1 ready when you're ready.

2 I can't --

3 NICK MUSTARI: Sorry about that. My
4 mute button was off -- or on.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 All right.

7 NICK MUSTARI: Anyway, my name is
8 Nick Mustari, M-U-S-T-A-R-I, and I'm a negotiator
9 at OPSEU. You know, I'm responsible for certain
10 sectors or assigned to certain sectors and one of
11 them being the long-term care homes sector.

12 So I'll pass it over to Joan.

13 You're on mute, Joan, I think.

14 JOAN CORRADETTI: Okay. I'm Joan
15 Corradetti. I've work in long-term care 22 years
16 as a grandfathered healthcare aid. Sorry,
17 grandfathered PSW. My healthcare aid was -- my
18 course was the last of Sheridan College in '96
19 before they were changing it to the PSW.

20 I've been full time since 1999, and I
21 transferred to Scheduling in 2017. So I've been
22 scheduling for the home since then. I'm Chair for
23 Long-Term Care and have been involved with the
24 sector for over 15 years.

25 So I guess at this point, we'll just

1 talk about OPSEU itself. We have approximately --
2 I'm getting my notes here -- 35-3,600 staff in our
3 long-term care sector which also includes
4 retirement homes, independent living, palliative
5 care, municipal and resident care -- which would be
6 March of Dimes, Independent Living, those type of
7 homes.

8 In our union, in our locals, we have
9 PSWs, RPNs. There may be some healthcare aids
10 which would be grandfathered. There may be some
11 social workers. I know my local does not have
12 social workers. They are under nonunion. We have
13 laundry personnel, housekeeping, maintenance,
14 cooks, dietary, and scheduling works.

15 We have three types of long-term care
16 facilities: We have private, for-profit; public,
17 which are government; and non-profit, municipal
18 homes which are public and not-for-profit. We do
19 have percentages, but I don't think that really
20 matters at this point.

21 So that's the background for where we
22 come from.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Okay.

25 JOAN CORRADETTI: Anything more, Nick?

1 NICK MUSTARI: Yeah. I think you
2 provided a brief overview of who we represent in
3 the sector. Now, how shall I, I guess -- like, I'm
4 not going to -- shall I talk -- shall I -- what's
5 that word I'm looking for? -- call you by
6 "Commissioner," or how would you like me to address
7 you?

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 The other people who have presented have referred
10 to us as "Commissioners."

11 NICK MUSTARI: Okay.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 And "Commissioner Marrocco," "Commissioner Kitts,"
14 "Commissioner Coke."

15 NICK MUSTARI: Okay.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 That's the way they've done that. It's fine with
18 us, if that's okay with you.

19 NICK MUSTARI: Yes, yeah, Commissioner.
20 I'm fine with that, yes.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Okay.

23 NICK MUSTARI: Okay. Thank you for
24 that. Like, I don't want to take up too much time,
25 if you have questions ahead of this, but in terms

1 of process, will you be also accepting written
2 submissions following this?

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Sure. We'd be happy to do that. Some people came
5 back twice because we couldn't get through what
6 they wanted to say.

7 NICK MUSTARI: Yes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 You know, this is really akin to the -- it's the
10 investigative stage. It's just us trying to
11 understand the problem, and we're more than willing
12 to receive something in writing. It's quite
13 helpful.

14 NICK MUSTARI: Okay.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Especially something that comes -- not "only," but
17 especially something that comes from people with
18 real-life experience --

19 NICK MUSTARI: Yes, okay.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 -- it adds a narrative reality to it, you know?

22 NICK MUSTARI: Okay. I appreciate
23 that. Thank you. Okay. We were told that this
24 is, like, an informal kind of meeting. You know,
25 we're just going to talk.

1 Do you have specific questions you need
2 to ask us, or do you want us to, I guess, give you
3 some of our points or some of the issues that we've
4 been...

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Mr. Mustari, I think what has worked well so far is
7 OPSEU says what they want to say to make sure that
8 the message they want to convey gets to us, and we
9 ask questions as we go along.

10 NICK MUSTARI: Okay.

11 COMMISSIONER FRANK MARROCCO (CHAIR): I
12 don't think we came to it with a preset list of
13 questions we wanted to ask OPSEU. I think it's
14 more that --

15 So if that's fine with you, that's the
16 way that's worked in the past.

17 NICK MUSTARI: Okay. Okay. Joan, do
18 you want to proceed, then?

19 JOAN CORRADETTI: So I'll just start
20 with the staffing prices was felt across the
21 province long before COVID-19. Overtime has been
22 through the roof, I'm going to say, before I've
23 been full time, and I work for a not-for-profit
24 regional home.

25 At some point, it is the definition,

1 maybe, of what a part-time can get, but I'm not
2 going to say that's the reason.

3 The number of full-time jobs are not
4 high enough to ensure that staff will be there five
5 days a week. Part-timers would only get two shifts
6 per week.

7 If a part-timer -- if that's their only
8 job, they are forced to get other jobs to help
9 bring in the amount of money that is needed to
10 sustain a household.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Can I interrupt you for a second?

13 JOAN CORRADETTI: M-hm.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Ms. Corradetti, this movement to part-time staff or
16 this problem, can you sort of fix it in terms of
17 when it started or what caused it or why this
18 situation exists? Do you have a view on that?

19 JOAN CORRADETTI: My opinion would be,
20 number one, they pay out -- the employer would pay
21 out maybe in lieu of benefits. But that
22 percentage -- it may be the same as what is on
23 paper, but to have someone there five days a week
24 would be preferable because now we have continuity
25 of care; we have the consistency on each home area.

1 But employers -- it's much cheaper to
2 have a part-timer than it is a full-timer, so they
3 go that route.

4 I do realize that we need part time and
5 casual employees to cover off vacation, et cetera.
6 However, they did come out with Residents First
7 where they tried to have the staff on the units --
8 only so many staff doing personal care for a
9 resident and lowering the numbers of those staff.

10 It's virtually impossible to have maybe
11 ten people in the space of a month -- are the only
12 ten people providing personal care to a resident
13 when you have, I'm going to say, over two-thirds
14 part time and casual compared to the possibly less
15 than one-third full time.

16 So the government has come out with
17 different guidelines, but the staffing numbers
18 would never be able to keep up with that. Did I
19 make that clear enough?

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Sort of. I followed what you were saying, and I
22 bet the other commissioners did too.

23 But my question was also, like, when
24 did this start? When did it start moving to part
25 time, or did it? Was there always a

1 disproportionate number of part-time people? I'm
2 just trying to get a sense of it in terms of time.

3 JOAN CORRADETTI: I can't speak for
4 before 1994.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Okay.

7 JOAN CORRADETTI: But I do know when I
8 started in '94 -- and the fact that that was my
9 only job because I had small children at home -- we
10 had a lot of part-time staff even back then.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay.

13 JOAN CORRADETTI: This has been
14 ongoing. The only thing is, depending on the
15 home and, I'm going to say, which union, if there
16 was a union, some of the full-timers maybe were not
17 replaced by another full time. But right now, the
18 percentages of full time are definitely much lower
19 than what we have for part time or casual.

20 So if you look at the issue that we
21 have now with only working one home, that has just
22 blown -- and I'm going to say blown at crazy
23 numbers for staffing the issues which we currently
24 have --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay.

2 JOAN CORRADETTI: -- which, of course,
3 leads to a lot of overtime. And seeing that we've
4 been in this pandemic since March, people are
5 definitely getting tired.

6 So as far as when all of this happened,
7 I'm going to say it's been going on for years.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Thank you.

10 Commissioner Kitts?

11 COMMISSIONER KITTS: Yeah. Just to
12 ask, when you talk about the staffing crisis, the
13 shortage and the full-time/part-time disparity,
14 you've listed a lot of different types of staff
15 that you represent.

16 Are you speaking that this is across
17 the board in all areas, or are there some that are
18 particularly more troublesome?

19 JOAN CORRADETTI: It's across the
20 board.

21 COMMISSIONER KITTS: Okay. Thank you.

22 JOAN CORRADETTI: And I know that from
23 where I sit at work. But also, from our other
24 homes, we have a shortage of PSWs. We have one
25 home that is actually bringing in paramedics to

1 help out with the dispensing of the medication.

2 The education requirements have
3 increased for the RNs. It used to be college,
4 two-year college. It's now university.

5 The RPNs used to be one year. It is
6 now two years.

7 The PSW was healthcare aid at six
8 months plus so many weeks of clinical time. The
9 PSW is now a year.

10 So with the increasing of the education
11 requirements is also an increase of cost and
12 inability to maybe work to offset those education
13 costs. So when you look at the great scheme of
14 things, you have lower numbers going into those
15 fields. Plus the ones that do, it does take longer
16 in order to graduate. So the numbers have
17 decreased when you look at the big picture.

18 COMMISSIONER KITTS: Thank you.

19 NICK MUSTARI: So, Commissioner
20 Marrocco, I know you asked about, I guess, when
21 this commenced or this issue started in terms of
22 part time. You know, as Joan indicated, you know,
23 she started in 1994 and, you know, it was an issue
24 then.

25 However, you know, it's been -- you

1 know, I think we could definitely say it's been an
2 issue prior to the COVID-19, right, whereby even
3 the Ministry launched a staffing study in
4 February 2020 to provide strategic advice in regard
5 to staffing in a long-term care sector. So they
6 did put out a report regarding this, so it was a
7 big issue before.

8 Now, you know, I know the Commission is
9 set up to look into, you know, I guess, the deaths
10 and, you know, the outbreaks that, you know, took
11 place in, you know, a lot of long-term care homes.

12 But you know, as you could clearly see,
13 I guess our focus or one of our focusses -- like,
14 the issue is with staffing in itself, right?

15 You know, and you ask: Okay. Well,
16 why just staffing? Well, again, there's a large
17 proportion and amount that work part time in this
18 sector. And, you know, like, when orders came out,
19 the single-site orders, you know, some people were
20 asked or had to choose one facility or another
21 because, you know, in this field, many of our
22 members have more than one job, and they're usually
23 in the same sector. So they're asked to pick which
24 home.

25 So, you know, sometimes what would

1 happen is they would pick the home that, you know,
2 gives them more money or is a little bit more
3 lucrative for them, right?

4 You know, and that would --
5 unfortunately, the long-term care home that they
6 were working at and they had to leave -- you know,
7 maybe the wages weren't the greatest there or
8 whatever. So, you know, that's probably one of the
9 issues that came out of, you know, staffing, you
10 know, in regards to part-time workers, et cetera.

11 So basically what I'm trying to say is
12 there was an issue before the COVID. All this did
13 is this pandemic just exposed all these
14 shortcomings in the long-term care system that, you
15 know, OPSEU has been fighting for years.

16 And again, you know, lack of full-time
17 jobs, insufficient pay, lack of benefits,
18 understaffing, attracting and retaining workers,
19 and healthcare concerns -- specifically lack of
20 sufficient PPE, you know, was a concern at one
21 point -- and training with regards to infection
22 control, right?

23 You know, a lot of members -- and, you
24 know, feel free to jump in whenever, Joan -- but,
25 you know, healthcare aids, for instance -- you

1 know, it's been reported to us that they're just
2 hiring anybody and everybody that will come in.

3 You know, "oh, you want to be a
4 healthcare aid?" You know, rather than focussing
5 on hiring PSWs -- although, PSWs were probably, you
6 know, at this point, reluctant to --

7 You know, they go to school, they start
8 working in the long-term care home, and they find
9 "wow. This is not what I signed up for."

10 So, you know, obviously that leaves a
11 hole to fill, and that hole is -- you know, like I
12 said, then they start hiring healthcare aids. And,
13 you know, a lot of, unfortunately, these members --

14 You know, sometimes there's a language
15 barrier there in terms of not being able to
16 understand or comprehend. Some of them pick up on
17 things rather more quickly than others.

18 But in general, they're saying, you
19 know, do the best you could do. Do what you could
20 do. Go out; you know, do whatever. And some
21 picked up on it better than others.

22 Unfortunately, though, this, you know,
23 may have contributed to some of -- I guess I would
24 call it the "snowball issues," right? All these
25 little issues, they snowball into, you know, a big

1 issue, right? And the big issue is what we're left
2 with and unfortunate circumstances of outbreaks and
3 deaths in the homes.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Can I stop you there for a minute?

6 NICK MUSTARI: Yeah. Sure, sure.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 You mentioned the staffing study.

9 NICK MUSTARI: Yes.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 From OPSEU's perspective, is that a good document,
12 or is it...

13 NICK MUSTARI: I don't know if it --
14 you know, for me, I tried --

15 You know, I appreciate the question,
16 but for us to say whether it's a good or bad
17 document --

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Okay.

20 NICK MUSTARI: You know, I think for
21 us, it's more, you know, whether -- I guess it's --

22 No, but I do appreciate what you're
23 asking, Commissioner Marrocco, like, in terms of,
24 you know --

25 For me, I just look at whether it's

1 factual and whether it reflects. Because as part
2 of this -- before this document came out, we were
3 asked for our input, right? So Joan and I went
4 downtown, and we had a couple of meetings.

5 You know, it was my first time being
6 at, you know, these sort of roundtable discussions,
7 but being there with other unions.

8 And there was also one operator there
9 in the long-term care home. And, you know, we all
10 had a discussion and talked about the issues we
11 were facing and the staffing and, you know,
12 recruitment and retention of staff and all that.

13 And you know what? Everybody in that
14 room, like, from all the unions, were like "why are
15 we talking about this again? We were here ten
16 years ago."

17 And this was before my time, right?
18 You know, "we were here ten years ago saying the
19 same things. Like, why are we --"

20 And this was before the COVID, right?
21 So it wasn't like you could say this was set up
22 because of, you know, the shortcomings of COVID and
23 what we're dealing with. This was set up -- I
24 believe in February we started going downtown,
25 Joan, or March. Or no, sorry, it was February. It

1 was before COVID because we actually went into an
2 in-person meeting at that time, and then COVID
3 happened after the fact.

4 But it's just -- you know, I was just
5 in a room with other union members or other union
6 leaders, and they're all saying "why are we here?
7 We were here ten years ago. We said the same
8 thing, and nothing was done".

9 So anyway, I read the report. The
10 report is factual. You know, I would say, at the
11 end of the day, it does reflect the issues that are
12 taking place in the sector, you know?

13 So getting back to --

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 And it sounds like what you're saying is "implement
16 it." Like, "we don't want to talk about it or
17 study it anymore. Implement it."

18 NICK MUSTARI: Exactly. Exactly.
19 Let's get something done. Let's fix the issue.
20 You know, that's basically the messaging, right?
21 Let's fix this crisis, right?

22 And again, you know, COVID, with the
23 pandemic, it didn't help the situation, like I
24 said. It just exasperated what we were already,
25 you know, dealing with previously, right? So it's

1 just -- yeah, it's unfortunate. But again, there
2 was a staffing study.

3 And then OPSEU also submitted a written
4 submission regarding this because we were asked,
5 you know, to write, and, you know, we did write it.
6 Like I said, we did write or submit a written
7 submission on these issues in May, I believe,
8 May 14th.

9 So in that written submission, you
10 know, in regards to recommendations, our
11 recommendation is that the home should be publicly
12 run, along with 22 other recommendations aimed at
13 preventing another tragedies like the deaths cause
14 of the COVID-19 pandemic.

15 So we did -- you know, we've been
16 active in the sense of, you know, bringing these
17 issues forward and providing recommendations.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 If I can -- and I don't mean to monopolize the
20 question.

21 NICK MUSTARI: No.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 But we've been told that there's a 38,000-person
24 waiting list, and we've been told there are
25 approximately 5,000 people in hospitals who more

1 properly belong in a long-term care facility.

2 Now, that's what we've been told. If
3 the long-term care homes were publicly run, would
4 that change -- would that make it easier to build
5 them, do you think, or would it make them harder?

6 Because conventionally, you sometimes
7 think, well, the private homes will come up with
8 the funding and the financing and so on to
9 construct new facilities more easily than
10 government will.

11 Do you have a view on that?

12 NICK MUSTARI: Joan, do you have an...

13 JOAN CORRADETTI: My concern with the
14 for-profit places is that they have to pay their
15 stakeholders. No one is going to invest in any
16 company unless they're going to get a return and a
17 big return.

18 As far as building places, in the late
19 '90s, there were 80 percent that were
20 not-for-profit. Only 20 percent was for-profit.
21 Then all of a sudden, those for-profit places
22 started building -- or started emerging, them
23 buying the beds.

24 Retirement homes started coming out.
25 And as far as the 38,000 that's on the waiting

1 list, it used to be maybe 20-25, and the numbers
2 just increased because we are an ageing society.

3 But I don't honestly think that
4 there's -- I don't think the public or the profit,
5 either one, have more advantage of building the
6 homes.

7 Now, we were talking about the
8 staffing, and I just want to point out that there
9 was the Shirlee Sharkey report done in -- I'm going
10 to guess 2008 and 2009. And I just want to point
11 out that we should maybe look at that report. It
12 was commissioned by the government.

13 I have a copy of what the Health
14 Coalition thought about that report, and we can
15 talk about that later. But I don't think there's
16 a -- that the for-profit or not-for-profit are in
17 any advantage of building the homes.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 And why do you say that?

20 JOAN CORRADETTI: The government has
21 money. They have so much to give to healthcare --
22 and it is provincial -- through some money from the
23 federal government, and that's fine.

24 But I think with it being -- my idea is
25 that even the for-profit gets so much funding from

1 the government for the long-term care. However, I
2 don't believe that the staffing numbers -- and
3 that's why I referred to the Shirlee Sharkey
4 because it was about the staffing template.

5 I think there's a greater
6 accountability with the not-for-profit because it
7 is public, and they have to show the wages on the
8 so-called sunshine list. But we don't necessarily
9 see what wages are for the not-for-profit.

10 And I'm of the opinion that any
11 healthcare facility -- home, whatever -- if they
12 are getting money from the government to run their
13 place, I believe that they should be totally
14 accountable and transparent in how that money is
15 spent.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Okay.

18 JOAN CORRADETTI: It just makes
19 people -- it's just more transparent. If they're
20 getting money from the taxpayers, then they should
21 be accountable to the taxpayers.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Okay.

24 NICK MUSTARI: Yeah. Also, like, you
25 know -- I appreciate the question, Commissioner

1 Marrocco, you know, in terms of whether it makes a
2 difference whether, I guess, it's publicly run
3 versus private in terms of building more
4 facilities.

5 You know, the issue that we're dealing
6 with and we're facing is how these, you know,
7 facilities are run, right -- whether, you know,
8 they got assistance from the government; whether
9 they were private; whether they were for-profit,
10 not-for-profit.

11 At the end of the day is once these
12 facilities are in the ground and how they are
13 run -- I think that's where, you know, the issue
14 lies per se besides, obviously, the lack of
15 facilities out there.

16 So when you hear, you know, us say, you
17 know, "we'd rather have facilities publicly run
18 versus, you know, privately run," again, it's the
19 business aspect of things in terms of, you know,
20 spending; in terms of, you know, providing -- you
21 know, spending the money that they need to spend in
22 order to run a place, in order to run the facility,
23 you know, and not taking shortcuts.

24 Because at the end of the day, the
25 bottom line is the profit, right? I believe that

1 comes naturally, right? When you have a business
2 to run, you want to make a profit, right? That's
3 the whole idea.

4 And when you have, you know,
5 stakeholders involved, you've got to make those
6 stakeholders happy, you know? If you're publicly
7 run, you know, at the end of the day, your focus is
8 "let's follow procedures." Whatever cost it is, it
9 is.

10 Because at the end of the day, we're
11 not here to, you know, cut corners. We're here to
12 follow, you know, procedures. We're here to follow
13 guidelines. We're here to --

14 You know, so if we need, you know,
15 100,000 pairs of gloves or we need whatever, we'll
16 get it, right? You know, and it's not so much the
17 (indiscernible) all of the time. It's, you know,
18 the quality of the equipment, right, and the
19 quality of the people too.

20 So yeah. I appreciate the question in
21 terms of asking us, you know, about building
22 facilities, but I think, like I said, the problem
23 lies is once these facilities are built, you
24 know --

25 Again, and some of these facilities --

1 you know, I come from the Ministry of Corrections,
2 so, you know, the way Ministry of Corrections has
3 started to run is, you know, they have private
4 partnerships, right?

5 So, you know, the government owns the
6 land. They give the land to, you know, the highest
7 bidder or a pension plan or whatever. They build
8 it, they maintain it, and then the government pays
9 rent for the next 25 years.

10 You know, again, it's -- you know, and
11 obviously that has flaws in it too because, you
12 know, being a business person, you're not going to
13 get the best materials there is, right? You're
14 going to get the materials that, you know, just get
15 the job done.

16 So, you know, there's always, I guess,
17 limitations and, you know, different aspects or
18 different situations. But again, going back to
19 your question, yeah, it's -- you know, once these
20 facilities are up and running, it's how they're
21 managed or lack of.

22 COMMISSIONER COKE: Yeah. Could I
23 ask -- it's an unrelated question, but I'm
24 interested in your thoughts about the inspection
25 regime and process in long-term care homes.

1 NICK MUSTARI: Yes. Well, you know,
2 the inspections aspect of it, unfortunately, we
3 don't -- you know, we represent inspectors, right,
4 you know, for long-term care homes. And, you know,
5 we don't have anybody on today, unfortunately.

6 But what I do have or the information I
7 do have is, you know, at the end of the day, our
8 position on inspections, in general, or what we've
9 been hearing, is Ontario Long-Term Care Association
10 and private facility owners are going to argue that
11 we need less regulation, right? That's, you know,
12 again, another issue that made me go back in terms
13 of, you know, public versus private.

14 And this creates red tape and ties
15 their hands in emergency situations. We, at OPSEU,
16 feel differently to this. We believe we need more
17 regulation. It's precisely this lack of oversight
18 that led to the proliferation of cases in long-term
19 care homes that should be inspected on a regular
20 basis.

21 Inspectors should have the ability to
22 implement emergency measures on the spot, right?
23 You know, all homes, whether for-profit or
24 not-for-profit, should undergo a comprehensive
25 inspection on a regular basis.

1 Surprise or unexpected visits should
2 also be taking place. More inspectors should be
3 hired and deployed across the province. Phone-in
4 inspections should not replace in-person visits,
5 right, because that's -- you know, we've been
6 hearing in regards to these phone inspections
7 taking place.

8 You know, we appreciate the fact that,
9 you know, there is a pandemic going on or whatever,
10 but at the end of the day, everybody has, you know,
11 a job to do in terms of, you know, health and
12 safety of everybody -- residents, staff, et cetera.
13 So, you know, these phone inspections should not
14 replace in-person visits.

15 Inspectors should be provided with
16 adequate PPE when going into a home and should be
17 responsible for auditing the PPE supply in homes as
18 part of their inspection.

19 So that just gives you, I guess, our
20 general position in terms of inspections. There
21 should be more in person. But saying that, you
22 know, they should be provided with, you know,
23 adequate PPE supplies and given more, you know,
24 power, I guess, if you want to say, or more duty or
25 more responsibilities, you know, in terms of, you

1 know, implement emergency measures on the spot, you
2 know, again, and continue with these surprise or
3 unexpected visits. You know -- not "continue."
4 They, you know, should be taking place.

5 And, you know, we recognize that, you
6 know, I guess maybe there's limitations in terms of
7 numbers or how many inspections you could do, but,
8 you know, that goes to say we should be hiring more
9 inspectors, right, to do the job.

10 Just like, you know, you hear with the
11 Ministry of Labour, right? Whenever there's, you
12 know, issues that come to light, health and safety
13 issues or whatever, they're always, you know, on a
14 hiring, you know, phase, right, in terms of "oh,
15 look. We've got more Ministry of Labour
16 inspectors. We've got to keep up on this or, you
17 know, enforce certain aspects or certain issues
18 that are taking place."

19 So again, this should be happening in
20 this situation too so...

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 During the first wave, were you concerned about
23 your inspectors going into these homes to do
24 inspections during the first wave?

25 NICK MUSTARI: That was not my

1 understanding. My understanding is we were
2 concerned that they didn't have the proper PPE to
3 go into the homes, right? They weren't provided
4 with any --

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 So that was the issue from your perspective?

7 NICK MUSTARI: Yeah.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 If they had the proper PPE, then you would have --
10 OPSEU would have no problem with them --

11 NICK MUSTARI: I don't think -- you
12 know, I don't think -- yeah, I think from our
13 perspective is, you know, we weren't telling
14 inspectors "don't go in," right, at the end of the
15 day.

16 You know, we were just -- our position
17 in general was, you know, if they're going to do
18 their job, they've got to be provided with the
19 proper PPE, right? And that was, you know, one of
20 the issues at the time, not being provided with
21 PPE.

22 Now, I know there was, you know,
23 mentions of this issue or situation in the media,
24 you know, in terms of, you know --

25 But our position is, at the end of the

1 day, that, you know, inspectors -- you know, were
2 not told not to go into homes or facilities that
3 are -- you know, we're saying that they should be
4 provided with the proper PPEs, all right, or
5 adequate PPEs.

6 JOAN CORRADETTI: If I can just add to
7 that, I know we had the Ministry of Health
8 inspectors come to where I work recently. And the
9 inspectors had full PPE on, but they did not go
10 onto the resident home area.

11 So they were treated the same as staff
12 only working at one home. So that's why they did
13 not go onto the home area, okay? So just like the
14 PSWs and other staff -- you can only work one
15 home -- they had to ensure that they weren't
16 contracting anything and then taking it into
17 another home.

18 So initially, if they weren't given the
19 proper PPE, it would be futile. Why would you tell
20 a part-time health PSW not to go to another -- you
21 know, work in another home when you have these
22 Ministry of Health inspectors moving from one home
23 to another? So without the proper PPE, you
24 shouldn't even be anywhere close to a long-term
25 care the way COVID has affected the residents and

1 staff.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Do you have a sense of how long it's been a problem
4 in terms of the number of inspectors, the shortage
5 of inspectors?

6 NICK MUSTARI: I don't have a -- Joan?

7 I don't have a sense in terms of how
8 long. All I could say is, you know, as a result of
9 COVID, again, you know, it just exasperated the
10 issue. You know, it just demonstrated to us the
11 shortcomings of what has been going on.

12 In terms of how back it's gone, I don't
13 have a date or a time line, approximately, for you
14 at this time.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay.

17 NICK MUSTARI: You know, for me, as a
18 negotiator, I don't -- you know, we have different
19 divisions within OPSEU, and that falls under the
20 OPS or the Ontario Public Service division.

21 So we have another negotiator that's
22 assigned to that sector and, i.e., inspectors. So
23 that's not so much our area -- you know, from Joan
24 and I's -- but, you know, I'm just giving you the
25 information based on what I know right offhand.

1 But in terms of anything specific or
2 time lines or whatever, unfortunately I won't be
3 able to, you know, give you that answer today.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 No, that's fine.

6 NICK MUSTARI: You may get it in a
7 written submission, if that's -- you know...

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 That would be fine.

10 NICK MUSTARI: But yeah. So sorry.

11 JOAN CORRADETTI: Well, I can tell you
12 that, in the past -- and I'm going to say over,
13 maybe, 20 years -- whenever we had -- "we" as in,
14 you know, province-wide.

15 Whenever we were told -- our homes were
16 told that Ministry of Health was coming in to do
17 their annual, extra staffing would be put on in
18 order to clean up a little bit, you know; make sure
19 certain things are done; make sure we have adequate
20 staffing on the floors so it actually looked good.

21 So I'm going to compare it, say, with
22 Children's Aid. If Children's Aid is going into a
23 home because they suspect abuse, would they
24 actually give them advance notice? No, they just
25 show up.

1 So I think the surprise inspections
2 need to happen, and then that way they can actually
3 see how the home is run; how it is maintained,
4 including issues that need to be repaired or the
5 housekeeping with the touch points, the
6 disinfecting, you know, that sort of thing, and the
7 number of staff.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Do you think each home should -- how frequently
10 should the inspections occur? And I'm not speaking
11 of an inspection in response to a complaint, but
12 I'm speaking more of, I think, the type of
13 inspection which is really just a general "what's
14 going on in this home" type of inspection.

15 NICK MUSTARI: I would say it would
16 depend on the size of the home, or the location
17 would be one factor to consider.

18 Also, you know, in regards to, you
19 know, just like -- you know, let's say truck
20 inspections, right, with, you know, Ministry of
21 Transportation, right? There are bad apples out
22 there, I guess, if you want to call it, and they're
23 under more scrutiny than other locations.

24 So, you know, I guess you would have to
25 consider -- or put all these things into

1 consideration in terms of, you know, giving a time
2 line rather just --

3 You know, like, the Ministry of -- or
4 not the Ministry of Health. The Health and Safety
5 Act, you know, calls for workplace inspections at
6 least once a month, right? So, you know, going
7 with that thought, is once a month sufficient?
8 Possibly, right?

9 You go in, and you find a lot of, you
10 know, potential violations or a lot of issues or
11 receiving a lot of public complaints. Then maybe,
12 you know -- and like I said, Ministry of -- then
13 you maybe look at, "okay. You know what? We have
14 to have more frequent inspections based on, you
15 know, all these violations or for follow-up or
16 for..." you know, et cetera.

17 So, you know, it would depend on a
18 variety of factors, you know? But maybe you could
19 start off with once a month, you know? You know, I
20 don't know, right? And take it from there, and
21 analyze or re-examine from there, right?

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Okay.

24 JOAN CORRADETTI: The Ministry of
25 Health -- I'm going to just say that they have,

1 with our electronic system now for the
2 PointClickCare, they have access to all the homes
3 and, I guess, the care plans for the residents
4 because everything is submitted online.

5 So if, say, a resident has an ulcer, as
6 in a bedsore, and if it is, you know, getting
7 worse, everything that gets put into
8 PointClickCare, into the POC, they actually -- it
9 triggers, you know, "do this," "do that," you know,
10 whatever it is, okay?

11 So the Ministry of Health has access to
12 whatever is going on in each home. And that's been
13 rolled out, I'm going to guess, in the last five
14 years, maybe, six years.

15 So if there are issues with resident
16 care, there should be some triggers that -- you
17 know, some alarm bells set off. And I think that
18 could be, also, included with the urgency for
19 inspecting one home over another.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Okay.

22 JOAN CORRADETTI: And I know that the
23 POC, at one point -- well, before the electronic
24 came in, the PSWs were doing everything on paper,
25 and then that was kind of -- you know, the nursing

1 staff, registered nurse, they would be able to make
2 edits in the care plan. However, the PSWs were
3 doing it on paper on the flow sheets.

4 So now with even the PSWs documenting
5 electronically, all the information is there, so
6 anybody would be able to see if there's, you know,
7 an alarm bell getting set off.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Is there -- I'll just -- well, go ahead. There was
10 a silence, so I was going to --

11 What's next?

12 But actually, Commissioner Coke, can
13 you just sort of take over for a minute? I'll be
14 back in a second. I have to deal with --

15 I'm at home, and I'm at home alone, so
16 I'll be back in a second. I've got to take care of
17 something at the front.

18 COMMISSIONER COKE: Okay. No problem.

19 So, Nick, was there anything further
20 you wanted to share and make sure that we hear?

21 NICK MUSTARI: You know, I
22 appreciate -- so I guess we were focussed in terms
23 of -- you know, there's a back log, a waiting list,
24 right? And then we're talking about, you know,
25 private and, you know, publicly-run facilities.

1 And then we're talking about, you know, what we've
2 been, you know, talking about for many, many, many,
3 many years, the lack of staff and, you know, a lack
4 of full-time jobs and whatever.

5 But, you know -- and in talking about
6 health inspections and, you know, opinions around
7 health inspections and surprise inspection versus,
8 you know, call-in inspections --

9 But I think we should also maybe look
10 at, you know, there was -- you know, there were
11 personal protective equipment issues, issues with
12 that, and infection control, too, in terms of, you
13 know, may have, you know -- you know, may have -- I
14 don't have any data, but may have contributed, you
15 know, to the issues that have been, you know,
16 taking place in, you know, long-term care homes,
17 right?

18 You know, like, for one, what we've
19 been hearing is, you know, "PPE needs to be readily
20 available." You know, we've been hearing different
21 reports that it's not always available. You know,
22 "they're locked away." "You've got to, you know,
23 follow up with your supervisor."

24 You know, and that's if there is PPE.
25 Some locations just, you know, didn't have any on

1 hand or were just, you know, waiting for the order.

2 So, you know, there was that issue.

3 There was, you know, issues in terms of N95 masks
4 versus regular surgical masks. You know, now we
5 have the PPE, and now it's like "okay, well, there
6 was the lack of PPE training."

7 Some of our members, especially support
8 services and resident care aids, didn't understand
9 the proper use of PPEs. They reported to us,
10 right? So, you know, that may -- like, that's one
11 of the issues that we've been hearing out there.

12 Again, going back to N95 masks, you
13 know, there was a lack of or none available. You
14 know, poor quality of masks -- you know, what we've
15 been hearing is, you know, the masks that, you
16 know, some locations purchased -- you know, whether
17 they're purchased overseas or not --

18 But at the end of the day we found
19 that, you know, some masks were poor quality such
20 as, you know, straps breaking, mask materials
21 irritating the skin -- because I believe that, you
22 know, they dunk it in a solution in order to -- you
23 know, some chemical reaction in order to prevent,
24 you know, any contamination, cross-contamination.
25 Poor fitting of masks too.

1 You know, in the early stages, too, of
2 COVID, right -- and I think we could all appreciate
3 this because, you know, as, you know, COVID is --

4 You know, we're in the second wave now.
5 We're starting to get a better understanding in
6 terms of what COVID is, and having a better
7 understanding of how it's transmitted.

8 Like anything, you know, over time, we
9 rely on our scientists, or we rely on, you know,
10 our doctors or our researchers. You know, it
11 develops over time.

12 But, you know, for us, it was reported
13 to us that our members did not fully understand
14 COVID-19. Too many people had their own versions
15 of what it was and how contagious it really was,
16 right, in the early stages. So, you know, maybe a
17 little bit better education in terms of COVID.

18 You know, we need to provide, you know,
19 a province-wide pandemic protocol with clear chain
20 of command that can be brought in quickly, you
21 know, and define what constitutes a pandemic when
22 such protocols need to be implemented.

23 So that's just some of the things that
24 we, you know -- our input in regards to PPE and
25 infection control.

1 So subject to any questions, I have,
2 you know, some other things, you know, in regards
3 to, also, residents and their families, right?
4 Like, let's talk about them because, you know,
5 they're --

6 You know, our members are impacted, and
7 so are, you know, the residents and their families,
8 right?

9 You know, that's where, I guess, you
10 come in as the commissioners to, you know, look at
11 all this, right? But, you know, from us, residents
12 had a difficult time not seeing their families,
13 right?

14 You know, residents in long-term care
15 homes went months without seeing their loved ones.
16 During times of, you know, stability between waves,
17 you know, but not during an outbreak, right? So as
18 we can see things relax --

19 So let's say Ottawa, Peel, now York
20 Region, you know, we're in -- you know, the
21 rules or the stages, I guess, you know, prevent,
22 you know, certain things from happening, you know.
23 And, like, we're seeing visits are starting to be a
24 little bit more restrictive now.

25 But anyway, what it does at the end of

1 the day -- you know, we should continue, like, to
2 have a designated loved one or care person. They
3 should still be able to enter the home and visit
4 with their family member at the end of the day
5 because -- you know what? -- it goes without
6 saying, right?

7 Like, you know, you're by yourself in a
8 home, you know? You rely on others to assist you,
9 to help you, but you also rely on, you know, that
10 love and support from your family member, you know?
11 That keeps your spirit going, right?

12 When rapid-testing technology is
13 approved -- which we know it's been approved, and I
14 believe that the government has already received, I
15 think, 200,000 orders or whatever, and they have a
16 contract for 7.5 million.

17 But when it's readily available for us,
18 you know, each home should have it on hand to test
19 visitors, staff, and residents coming into the
20 homes.

21 Because as we see with the COVID --
22 and, you know, I'm not a doctor or whatever by any
23 means. But, you know, what I understand, you know,
24 there is an element to it that, you know, if you're
25 asymptomatic or whatever, you're not sure if

1 whether somebody has been infected with it or if
2 they're -- you know, or if they have it or they've
3 been infected with COVID, and they don't understand
4 or realize, and then its -- you know, the
5 transmission takes place to other staff and members
6 or whatever.

7 So having these -- you know, and by the
8 time you get tested and you're in quarantine for
9 14 days, who knows who else has been infected. But
10 having these rapid tests available will probably --
11 you know, hopefully -- cut down on the -- or
12 prevent, you know, larger outbreaks, I would say.

13 Bringing them, maybe, an iPad or other
14 technology to allow residents to FaceTime their
15 family members. You know, as we set out, you know,
16 things, depending if you're in a red zone or not in
17 Ontario and --

18 You know, again, regulations get
19 changed based on, you know, what's taking place.
20 But you know what? Rather than leave, you know,
21 our residents lonely and by themselves, you know,
22 and, you know, everybody walking around with gowns
23 and masks or whatever, maybe we could provide them
24 with an outlet in terms of -- you know, at least,
25 you know, for their mental health at least, you

1 know, and allow staff extra time to spend with
2 residents. Very important.

3 I think we're taking -- you know, we've
4 got to look at the human element here, right? And
5 you know, I know if I was in a home, it would be
6 important for me to, you know, have more contact
7 with somebody that I see day in and day out. And,
8 you know, that would keep me going, right?

9 But, you know, again, bring in some
10 kind of technology, you know? Without human
11 connection during these times, you know, in
12 quarantine, there's arguably a little difference
13 between the long-term care home and jail, you know?
14 As, you know, harsh as it sounds, you know, I
15 firmly stand behind that -- you know, that
16 analysis, right?

17 You know, we need continued -- again,
18 you know, we need to continue being with our
19 residents and working with them and being there
20 every day because, you know, we're a familiar face.

21 Staff can help residents FaceTime,
22 write letters, place phone calls with their loved
23 ones outside of the home, right? And that's why
24 we're saying we should have more staff spend time
25 with our residents.

1 So that's what I got to say regarding,
2 you know, our residents and family members. So,
3 you know, it's just a couple of points I'd like to
4 make.

5 And, you know, as Commissioner Marrocco
6 said, feel free to stop me and ask me questions,
7 you know? But, you know, it's just some things we
8 need to ensure that, you know, everybody is aware
9 of.

10 So, you know, like, from us, you know,
11 we just feel residents don't receive a great deal
12 of hands-on care in long-term care homes, right?

13 You know, we hear about this, you know,
14 four hours, you know, but what we're saying is that
15 they should mandate staff-to-patient ratio in homes
16 that allow for more interaction and care for
17 residents, right? You know, again, it goes without
18 saying, you know, you've got to remember we're
19 there for the residents, right?

20 There's a massive shortage of people
21 willing to work in long-term care homes. Some
22 existing staff, you know, just can't work during
23 the pandemic. Some have immunocompromised family
24 members living in their home, and they can't risk
25 that transmission, right? This is what we've been,

1 you know, hearing.

2 Others simply feel that the wages paid
3 are not worth rolling the dice on their own health,
4 right? You know, ensure people are compensated
5 fairly. Make the compensation package available
6 for those entering the healthcare field.

7 Long-term care is often a stepping
8 stone for RPNs, PSWs, and others who are working --
9 who are looking to get in a great experience so
10 they can move into better-paid hospital
11 environments. You know, that says it all.

12 Part-time employees need to be
13 guaranteed. Like, when we talk about how far back
14 the issue of part time -- you know, but the issue
15 is we have part-timers now, and part-timers need a
16 guaranteed number of hours, right?

17 And, you know, during the COVID and the
18 single-site order, we did find that, you know, in
19 the initial stages when, you know, staff were asked
20 to only work in one location, that there were
21 guarantees of hours there, all right, because
22 obviously there was a financial hardship, right?

23 You know, like, most people in this
24 sector -- because of the lack of full time jobs,
25 they're working in more than one location. And,

1 you know, again, you know, it was good that, you
2 know, some homes stepped up in terms of, you know,
3 providing them with full time hours, right, you
4 know, to alleviate the burden a little bit.

5 But again, it -- you know, it --
6 they're still part time at the end of the day, you
7 know?

8 Also, they do not quarantine -- you
9 know, also, as it stands, many of our long-term
10 care homes require part-time employees to commit to
11 a certain number of shifts in a pay period, yet
12 they do not quarantine employees or guarantee
13 employees any hours, right?

14 They did, but now we're finding -- and
15 Joan could speak more about this from, I guess, the
16 scheduling perspective. You know, that's not
17 happening so much right now.

18 With a fixed, set schedule, these
19 hours, and a living wage, you know, obviously it
20 would be -- you know, make it more attractive
21 for --

22 And, you know, when I say -- when we
23 speak wages, I'm also speaking benefits, right?
24 And anyway, so we've got to -- you know, also what
25 we should do, maybe, is look at keeping triage

1 teams in place if homes run into severe outbreak or
2 staffing shortage.

3 I know, at one point, there was, you
4 know, I guess hospitals overseeing or assigned to,
5 you know, certain long-term care homes, et cetera.
6 But maybe set up, maybe, a triage team in place.
7 Have employees standing by ready to be deployed
8 across the province to address these issues so we
9 don't have to rely on military personnel to fill in
10 these roles, you know?

11 Cut down on agency staff and bring jobs
12 in house, right? Like, you know, somebody could
13 say "look, Nick, you know, we're talking about
14 staff."

15 But you know, this is -- you know, the
16 staff are the crux, are the face, are -- you know,
17 are -- you know, are the people that make these
18 homes function and support, right, and work, and --
19 you know?

20 And so we've got to rely on staff. And
21 before we relying on staff, you know, we've got to
22 treat them fairly, and we've got to -- you know,
23 we've got to give them full time. Like, you know,
24 you want a commitment, you know? I think the
25 commitment is a two-way street, right? So I think

1 we need to, you know, commit to staff.

2 And, you know, we do recognize that the
3 government has been trying in terms of, you know,
4 paying pandemic pay to our -- you know, to certain
5 people in the sector which helped, right?

6 But, you know, unfortunately, you'll
7 keep hearing that, you know, it's good, but it's
8 still too late, right? So I think we really need
9 to, like, take a serious step forward here and,
10 like I said, in terms of focussing on staffing,
11 right?

12 You know, we're hearing, you know, that
13 some of these locations are, you know, hiring
14 agency staff and paying them twice the amount,
15 right? And -- you know, because obviously the
16 agency staff, they've got to make their money and
17 so does, you know, the PSW or the RPN.

18 So, you know, they're paying them twice
19 the amount of money to have them work in the home.
20 Like, how come that money couldn't go to
21 better-paying jobs or, you know, more full-time
22 jobs, you know? We've got to make them permanent
23 and, ideally, full time.

24 You know, agencies were charging,
25 again, astronomical fees to replace staff,

1 particularly the nursing staff, during the
2 pandemic. Their fees represent dollars that are
3 not like that going directly into the patient care,
4 right? Instead it's going to some CEO's pockets.

5 Not only are they charging fees,
6 they're shifting staff across geographical regions
7 and potentially spreading the virus across the
8 province.

9 So you have all these agency staff,
10 right? You know, the regulation doesn't apply to
11 them. It applies to our staff for single site. So
12 you've got these agency staff being hired left and
13 right. And "oh, yeah. Go work in this home today;
14 go work in that home tomorrow," right?

15 Is that, you know, an avenue where
16 transmission of COVID could take place? Possibly,
17 right? But it doesn't help that they're working in
18 more than one location and charging these fees.

19 You know, for example, OPSEU has one
20 country in cottage country, Muskoka District area,
21 where the home was bringing in agency staff from
22 Brampton which was a COVID hot spot, right?

23 So, you know, stop diluting the work
24 from labour -- and again, you'll keep hearing me
25 say "labour." You'll keep hearing me say

1 "full-time jobs." But that's what it is, right?
2 Again, you know, stop diluting the labour pool of
3 long-term care homes.

4 For example, many homes are trying to
5 replace PSWs with unregulated care aids, right?
6 Like, you know, I did touch base on this earlier.
7 These workers do not receive any formal training.
8 You know, the employer gives them an orientation.
9 As a result, you know, residents are receiving a
10 substandard care, right?

11 Adequate, paid sick leave for all
12 employees, including casual staff members, that
13 covers staff in instances of a diagnosed COVID or
14 quarantine. Currently employers are not allowing
15 employees to access sick leave provisions for
16 periods of quarantine unless their collective
17 agreement or short-term disability plan specifies
18 it can be used for such instances. Like, really?
19 Like, you know, so what's happening?

20 Well, I'm not going to -- you know, I'm
21 still going to come in. I've got to make my -- you
22 know, I've got to pay my rent at the end of the
23 month, right, because my employer is just not
24 paying me sick leave, right? Is that a
25 possibility?

1 Also, you know, as such, employees
2 should be home quarantining and not rolling the
3 dice to work and protect our income, as I indicated
4 earlier.

5 Care ratios are not standardized across
6 Canada -- and Ontario are low. You know, and as
7 you heard me talk about that -- I guess that number
8 of four, right, four hours of care per resident.

9 You know, again --

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Do you think you -- can I -- sorry to interrupt.

12 NICK MUSTARI: Sure, sure.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 But do you think that that four hours is correct?

15 NICK MUSTARI: I think it depends, but
16 I'll let -- sorry, Joan, if you want to maybe touch
17 base on it?

18 JOAN CORRADETTI: Okay. The four hours
19 of care, I don't believe, is there. Now, there is
20 a current bill right now in the government, the
21 Time to Care Bill, which is the second time around
22 that this bill has come around.

23 It's four hours of personal care. It's
24 not to include a registered staff member sitting
25 there at the computer doing, you know, their care

1 plan or doing whatever they need to do on the
2 computer. It's hands-on care.

3 And if you look at the life of the
4 residents that we actually have in there now --
5 because, by the time they get there, their acuity
6 levels are high -- most are two-person and full
7 care, most.

8 When I got full time in 1999, we had
9 several -- like, I'm going to say certain units --
10 some of the people were independent or just
11 required supervision. Now the acuity levels are
12 high. Even if it's a one-person care, you know,
13 they're not going to stay one person for very long.

14 NICK MUSTARI: Yeah. I --

15 JOAN CORRADETTI: I'm looking at the
16 time. You said you wanted to take a break around
17 11:10?

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Yeah.

20 JOAN CORRADETTI: Now, I have listed
21 here just things that I would like to talk about:
22 The resident care aids that are being implemented
23 right now; of course, the Shirlee Sharkey report;
24 and that includes the acuity levels and the staff
25 ratios.

1 As far as the current bill that is
2 tabled with the government, I guess we'll have to
3 see how that plays out. Of course, I would like to
4 see four hours of care.

5 And if you look at Dr. Armstrong and
6 Hugh Armstrong, they actually have put out books on
7 Scandinavian countries where they actually have a
8 higher number of staff, and they have lower injury
9 rates and better outcomes for residents. So as far
10 as I'm concerned, we are well below the
11 Scandinavian countries.

12 And these are people that have lived
13 their life mostly -- okay. Most are elderly. But
14 if you just look at the average day of a PSW -- and
15 if you want, we can -- you know, I'll get into it
16 more after.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Oh, okay.

19 JOAN CORRADETTI: Did you want to --

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Is this a convenient time to -- is that what you're
22 saying?

23 JOAN CORRADETTI: I think so because,
24 you know, 22 years of working on the floor, I know
25 how I have felt at the end of a day when I haven't

1 been able to provide care that I want to based on
2 how the needs are -- and I've seen how the needs
3 increased over years.

4 And when you talk about the 38,000
5 that's on the wait list when it used to be 20 --
6 it's now 38.

7 And home care needs have increased and
8 not been able to satisfy people to live in their
9 own homes. So now, of course, you've got the
10 increase in the wait list for long-term care.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 M-hm.

13 NICK MUSTARI: Yeah. And also, in
14 terms of this, you know, when you asked about the
15 hours, Commissioner, in terms of the four hours,
16 you know, a lot of it -- you know, we've got to
17 look at, you know, every person or every resident
18 has individual needs or disabilities, right?

19 So we've also got to look at that
20 aspect. So, you know, some people have a
21 disability that requires more care than others.

22 But again, you know, there's the care
23 aspect, but there's also the human aspect that I
24 spoke about earlier where, you know, we need -- you
25 know, we need to have somebody there. We need to

1 have continued interaction, you know?

2 And oftentimes, we can't measure what
3 we're preventing -- i.e., mental health -- but, you
4 know, having someone there and talking to regularly
5 and, you know, having somebody in better spirits, I
6 think, contributes to, you know, better health,
7 right?

8 Some things we can't, you know, control
9 in terms of health, but some things -- you know, we
10 could make things better, you know? And like I
11 said, there's a human component to it to too, you
12 know?

13 So also, you know, we've got to look at
14 improving ratios and skill mix of PSWs, nursing
15 staff, and health professionals with variance to
16 address specific circumstances because everybody
17 has individual circumstances, right?

18 You know, we've got to look at that,
19 right, in order to alleviate our -- and there needs
20 to be a ratio of PSW to residents and scale to
21 their disability like I indicated earlier.

22 You know, there's also that issue of
23 staff burnout we are in, right? And we keep
24 hearing "staff burnout," "staff burnout," right?

25 And what we found is, you know, for

1 instance, for example, sometimes there's one PSW
2 and two care aids to 31 residents, right?

3 It's too much responsibility for one,
4 lone PSW. You know, let's take away the business
5 component of things in terms of, you know, profit
6 or in terms of, you know --

7 Let's look at that, right? Let's focus
8 on that. You've got one PSW and two care aids for
9 31 residents who have, maybe, special needs; who
10 have, you know, disabilities; who have --

11 You know, I don't think we need to, you
12 know, have any special training or any, you know,
13 credentials to say that that's not good, right?
14 That's not right.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 So why don't we -- is this a good point for me to
17 take ten minutes, or do you want to --

18 NICK MUSTARI: Sure.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 All right. Well, we'll take ten minutes then.

21 Okay. Don't ring off. Just turn the
22 camera off, and we'll be back in ten.

23 NICK MUSTARI: Okay. Thank you,
24 Commissioner.

25 -- RECESS AT 11:16 A.M. --

1 -- RESUMING AT 11:28 A.M. --

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 All right. I guess we're ready to go.

4 NICK MUSTARI: Okay.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Are there other areas you wanted to touch on?

7 NICK MUSTARI: No, just a couple more
8 points I wanted to bring up and maybe have Joan,
9 you know, maybe, talk more about, you know, the
10 human aspect of things.

11 But I just wanted to make a couple more
12 points, if that's all right with you, Commissioner.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Certainly. Go ahead.

15 NICK MUSTARI: Okay. So, you know, we
16 talked about, before the break, you know, the staff
17 burnout and one PSW to two care aids for up to 31
18 residents -- or for 31 residents.

19 This has, obviously -- you know, I know
20 we could also say, you know, this impacts -- or has
21 a negative impact, you know, on certain aspects.

22 And some of these examples of the
23 impact includes, you know, residents, you know,
24 being bathed only once a week or miss having -- or
25 miss baths, miss personal care, not being changed

1 more regularly or positioned more regularly. It's
2 our understanding that the skin issues are on the
3 rise. And, you know, there's a lack of toileting
4 among other basic functions, for example, with
5 what, you know, the impact is.

6 So yeah. Again, I did touch base on
7 resident care needs when we commenced. But, you
8 know, what's being reported is, you know, resident
9 care aids who are coming in who are very
10 inexperienced and brought in to help and care for
11 residents. They're given instruction, how and what
12 to do, but some were able to pick it up, and others
13 weren't, right?

14 So I'm just going to maybe -- if that's
15 all right with you, Commissioner -- just turn it
16 over to Joan to just, you know, have a few words.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Sure.

19 NICK MUSTARI: Okay.

20 JOAN CORRADETTI: Okay. So I'm going
21 to start with the Shirlee Sharkey staffing template
22 meetings that were held around 2008 to 2009. And
23 it's S-H-A-R-K-E-Y.

24 Shirlee Sharkey is -- I think she still
25 is. She was in charge of the Saint Elizabeth Care

1 like that.

2 Anyway, so what I have -- I actually
3 have a report, but it's somewhere in my mounds of
4 paperwork over the years. But I have a Health
5 Coalition report from her, from Shirlee Sharkey's
6 report.

7 And this is dated December 18, 2009.
8 And it was by Toby S. Edelman, E-D-E-L-M-A-N -- he
9 was a Senior Policy Attorney, Center for Medicare
10 Advocacy in Washington, DC -- as well as Charlene
11 Harrington, who is Professor Emeritus from the
12 University of California.

13 Anyway, in this report, it actually
14 talks about higher staffing levels and other
15 staffing characteristics in nursing facilities
16 including lower rates of turnover have been
17 repeatedly associated with better outcomes for
18 residents.

19 It's associated with functional
20 improvement measures, earlier discharges --
21 although, in long-term care, over the years, I
22 think we've seen maybe two or three that actually
23 went back home -- fewer pressure ulcers, and it
24 goes on.

25 So talking about the higher staffing is

1 needed because, as I said before, over the years,
2 the acuity levels of our residents have increased
3 tremendously. People don't come into long-term
4 care because they want to. They come into
5 long-term care because they have to.

6 You talked, Commissioner, previously,
7 about the numbers of people that are waiting in
8 hospital to go into long-term care. And at one
9 point -- well, we had our -- I don't even know what
10 they call it now. It's in the hospital, and it's a
11 wing -- complex care wings.

12 And these are people that should be in
13 the long-term care, but they stay in the hospital
14 because, one, their medical conditions are those
15 that could not be treated in long-term care --

16 But now IVs are allowed in long-term
17 care, so they're doing more procedures in long-term
18 care.

19 So as far as what the numbers are now,
20 I'm not privy to that information. But Shirlee
21 Sharkey, when she looked at this report in the
22 Long-Term Care Homes Act -- it stipulates the
23 amount of managers, the amount of RNs that need to
24 be there, that type of thing.

25 It does not legislate the number of

1 PSWs and frontline staff. It talks about the
2 management part of it.

3 Now, if you're talking the amount of
4 money that is in a nursing envelope, when you have
5 the higher-end jobs, that all comes out of the
6 nursing envelope. So then you have the bulk of the
7 staff; the frontline staff; and, I'm going to say,
8 the PSWs because they are the lower paid in the
9 nursing classification.

10 But we are the greater numbers. The
11 wages for PSWs aren't up to par with the physical
12 labour that they have to do. And I'm just talking
13 on the physical end of it. If you want to talk
14 about the impact on their mental health, that's
15 another story, okay?

16 So if, say, on a home area of, say, 25
17 residents -- or 20 or 30, depending on whatever
18 facility you're looking at -- you have a number of,
19 say, three people, the acuity levels are now at the
20 point where most people are a two-person transfer,
21 and more likely, they are mechanical lifts.

22 So if somebody is, say, 70 years old,
23 has had a stroke -- so there's some paralysis.
24 They could have Parkinson's. They could have other
25 diseases that impacts their physical well-being and

1 their ability to move in the morning.

2 And the PSWs working, maybe together in
3 pairs, have to get these people up in order to be
4 in for breakfast for 8:30. The residents do have
5 the option of not going to breakfast and maybe
6 sleeping in.

7 However, if there are medical issues
8 that they need to eat -- as in, say, diabetic, you
9 know, or other things -- you're still getting, I'm
10 going to say, 20 people up in a matter of maybe an
11 hour and a half.

12 It is virtually impossible to do
13 without, say, putting five minutes/six minutes to
14 get people up. There's no dignity in that, in
15 somebody, you know, getting them out of bed and
16 doing that. There are many things that have to be
17 done for that resident in the morning. So
18 numbers of staff have not increased with the amount
19 of the acuity levels with that increase.

20 The government has issued more money,
21 and they brought in the Behavioural Support Ontario
22 where they have individuals, whether it's in-house
23 or whether it is an agency or whatever -- it's
24 usually registered staff. It can be PSWs as well
25 that have the training for the BSO.

1 And that's to deal with these
2 responsive behaviours or a person that cannot say
3 what's wrong -- in other words, you know, leave me
4 alone. The only outlet they have is to have a
5 responsive behaviour.

6 So if you had the staff, in order to
7 give them time to wake up, to move, et cetera, your
8 responsive behaviours would be on the decrease.
9 And along with responsive behaviours, we have an
10 increase of injuries to our floor staff.

11 The amount -- I'm going to say, with
12 COVID, the injuries are on the rise between people
13 being overworked with the reduced staffing numbers
14 that we have in our homes right now due to the
15 one-home restrictions.

16 People are working doubles, three
17 doubles in a row, so they're doing 16 hours for
18 three days straight. Their bodies are tired. That
19 increases their risk to injury. It also reduces
20 the amounts of patience that they have, and I mean
21 their own patience. It's very difficult working
22 that many hours and still being able to walk in and
23 smile.

24 So they do that because that's what
25 they need to do. They're not going to put the

1 situation on the resident, but it is very trying on
2 them, which is now leading to burnout.

3 So the government has allowed for these
4 resident care aids to come in. They are not
5 trained. One PSW cannot supervise a resident care
6 aid when there is two or three of them and only one
7 PSW. And the responsibility for the PSW is to make
8 sure that these RCAs are actually doing what they
9 should be doing and not running into any issues.

10 So when it comes to assisting with a
11 meal, a three-hour course for feeding does not
12 encapture everything that a PSW actually
13 experiences with someone who has a choking risk. I
14 have seen, over the years, that, even PSWs, when
15 someone is at a high risk for choking, we have an
16 RPN actually feeding them because they are so high
17 risk.

18 Does that happen now? I'm not going to
19 be able to say. But I know over the years, we have
20 had that happen.

21 We also know that if they do choke, it
22 could lead to death. So, you know, homes have to
23 be making sure that they are providing the best
24 care that we possibly can.

25 I'm just looking at my notes.

1 So when we were talking for-profit
2 homes. They have cutbacks -- whether it's staffing
3 cutbacks, whether it is cutting back on the
4 nutrition part of the envelopes there.

5 Are they using real juice for the
6 residents? Are they watering it down? Or are they
7 going to powdered juices? So the nutrition value
8 is not there as compared to a real juice or even
9 from concentrate.

10 And we know that as an individual ages,
11 their body is -- they're not able to get the amount
12 of nutrients in the food that they would have when
13 they were younger because the body does slow down.

14 So I think the homes have to improve on
15 what nutritional value the individual is actually
16 getting, and that's one of the reasons why there
17 are a lot of people that are on these -- the
18 supplements with the Boost or Ensure or whatever
19 the other name brands are for those things.

20 And the nutritional envelopes include
21 those supplements as well. So there's money going
22 into the nutrition aspect of it.

23 As far as the care, I can tell you that
24 the PSW in today's world only sits down when they
25 are on their break, if they are getting a break --

1 many people work through their coffee breaks -- or
2 if they are sitting down to assist with someone
3 eating a meal.

4 A lot of the documentation on the iPads
5 that they have, they're done, actually, when
6 they're standing because they have to actually
7 document when they are actually providing the care.

8 You know, they have to say that the
9 person was repositioned right away. If they are
10 five minutes or ten minutes late in documenting
11 that, they can be disciplined for it even though
12 their five or ten minutes late is because they were
13 providing care for someone else.

14 Nick mentioned about the reduced
15 toileting. There are only so many hours in a day.
16 And if you have your high acuity on the unit and
17 that resident is a two person or mechanical
18 transfer to a commode, you're talking an extra --
19 I'm going to just guess -- an extra 15 minutes on
20 the transfer alone.

21 We also have a rule that anyone that
22 has any form of any dementia does not get left on
23 the commode by themselves. So you can't just put
24 someone on a commode and walk away and let them do
25 their thing by themselves. You have to be there

1 and make sure that they don't try to get up or they
2 don't fall over or, in the worst case scenario,
3 that they actually go into a heart attack because
4 they're trying to have a bowel movement. I am very
5 lucky that I've never seen it, but I know that it
6 has happened.

7 I am not a fan of giving someone a
8 suppository every three days in order for them to
9 go. I would much rather let someone be able to sit
10 and do what they need to do using, you know, the
11 gravity, kind of thing. Let the peristalsis kick
12 in.

13 But, you know, like I said, as a person
14 ages, their body functions, you know, everything --
15 you know, everything slows down. So sometimes
16 they're needing extra fibre. Most times they need
17 the extra fibre.

18 You know, I'd rather -- I just don't
19 like to see -- starting to think of Trump here
20 but -- like, the fake stuff. I don't like
21 synthetic things, like, for that.

22 So we're talking 25 people. You've got
23 25 people to get up and dressed. You've got 25
24 people to, say, put on -- you know, to go to the
25 bathroom twice a shift. Not twice a day, but twice

1 a shift.

2 And I think it -- I'm just going to say
3 the dignity and the respect that the floor staff
4 give to each resident -- they try their darnedest,
5 and I mean they try. However, I think that part of
6 the resident's life, I think, it is on a spiral
7 down. It's very difficult -- it's very difficult
8 to actually make a person want to continue when
9 they feel awful that someone has to clean them.
10 Someone has to do all these things for them.

11 These residents we have are very proud,
12 very proud. And it's very difficult for the senior
13 to rely on someone to do the things that PSWs have
14 to do.

15 I know for myself, if I spent more time
16 with someone just to make them feel happy in the
17 morning and feel like today is going to be a good
18 day, I was happy about that. Because the first
19 thing in the morning, if you make someone feel
20 miserable, they're going to be that way -- they're
21 going to feel that way for the rest of the day.

22 And as Nick alluded to, the social
23 aspect -- these people deserve respect. They've
24 lived their life. They've raised their family, in
25 most cases. They've had jobs. They've, you know,

1 kept the household, and they've had to experience
2 losses before they even come into the long-term
3 care facility.

4 There's only so much people can take,
5 and unfortunately, this COVID that we've had to
6 experience, it definitely has impacted their social
7 well-being. As far as our staffing, it's affected
8 the staffing tremendously. And now as this second
9 wave is hitting and Christmas is coming -- like,
10 there's only so much people can take.

11 So as far as staffing, yes, the
12 resident care aids, they are helpful. Don't get me
13 wrong. But there needs to be better training for
14 them. There has to be enough PSWs on the floor to
15 supervise these RCAs.

16 And where I actually work, we don't
17 have any RCAs at this point. We have brought in
18 redeployment people, but they're not doing resident
19 care. We do have homes within OPSEU that have the
20 RCAs that Nick had mentioned.

21 But there has to be some responsibility
22 for these RCAs and for the employers to make sure
23 these people are trained. And dealing with someone
24 who has dementia or aphasia or something other --
25 you know, physical or mental issue that they're not

1 able to express themselves --

2 You know, for you and I, if we want
3 something, we can ask for it. Other people don't,
4 and I have seen depression increase with the
5 residents.

6 Just giving them a morning hug -- and I
7 think, most times, a morning hug for someone is
8 when they are actually being transferred, which is
9 very sad to say.

10 I know on other calls that I've had
11 regarding, you know, staffing, what I -- initially,
12 when I started into this field, I was told you give
13 the resident -- you know, there is the Bill of
14 Rights, and they have the right to choose.

15 They should have the right to choose
16 what outfit to wear. They should have the right to
17 choose when they go to bed. They have the right to
18 choose all those things.

19 But when you have reduced staff, higher
20 acuity, and certain things have to be maintained --
21 certain timing -- because 8:30-9:00, whatever, you
22 have to get them in for their breakfast. You
23 should not rush someone. You should be able to let
24 them choose. Do they want to wear this or that?
25 Do they want to put a necklace on?

1 You make sure that, you know, for a lot
2 of men, be shaved. A lot of men don't get shaved.
3 I have seen it where people go two or three days
4 without a shave. And for a lot of our elderly men,
5 to show up at a meal with other people that they're
6 not shaved, that's just not right.

7 So there's a lot of things that -- the
8 numbers in the POC or Ministry of Health, they're
9 not going to even look at it. That's their
10 dignity, the person's wants, not their needs, okay?
11 The needs is one thing, but these residents should
12 be able to get what they want within reason, of
13 course.

14 I don't know how much more I can say.
15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Okay.

17 JOAN CORRADETTI: It's very near and
18 dear to me. That's all I can say. I've seen,
19 through the years, the staff home, and they're just
20 exhausted, and they feel they have not provided
21 enough care.

22 I think, in the next few months, the
23 one aspect that Ministry of Health should be
24 looking at is the amount of times people are
25 repositioned, the number of pressure ulcers that

1 we're getting now because people are not
2 repositioned like they should be, whether they are
3 in bed, or whether they're sitting in a chair and
4 that sort of thing. And you can get that via the
5 PointClickCare online.

6 NICK MUSTARI: Thanks, Joan.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Well, thank you very much. Does that conclude the
9 presentation?

10 NICK MUSTARI: Yes, Commissioner
11 Marrocco. Subject to any questions the
12 commissioners have, that concludes, you know, our
13 portion of the interview.

14 Just a couple of clarification -- like,
15 who is on the call, if that's okay, Commissioner,
16 in terms of --

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Sure.

19 NICK MUSTARI: Jessica Franklin?

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 She's one of our policy people.

22 NICK MUSTARI: Policy. Okay. Lynn
23 Mahoney?

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Is a lawyer; one of the counsel with the

1 Commission.

2 NICK MUSTARI: Lawyer with Commission.
3 Okay. And I know that -- you know, I'm just going
4 by the screen names, but the screen name is
5 "DRUMMOAL."

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Yeah. That's Alison Drummond who is the executive
8 director of the Commission.

9 NICK MUSTARI: Executive director of
10 Commission. Thank you so much, Commissioner.

11 JOAN CORRADETTI: That's who we spoke
12 with the other day, Nick.

13 NICK MUSTARI: Yes, yes. With the
14 screen name, I didn't put two and two together, so
15 I wanted to just --

16 Executive director of Commission.
17 Okay.

18 Okay. Now, possibly I could talk to
19 Alison about this afterwards in terms of the time
20 lines for submitting resubmissions.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Yeah. We'd be happy to work out something that's
23 convenient, and she would probably be the best
24 person to do that with.

25 NICK MUSTARI: Okay. Well, thank you.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Well, thank you both very much for the
3 presentation. It will be very helpful to us, and
4 we appreciate it very much.

5 NICK MUSTARI: Thank you for giving us
6 the opportunity.

7 COMMISSIONER COKE: Thank you.

8 NICK MUSTARI: Take care. Bye.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Bye-bye.

11 -- Adjourned at 11:56 a.m.

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1 REPORTER'S CERTIFICATE

2
3 I, MCKAYA MCDONALD, CSR, Certified
4 Shorthand Reporter, certify:

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

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

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

16
17
18 Dated this 22nd day of October, 2020.

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21 

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23 _____
24 NEESONS, A VERITEXT COMPANY

25 PER: MCKAYA MCDONALD, CSR

CHARTERED SHORTHAND REPORTER

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