

# Long Term Care Covid 19 Commission Mtg.

Meeting with Revera  
on Thursday, October 15, 2020



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

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5 --- Held Virtually via Zoom, with all participants  
6 attending remotely, on the 15th day of October, 2020,  
7 11:01 a.m. to 11:54 a.m.

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12 BEFORE:

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14 The Honourable Frank N. Marrocco, Lead Commissioner

15 Angela Coke, Commissioner

16 Dr. Jack Kitts, Commissioner

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20 PRESENTING:

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22 Thomas Wellner, CEO of Revera.

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1 PARTICIPANTS:

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3 Thomas Friedland, Counsel for Revera

4 Michelle Roth, Counsel for Revera

5 Lauren MacLeod, In-house counsel for Revera

6

7 Jessica Franklin, Policy Lead, Ministry of

8 Long-Term Care

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10 Alison Drummond, Assistant Deputy Minister,

11 Long-Term Care Commission Secretariat

12

13 Derek Lett, Policy Director, Long-Term Care

14 Commission Secretariat

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16 John Callaghan, Lead Counsel, Long-Term Care

17 Commission Secretariat

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19 Lynn Mahoney, Counsel to the Ministry of

20 Health and Long-Term Care

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23 ALSO PRESENT:

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25 Judith M. Caputo, Stenographer/Transcriptionist

1 -- Upon commencing at 11:01 a.m.

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3 MR. WELLNER: I just wanted to again  
4 express my personal thanks for that on behalf of  
5 Revera, and also just to recognize all the work  
6 that the Commission has been doing in the hope to  
7 tangibly better the system and build something  
8 positive from all of this COVID-19 challenge.

9 So thank you very much.

10 COMMISSIONER MARROCCO: How do you want  
11 to go about this? We're ready to hear you, so.

12 MR. WELLNER: That's great, and just a  
13 couple of comments. Unlike last week, we didn't  
14 pull together a slide deck.

15 What I wanted to do, as we said, was to  
16 try to focus on two or three areas and go a little  
17 more deeply. A couple that were top of mind for me  
18 that we touched on last week, one was the aging  
19 infrastructure of some of the asks that we're  
20 operating within.

21 And secondarily, testing, screen  
22 testing and tracing. As I said last week, that's  
23 an area that I think is tremendously important both  
24 in the near-term, the medium-term and the long-term.

25 And then thirdly, and it would be a new

1 area, it's really more around spend and  
2 sustainability and how that links to insurance and  
3 lending, which then plays into the whole discussion  
4 around how do we more quickly accelerate the  
5 infrastructure enhancements that we're trying to  
6 make in the sector.

7 So if I could, just progress through in  
8 those areas. I'm happy to try to make it as much  
9 of a dialogue and get to the areas that are most  
10 interesting for you.

11 COMMISSIONER MARROCCO: I think that's  
12 fine, follow the same process as last time  
13 basically. But, I just would say that one of the  
14 things that we've all identified as something we  
15 wanted to understand better was the financing.  
16 What does it look like, the investment? Just so we  
17 have a better feel for the infrastructure piece of  
18 it, what is holding it back. So if you could just  
19 keep that in mind when you're going through, that  
20 would be helpful.

21 MR. WELLNER: Okay, I will do exactly  
22 that, Justice.

23 And again, as with respect to  
24 sustainability, it leads into that. And as I  
25 mentioned last week, Revera is uniquely positioned,

1 as we're not a traded organization. We can take a  
2 longer view and prioritize things that are socially  
3 responsible investments to the sector.

4 But again, even in the position that  
5 we're in, which is fortunate compared to some  
6 singular operators, it's challenging for us. We've  
7 invested, as I mentioned last week, tens of  
8 millions of dollars in C19 preparedness, whether  
9 that's the planning component, staffing component,  
10 enhanced resident wellness, infection protocols  
11 since the beginning of the pandemic. We're  
12 committed to doing that. We just need to make sure  
13 that it's -- it's very challenging from a  
14 sustainability perspective.

15 You know, again, in the -- some of the  
16 items that we've talked about previously were,  
17 again, around the addition of bolstering up  
18 testing, buying, you know, ten times the volumes of  
19 personal protective equipment at ten times the  
20 prices and providing that as additional support to  
21 other providers across the spectrum.

22 And again, treating our employees the  
23 way we're treating them to try to provide enhanced  
24 accommodation where necessary, transportation where  
25 necessary, incentives, appreciation, and special

1 bonuses.

2           So again, all of those are things that  
3 we believe are the right thing to do, and we'll  
4 continue to fight that. Especially as it relates  
5 to the balancing between the valuable staff  
6 positions, doing what they need to do for the  
7 residents at the frontline, balancing that off with  
8 trying to keep everybody safe, wrapped up with  
9 taking into account all the things that we've had  
10 to deal with around fear and social isolation.

11           As well as for us, I mentioned last  
12 week, I personally, and we personally as a  
13 collective as a company, want to continue to foster  
14 investments into innovation through the support  
15 that we give to entrepreneurs and specific  
16 technologies and services that impact seniors, like  
17 the investments we've made in special lighting,  
18 that we've made in Bookjane to try to enhance  
19 staffing.

20           But one of the main concerns that we  
21 have, that's a very important one that I do want to  
22 make sure you understand or we talk about, and it  
23 will lead into, Justice, your comments around  
24 what's holding back some of the redevelopment  
25 program.

1                   One of the major sustainability  
2 concerns is around the hardening and closing of the  
3 insurance markets. We basically learned through  
4 the process this year that basically there will not  
5 be coverage and it will be sort of pandemic-related  
6 exclusions, if we can get insurance.

7                   We're all having to go back, there's no  
8 new insurance coming into the sector both in  
9 broader healthcare but specifically in the seniors  
10 housing. We may be able to get coverage, if we  
11 can. We've been, as a Revera entity, been able to  
12 do that in some cases, but it's at a cost that is  
13 significantly greater. And if the ability to do  
14 that is not contained, we'll be in a position where  
15 we cannot get started.

16                   So if you think about it, with respect  
17 to capital and with respect to your questions on  
18 redevelopments, the lending markets, whether you're  
19 for-profit, not-for-profit, an infrastructure  
20 investor, to do these projects requires  
21 construction insurance, as well as business  
22 continuity insurance, as well as insurance that  
23 protects you against other challenges as we go  
24 through things.

25                   So again, capital needs to have that

1 certainty, so it's an important piece. And as it  
2 relates to the provincial operating funding, I want  
3 to say that, last week the announcements that the  
4 Ontario Government made to continue to support in  
5 the near-term, we're extremely appreciative of  
6 that. The short-term capital will allow us to  
7 rollout some of the partitions that we shared with  
8 you last week to make residents in four-bed, and  
9 keep 2-bed separate and safe, as well as make the  
10 investments that we need in air handling and  
11 cleaning, additional cleaning, and do some of the  
12 retrofitting.

13           So those are all near-term things that  
14 we're doing. But again, it's very important that  
15 we implement some of these, or at least have some  
16 support, to try to make sure the insurance  
17 component of things, as well as the legal  
18 protections. So that the two areas that I would  
19 like the Commission to consider, as far as  
20 solutions, would be recognizing that long-term care  
21 providers and retirement community providers, like  
22 hospitals, are providing essential services to  
23 seniors that should be protected and fostered.  
24 That will allow us to continue to have attraction  
25 for employment into the needed staffing so that

1 people aren't working in fear, but it also allows  
2 us, as it relates to the construction components  
3 and the capital program, move that forward.

4           The second part is the recommendation  
5 would be around looking to revisit the restrictions  
6 that may be in place around the amount willing and  
7 capable families are allowed to supplement their  
8 rent for private and semi-private accommodation.  
9 That's more of a politicized argument, but it makes  
10 practical terms as we're all in society trying to  
11 support each other to get through this situation.

12           I think those two areas would be  
13 important to consider.

14           So those are my comments around  
15 sustainability in the sector, which I hope makes  
16 sense.

17           COMMISSIONER MARROCCO: I'm trying to  
18 understand why insurance companies would withdraw  
19 from the construction phase of it.

20           I can understand why, if there's  
21 suddenly claims due to a pandemic, that suddenly  
22 there are exclusions related to a pandemic as the  
23 insurance turns over. I can appreciate why that  
24 might happen. But I'm kind of curious what the  
25 problem is on the construction side.

1 MR. WELLNER: Yeah, it's, I think your  
2 point about the markets tightening are it's  
3 basically the -- two- or three-fold.

4 One, it's again the material risks that  
5 insurers perceived in the space and are  
6 experiencing.

7 The second part is the litigious  
8 environment and the losses that may have already  
9 been happening. And that's being basically  
10 exacerbated by the way the media portrays things as  
11 well. So that has not helped.

12 Specific to lending into construction,  
13 basically in that particular case, you can -- you  
14 are getting and can get some construction  
15 financing, but it's getting more and more difficult  
16 and the costs are going up. And as it relates to,  
17 when I talk through and go into the section on  
18 building and building infrastructure, I think it's  
19 important that, from that perspective, the funding  
20 model is already very challenging to work within.  
21 And then if you're adding in additional costs from  
22 a construction financing perspective, it just makes  
23 the projects less and less viable.

24 COMMISSIONER MARROCCO: Well, why don't  
25 I -- at least for myself anyway, I'll wait until

1 you get there.

2 MR. WELLNER: I'm not an insurance  
3 expert, Justice Marrocco, but I would suggest and  
4 we'd be happy to try to connect in, I think we had  
5 a representative, our insurer broker, we go through  
6 Marsh, and they have a global view on things. And  
7 I think specifically it would help get to probably  
8 the level of detail that's beyond what I can  
9 provide.

10 COMMISSIONER MARROCCO: Thanks.

11 MR. WELLNER: Would that be helpful?

12 COMMISSIONER MARROCCO: It would be, yes.

13 MR. WELLNER: Okay. That's great.

14 All right. So then as we get to the  
15 part about the aging infrastructure, again, I think  
16 we talked about things last week, and in some of my  
17 initial comments around short-term retrofits and  
18 things that we can do. This gets into more  
19 medium-term and some of the state that we're in as  
20 far as our collective desire to have the older  
21 sites completely renewed and renovated.

22 So the immediate concern, I guess, gets  
23 into a few areas, really one, we talked a little  
24 bit about the lending insurance and the financial  
25 products, attracting capital.

1           Second is really around the quantum and  
2 timing of funding; and the third is around  
3 availability of land; and the fourth area is around  
4 approvals, agreements, and processes.

5           And if I go back to the approvals,  
6 agreements, and processes piece, a lot of the  
7 processes that are in place today and the systems  
8 and the way the government process works, we're  
9 based on processes that were put in place 20 years  
10 ago. And these processes are not particularly  
11 helpful.

12           Keeping in mind my personal desire and  
13 Revera's desire to be a leader in the space, we put  
14 together, which I think you've been provided now, a  
15 copy of, whether it's gotten to you soon enough or  
16 not. But I outlined in a note that I sent to the  
17 government on July the 15th, because with, as I  
18 described last week, our initial push, we've been  
19 pushing on this exercise for at least the last 5,  
20 6 years since I've been here. We've finally gotten  
21 our first of a number of long-term care  
22 redevelopments in to the ground in London, Ontario.

23           In the letter on July 15th, I  
24 re-emphasized that we're committed to doing this,  
25 we've put our efforts forward, and we're uniquely

1 and immediately prepared to move on the projects.

2 The result of that, that we have is  
3 we've got 832 re-developed beds that have been put  
4 into the queue. We've got 211 of those beds would  
5 be net new capacity and not just complete redo's of  
6 existing aged sites. And the remaining 621 are  
7 basically replacements and modernized newer  
8 product.

9 The majority of those we could, if we  
10 could get through some of the bureaucratic steps,  
11 have those completed as early as 2022.

12 And I've included in there one of the  
13 areas that is important. It also links back to the  
14 staffing crisis that we're undergoing. So part of  
15 what I'd like to see when I go into a long-term  
16 care home is sites that have spaces for families to  
17 connect with their loved ones. I like to see staff  
18 rooms that have amenities that are, you know,  
19 they're not stuck in basements, they're not dark  
20 rooms, they're more modern. So the designs that  
21 we've got in there do that.

22 We've got, again IPAC protocols, one of  
23 our recommendations, as we communicated last week,  
24 is that we believe IPAC in long-term care should be  
25 consistent with what IPAC is like in hospitals. So

1 that's in addition to the training and the hiring  
2 of additional IPAC specialists like we've  
3 undertaken already and will continue to do based on  
4 guidance as well.

5 We'd look ways for ways to make the  
6 homes and the physical infrastructure easier to  
7 clean, the surfaces are less amenable to viruses  
8 and transfer of disease and communicable diseases.  
9 Touch-free tech and clean rooms for in-person,  
10 separation and things like that.

11 So again, broadly speaking, we've got,  
12 overall in addition to the numbers that I quoted  
13 previously, we've submitted an additional set of  
14 applications for more than 3,400 existing  
15 redevelopable long-term care beds across our 32  
16 homes. And we can build approximately, within the  
17 top-up process, another two and a half thousand net  
18 new beds. And so for us, it's a very important  
19 component.

20 COMMISSIONER MARROCCO: Excuse me. The  
21 3,400, is that two and a half thousand on top of  
22 that or part of that?

23 MR. WELLNER: The 3,400 includes what  
24 we've already submitted. There are an additional  
25 14 new homes that we could do which would put the

1 additional 2,000 on top of that.

2 COMMISSIONER MARROCCO: So the 3,400  
3 includes the 800?

4 MR. WELLNER: Correct.

5 COMMISSIONER MARROCCO: And so there  
6 would be 2,600 in addition to that, that where  
7 you've made an application for funding; is that it?

8 MR. WELLNER: Yes, I believe that math  
9 is correct, sir.

10 COMMISSIONER MARROCCO: Well, close.  
11 You know I'm holding you to the bed, but I just  
12 wanted to get an idea.

13 MR. WELLNER: Yup, yup.

14 Yeah. And so the question really comes  
15 down to, you know, why haven't we been able to get  
16 shovels in the ground for more than one new home?

17 And as I said at the outset, firstly  
18 it's the availability of liberal financial  
19 products, which are linked to both insurance and  
20 lending into the sector, have been a challenge.  
21 Timing and quantum of funding, availability of  
22 land, the current program will work in certain  
23 spots, and then the approvals, agreements and  
24 processes.

25 So the areas that I think over the next

1 few months that require immediate support are the  
2 availability in land, because we're actively  
3 securing, I think we've secured at least seven  
4 sites that we have already acquired the land, that  
5 we've already been well into the municipal approval  
6 processes.

7 We have another site, as an example,  
8 that we've owned for about four years in Orleans in  
9 Ottawa to redevelop our Carlingview site, which is  
10 one of the more challenging ones that we had in the  
11 first wave, but we continue to be held up.

12 So the development agreement is one  
13 piece, if I can jump into some suggestions or  
14 background on the administrative side of things.  
15 That one of the key pieces is this development  
16 agreement which basically sets out how we get  
17 approved and how we can procure and how we can get  
18 funded for the projects.

19 And the current form of agreement is  
20 one of our concerns. As I mentioned, the current  
21 development agreement is based on a 20-year-old  
22 template. This particular agreement requires  
23 multiple approvals in multiple stages and creates a  
24 very lengthy and costly approval process.

25 It results in greater costs and delays

1 in the procurement process. It contains  
2 insurance -- to the question around insurance, it  
3 contains insurance protocols that were even  
4 difficult to meet prior to COVID-19 and virtually  
5 almost impossible to meet in certain cases post  
6 COVID-19.

7 The flex -- inflexibility in some of  
8 the timelines in there and the funding, as I  
9 mentioned. It doesn't -- the funding doesn't start  
10 to show up until well after the home is complete.  
11 And so there's a period in there where, again,  
12 depending on the entities, financial capacity,  
13 we're able to bridge it. A lot of smaller  
14 operators would have a real challenge on it.

15 And then the current process only  
16 permits procurement and building for one home at a  
17 time. You know, again, in making portfolio cost  
18 efficiencies, which would be better for taxpayers  
19 and better for everybody and enable to get people  
20 moving on more homes faster, as well as I mentioned  
21 last week, I think modular construction, which  
22 would enable things. We have been pushing and  
23 trying to get that to happen, but with the current  
24 form of development agreement, that's a very  
25 challenging process.

1                   So I detailed a lot of these in the  
2 notes that I sent along in hopes that that would be  
3 perceived helpful. And again, we've dedicated  
4 resources to updating the template to address these  
5 concerns.

6                   We've provided that as an appendix to  
7 the note, to make it a more current and adaptive  
8 infrastructure utility-oriented paradigm, so that  
9 it compares more to what would be useful to  
10 accelerate some of these things.

11                   Does that make sense so far? Are there  
12 parts that I could clarify?

13                   COMMISSIONER MARROCCO: Yes, no, I  
14 think you do need to clarify for us. The  
15 development agreement works in -- how does it work?  
16 You have to go through a phase of -- there's a  
17 phase you go through people agree?

18                   Like practically, what happens? So you  
19 want to build something, you know you have to have  
20 this -- I'm just trying to understand the  
21 bottleneck.

22                   MR. WELLNER: Yeah, so it's the  
23 sequencing and timing of when you have to get  
24 things in place. The development agreement itself  
25 has some very clear components that you need to

1 complete.

2           However, as opposed to being able to  
3 move forward, it has to go back and forth many  
4 times to get different steps approved.

5           We think there's a way to remove many  
6 of those steps, and I can follow up with a specific  
7 note on which steps would be sort of more practical  
8 to be able to remove.

9           COMMISSIONER MARROCCO: So as you work  
10 through the agreement, the to-ing and fro-ing adds  
11 a great deal of time to the process; is that the  
12 idea? You do something, you're waiting for an  
13 approval, that takes time, then you have to do  
14 something else, wait for another approval; am I --

15           MR. WELLNER: Correct, and it's almost,  
16 if you think about it in simple terms, perhaps it's  
17 done in sequence as opposed to in parallel. So the  
18 major bottlenecks tend to be around the component  
19 of procurement and as well around when we can bid  
20 the construction contracts.

21           So we'd like to be able to take --  
22 there's two dynamics. If you're just doing a  
23 singular project, you want -- you need to have the  
24 development agreement in place and agreed to before  
25 you can actually go out and procure the project.

1                   We'd like to be able to accelerate that  
2 and make that a little more practical. And then  
3 secondarily, it links to the flexibility to be able  
4 to say, if we had five homes that were in a region,  
5 or within a LHIN, or aligned with where the  
6 Ministry needs or the system needs the capacity,  
7 we'd like to be able to bid five of those at once  
8 because we think it would be beneficial both in the  
9 speed of construction as well as the efficiency of  
10 construction, if that makes sense.

11                   COMMISSIONER MARROCCO: So if you  
12 identify that in -- let's just take health units as  
13 a geographic.

14                   If you identify that in a particular  
15 health unit you need five homes, you'd like to see  
16 the proposal or the bid ask you to respond to five  
17 of them all at once rather than five separate bids;  
18 is that --

19                   MR. WELLNER: That's correct, yes.

20                   COMMISSIONER MARROCCO: So right now if  
21 you wanted to build five homes, you would have to  
22 bid five times?

23                   MR. WELLNER: That's correct, in how it  
24 currently works.

25                   COMMISSIONER MARROCCO: Okay. All

1 right. I think I understand that.

2 MR. WELLNER: And again --

3 COMMISSIONER MARROCCO: It might be  
4 good to be a procurement lawyer and working in this  
5 particular area.

6 MR. WELLNER: Yeah, no, I think you're  
7 correct. You know, even on a singular example, and  
8 I'll go back to the site we have in Ottawa. We  
9 have a site that we've owned and basically done all  
10 the initial municipal approvals for the site.  
11 We've got the appropriate land identified. We'd  
12 love to have it in the ground prior to year-end,  
13 but we've been told basically we cannot utilize the  
14 new agreement, but we basically have funding that  
15 we can't get in to the agreement in time. But we  
16 are shovel-ready for it, if we could get through  
17 some of these even singular issues.

18 But, you know, again, we have got a  
19 very good relationship with the Ministry of  
20 Long-Term Care and the development team  
21 specifically. So not to say that we haven't been  
22 able to work through things, but I just think in  
23 the essence of speed and what we're all trying to  
24 do in the sector, the more we can remove the  
25 roadblocks, it would be helpful to the team at the

1 Ministry as well as the folks that are trying to  
2 get these much needed enhancements done.

3           The other thing I would say is that,  
4 the complexity, it's not just within singular  
5 ministry because there's a lot of  
6 cross-governmental support which would be helpful  
7 in later phases and in some of the early phases.  
8 So things like zoning and municipal support for  
9 zoning is an important piece of that. Acceleration  
10 of some of these RFPs which would be helpful.

11           And then I mentioned the other areas,  
12 land availability. Right now the program from an  
13 economic perspective allows us to focus on rural  
14 sites. So it is workable in, you know, your more  
15 rural settings.

16           The closer you get to suburban markets  
17 and into the GTA, the less affordable and the less,  
18 because it's the funding model doesn't allow for  
19 larger urban centres projects to really work.

20           What would be helpful as far as a  
21 recommendation and some ideas, we have been in  
22 dialogue with the -- with government on, has been  
23 around support for affordable lands. Some ideas  
24 might include more specific RFPs that allow access  
25 to affordable publicly owned or quasi publicly

1 owned lands, whether they're adjacent to hospitals,  
2 universities, colleges, certain suburban and urban  
3 areas; that would be helpful.

4 We have also had initial dialogue and I  
5 think a number of us within the sector have been  
6 dialoging with Infrastructure Ontario, as the  
7 Province looks to reutilize and repurpose lands.  
8 It's always been fascinating to me that for some  
9 reason long-term care isn't perceived as an  
10 affordable housing alternative, but in essence that  
11 is a component in what the socially responsible  
12 side of it would make sense.

13 The other big part that is a challenge  
14 for us is development charges, which are linked to  
15 that. So municipalities continue to slap on  
16 development charges. We would advocate that  
17 because it's a socially responsible investment  
18 that's providing affordable and necessary support  
19 for Ontarians, that enabling municipalities to  
20 waive or reduce development charges would be -- or  
21 tax incentives would help, would be mutually  
22 beneficial for everybody.

23 COMMISSIONER MARROCCO: Can I just  
24 interrupt you for a second?

25 Were you ever given a reason why a

1 long-term care home wouldn't be an affordable  
2 housing -- wouldn't be an affordable housing issue  
3 or caught within the definition of affordable  
4 housing?

5 I appreciate you find it odd that it  
6 isn't, but did anybody ever give a reason?

7 MR. WELLNER: Not specifically,  
8 Justice. What I can say is that it just seems to  
9 be like most cases, where we have a focus on our  
10 acute care system, and long-term care tends to be  
11 an afterthought in a lot of cases. I just don't  
12 think the sector is well understood, is probably  
13 one of the reasons.

14 And the other area that I think would  
15 be helpful, and we get into it, some of the  
16 discussions relates to, you know, long-term care  
17 for a community, a smaller community and even  
18 larger communities, there were large employers, as  
19 well. So it's, again, in an affordable housing  
20 setting, it's not just that you're providing the  
21 affordable physical structure, but in these  
22 particular cases they're high -- we're generating  
23 employment as well, because our staffing are one  
24 and a half to two staff per resident. So as well,  
25 it would help with local employment. So again

1 there's another benefit there. Certain spots we're  
2 getting the receptivity, but it's variable.

3 I think those are basically the main  
4 points that I wanted to make on the infrastructure  
5 program, if that's good. And then I was planning  
6 to just talk a little bit more about the screening,  
7 testing, and tracing, if that would suit the  
8 Commission.

9 COMMISSIONER MARROCCO: But just so I  
10 have it. You know, one of the things that from  
11 your perspective appears to be slowing the process  
12 is the approval process.

13 MR. WELLNER: Correct. And I think  
14 that's a near-term, low-cost, taxpayer-efficient  
15 thing that would benefit everyone.

16 It would be helpful, I'm sure, to the  
17 teams on the receiving side that are having to  
18 review and approve these. It would be helpful to  
19 Ontarians generally, and it would be certainly  
20 helpful for those of us who are trying to  
21 aggressively redevelop these aging sites, which  
22 have been the most challenging ones to deal with as  
23 it is relates to the pandemic.

24 COMMISSIONER MARROCCO: And this  
25 development issue, or this timing issues, it

1 applies whether you're redeveloping an existing  
2 facility or building a new one.

3 MR. WELLNER: Correct.

4 COMMISSIONER MARROCCO: On both.

5 MR. WELLNER: Yes, on both, yeah.

6 It's slightly easier -- well, no, it  
7 applies equally I would say on both.

8 COMMISSIONER MARROCCO: Good.

9 MR. WELLNER: The other things I guess  
10 I would say, if I think about a couple of other  
11 additional comments, is, you know, there are  
12 probably alternative models, financial procurement  
13 that, you know, there's the political debate on who  
14 should be able to do this and what part of the  
15 spectrum that's on.

16 Using procurement and 3P models and  
17 that type of approach, more of the infrastructure  
18 financing approach, would probably be beneficial to  
19 accelerate things as well. So I'd urge for that to  
20 be considered as a solution.

21 COMMISSIONER MARROCCO: Okay.

22 COMMISSIONER KITTS: Can I just ask a  
23 question on the approval process and the  
24 bottlenecks. Are they multifactorial between  
25 levels of government, between ministries within

1 government? Or are there clearly defined places  
2 where you could target to really facilitate the  
3 process?

4 MR. WELLNER: I think there is an  
5 element of multifactorial, and that links to the  
6 municipal approvals at the specific sites that  
7 we're talking about compared to when we go to get  
8 the actual project approved.

9 But specifically within the actual form  
10 of development agreement, as well as the review and  
11 approval process that's contained within the  
12 specific ministerial oversight, there's  
13 opportunities there, I believe, to make that part  
14 more efficient and more conducive to speed and  
15 to --

16 COMMISSIONER KITTS: You're talking  
17 Ministry of Long-Term Care, Infrastructure Ontario,  
18 Ministry of Health?

19 MR. WELLNER: More within the Ministry  
20 of Long-Term Care. Just even that particular  
21 process that goes back to the form of development  
22 agreement approach, that there are opportunities  
23 there, I believe, to be more efficient and speed  
24 things up.

25 COMMISSIONER KITTS: Okay, thank you.

1                   COMMISSIONER MARROCCO: Commissioner  
2 Coke.

3                   COMMISSIONER COKE: I was just  
4 wondering, are you aware of any other jurisdictions  
5 that have a better process in your view? Is  
6 anybody doing this in a better way?

7                   MR. WELLNER: That's a great question.  
8                   The fact that there is a program in  
9 Ontario is a very positive thing. I have seen  
10 examples -- not that I'm aware of. So I think that  
11 we're talking about at least there's a program in  
12 place, we're talking about how to make it work and  
13 how to get the wheel moving faster.

14                  COMMISSIONER MARROCCO: Okay.

15                  MR. WELLNER: Okay. The third area  
16 that I wanted to chat about was the need, and I  
17 think again, this is a very near term and important  
18 part of things around. It enables us to continue  
19 to move things forward, but the screening, testing,  
20 and tracing really links to staffing, it links to  
21 people's ability to perform their -- spend more  
22 time with residents to be able to react, and for us  
23 to be able to continue to contain, both restrict  
24 entry of virus or any other items into the sites,  
25 but also to reduce the risk of spread when indeed

1 something is identified.

2 So, some of our focus has been, as I  
3 mentioned, where we have this external advisory  
4 panel of experts that we are utilizing and have  
5 been giving us fantastic guidance and advice to  
6 make sure that we're doing as many of the right  
7 things as possible.

8 And certainly until we get to a vaccine  
9 or we get to a more prophylactic treatments that  
10 are effective, it's very important that we've got a  
11 very good screening, testing, and tracing program.

12 I've got a personal passion on this, as  
13 I mentioned, that I've got my own two parents in  
14 one of our Revera homes, and so it is something  
15 that I'm very passionate about.

16 And you can see that, as I mentioned  
17 last week in the data that we have, there was a  
18 very different profile when we started to go to  
19 universal masking, but also once we got in Ontario  
20 the biweekly routine surveillance testing in place,  
21 especially for staff who are both going into and  
22 out of the home and into the broader community.  
23 And it's also because the symptoms of this disease  
24 have changed and are different in the elderly  
25 versus the younger populations. So we basically

1 are looking at wanting to make sure that there's  
2 continued focus in the near-term and the  
3 medium-term, and possibly the long-term, around  
4 surveillance testing.

5 I still believe that, you know, the  
6 sensitivity and the gold standard of the PCR tests  
7 are fantastic, but the challenges we have in  
8 capacity, as well as availability of swabs at the  
9 right spots, as linked to availability of reagents.

10 The more we can make sure that our  
11 staff are protected, the easier it's going to be  
12 for them to do their job.

13 So, the two things that I would hope we  
14 could get to would be an easier application. So  
15 right now the nasopharyngeal application is a  
16 challenge for repeated use both for staff and for  
17 residents when we need to do it. But again, the  
18 PCR tests seem to be highly sensitive.

19 And then as I mentioned last week, the  
20 collection of the sample, the logistics around  
21 getting it back to the lab, having the lab process  
22 it in a timely fashion, and getting the results  
23 back to the decisionmaker, is a critical component.

24 So I think the more we could have  
25 additional capacity, the better.

1                   As I mentioned last week, we have had  
2 to take steps try to bolster that privately, to  
3 support the system where we haven't been able to  
4 get the turnaround time, or the specificity, or the  
5 results.

6                   And it also, you're seeing it now as we  
7 have these hotspots kicking back up in different  
8 regions in the province, where different units get  
9 overwhelmed with needs for volume.

10                   And the other area that I would again  
11 stress would be, and welcome, would be the  
12 antigen-based testing that would enable a more  
13 immediate result to happen. And something  
14 especially if it can be done through a saliva test  
15 or a non-nasopharyngeal application. That enables  
16 us to be able to quickly -- we have had, I think  
17 now up to 20 examples where through the routine  
18 testing, now that's in rhythm every two weeks,  
19 we've had, I think 20 staff that we've been able to  
20 say, have tested positive, and we've been able to  
21 take appropriate actions to enable them to not come  
22 into the site. And then that also helps us reduce  
23 the spread within the site.

24                   COMMISSIONER MARROCCO: Can I just stop  
25 you there for a minute?

1 MR. WELLNER: Sure.

2 COMMISSIONER MARROCCO: Because what  
3 you called the antigen test.

4 MR. WELLNER: Yes.

5 COMMISSIONER MARROCCO: Do I understand  
6 it, that there is one test, antigen test that's  
7 been approved --

8 MR. WELLNER: That's correct.

9 COMMISSIONER MARROCCO: -- for Canada?

10 MR. WELLNER: Yes, that's correct, an  
11 Abbott test was approved about a month and a half  
12 ago.

13 COMMISSIONER MARROCCO: And that gives  
14 you a result very quickly?

15 MR. WELLNER: Correct. It's within  
16 minutes.

17 COMMISSIONER MARROCCO: And so the idea  
18 would be, and it isn't as invasive as the swab?

19 MR. WELLNER: Well, I'm still trying to  
20 get the exact clarification on that. Because they  
21 do have a saliva-based test; however, I believe the  
22 current approval for the antigen test, that Abbott  
23 has approval for in Canada, still is a  
24 nasopharyngeal application. But I'm still trying  
25 to confirm that.

1                   COMMISSIONER MARROCCO: It's the  
2 greatest mystery going.

3                   So you would still -- if there was  
4 widespread use of that test, you would still have  
5 the problem of repeated tests and potential injury,  
6 but you would get the benefit of getting the result  
7 right at the scene, right away.

8                   MR. WELLNER: That's absolutely  
9 correct. I believe you asked the question to me  
10 last week about false negatives or false positives.

11                   To me, the benefit is that the cost is  
12 extremely low, the speed is extremely fast. You do  
13 have a lower sensitivity compared to a polymerase,  
14 PCR test. But the fact that you could get a result  
15 so that even if a staff member is, or team member  
16 is coming on to their shift, to be able to make a  
17 decision at that point would be great. And if you  
18 did have a false positive, you would want to do a  
19 confirmatory test with the PCR test.

20                   If you happen to have a false negative,  
21 you're running that risk anyways with the  
22 asymptomatic nature of some of the way this disease  
23 works.

24                   COMMISSIONER MARROCCO: You're taking  
25 the words right out of my head. If the test is

1 right 70 percent of the time, then 70 percent of  
2 the time you're correct.

3 MR. WELLNER: Yup.

4 COMMISSIONER MARROCCO: If it's wrong  
5 30 percent of the time, if it's a false negative.

6 MR. WELLNER: You wouldn't have caught  
7 it anyways.

8 COMMISSIONER MARROCCO: Exactly.  
9 Exactly. And if it's a false positive, well, it  
10 exacerbates the staffing problem a little bit, but  
11 that's kind of a risk benefit that goes on with  
12 keeping -- you know, that's just a risk-benefit  
13 analysis.

14 MR. WELLNER: Correct. I would rather  
15 have, and again I try to do this mathematically to  
16 convince myself that it was the right thing.

17 But I just believe on a practical basis  
18 that, you know, again, you'd also have the benefit  
19 of the confirmatory more sensitive PCR testing, and  
20 you'd use that at more appropriate times as opposed  
21 to having to potentially have people run in to get  
22 that test. But the antigen test, the speed, the  
23 practicality.

24 Also, you're not risking, as I said, in  
25 this system of laboratory testing, you've got the

1 risks around the sample being contaminated from the  
2 time it's taken to the time it's analyzed, the  
3 whole logistics thing. Even if you get all that  
4 right, getting the actual data and the result back,  
5 that's clear to the right person, there's many  
6 practical benefits to it.

7 COMMISSIONER MARROCCO: And correct me  
8 if I'm wrong, but I had the impression from some of  
9 the people we've talked to that the testing system,  
10 the lab system, may be maxed out in Ontario. And  
11 unless you're going to start building new labs --

12 MR. WELLNER: Yup, no, that --

13 COMMISSIONER MARROCCO: Has anybody  
14 given you a reason why they wouldn't start using  
15 this test sooner rather than later?

16 MR. WELLNER: Well, I think if you go  
17 through the academic literature, there's always a  
18 lot of debate around the scientific methods of why  
19 and analyze. So I think the main arguments that  
20 I've heard is just, again goes back to this, is the  
21 antigen test as sensitive as the PCR test, and  
22 clearly the answer to that, at least on the  
23 scientific front is, no. But the analysis are not  
24 -- analyses are done specifically on comparing  
25 sensitivities versus the holistic approach of a

1 practical assessment on where there is and isn't  
2 value.

3 COMMISSIONER MARROCCO: But there is a  
4 test approved in Canada. I mean, the scientists --

5 MR. WELLNER: Correct.

6 COMMISSIONER MARROCCO: -- can debate  
7 all they want. If there is a test that's  
8 approved --

9 MR. WELLNER: Correct.

10 COMMISSIONER MARROCCO: -- then it's  
11 approved.

12 MR. WELLNER: It's approved, it's safe,  
13 and it's -- as long as -- the other challenge I  
14 think that I understand is just the testing  
15 capacity in one piece, but it's the availability of  
16 the swabs, it's the availability of reagents, it's  
17 the availability of technical people that are  
18 competent enough. And one of the other benefits  
19 would be, you know, the more practical you can make  
20 it, the less you're going to require a skilled  
21 either clinical or otherwise individual to be able  
22 to administer the test.

23 COMMISSIONER MARROCCO: So you might  
24 have lab capacity, but there are other physical  
25 impediments that you don't have with antigen

1 testing.

2 MR. WELLNER: Correct. Yeah it, would  
3 be easier to have it built into our existing  
4 screening protocols. Again, we've had to put  
5 additional human resources at each entry to the  
6 long-term care homes to make sure that proper  
7 screening as well as the testing happens.

8 COMMISSIONER MARROCCO: Okay.

9 MR. WELLNER: Yeah, and you know, so I  
10 think those -- we've covered the main points that I  
11 wanted to impart. I'm happy to take any questions  
12 or explore any other areas that are interesting to  
13 the Commission. I'm also happy and know that you  
14 have long days, and I'm happy to give you ten  
15 minutes back as well.

16 COMMISSIONER MARROCCO: We're  
17 appreciative of the ten minutes. But let me just  
18 ask Commissioner Coke and Commissioner Kitts if  
19 they've got any questions that we haven't asked.

20 COMMISSIONER COKE: I'm fine.

21 COMMISSIONER MARROCCO: Well, thanks  
22 again, Mr. Wellner, and thank you for the  
23 presentation. It helps give us a little bit of a  
24 focus on where the bottlenecks are, at least from  
25 the perspective of a private supplier of long-term

1 care facilities. And that's quite helpful to us.

2 And then there's this whole question of  
3 the testing which, as you may have appreciated from  
4 my responses, at least one of us, and I suspect --  
5 well, I won't speak for anybody else, but at least  
6 one of us has got that issue fairly clearly in  
7 sight.

8 Anyway, thank you. And thanks for the  
9 offer for further assistance. You never know, we  
10 may be back.

11 MR. WELLNER: Okay. I appreciate it  
12 very much. We'll follow up. I think you've got  
13 the specifics on the aging infrastructure note,  
14 which I think are well contained there.

15 And then if it would be helpful on the  
16 insurance front, I would, you know, recommend and  
17 would be happy to coordinate someone with specific  
18 insurance background that can probably provide the  
19 Commission with a deeper understanding.

20 COMMISSIONER MARROCCO: Well, through  
21 one of the counsel, we'll follow up with that.  
22 Because strangely enough, it's been something I  
23 wondered about, about the availability of  
24 insurance. But I wasn't quite as focused. I don't  
25 think I had a clear enough understanding of what

1 the type of insurance was.

2 So I just, we very well may follow up  
3 with Marsh -- we'll take advantage of any  
4 assistance you can give us there.

5 MR. WELLNER: Yeah, because it's beyond  
6 just what we discussed around re-development. It's  
7 also, even if you think for a not-for-profit entity  
8 as an example, the directors on that entity will  
9 have to -- were not getting D&O insurance renewals.  
10 So anybody that's going to consider that kind of an  
11 approach will probably be likely to reconsider it  
12 multiple times.

13 So I think if you can -- it would be  
14 valuable for you to consider that.

15 COMMISSIONER MARROCCO: Thank you. We  
16 can't have a situation where the first thing you do  
17 when you're asked to sit on a board is go to a  
18 restructuring expert to make sure that you don't  
19 have any exposure or any assets. It's not a good  
20 situation.

21 Anyway, thank you very much, Mr. Wellner.

22 MR. WELLNER: Okay. Thank you very  
23 much, Commissioner Marrocco, Dr. Kitts,  
24 Commissioner Coke. Thank you.

25 -- Hearing adjourned at 11:54 p.m.

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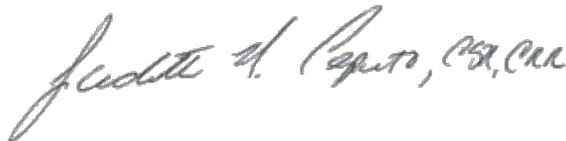
I, JUDITH M. CAPUTO, RPR, CSR, CRR,  
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That the foregoing proceedings were  
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That all remarks made at the time  
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That the foregoing is a true and  
correct transcript of my shorthand notes so taken.

Dated this 16th day of October, 2020.



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

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