

Long Term Care Covid-19 Commission Mtg.

Members of Revera Expert Advisory Panel
on Monday, December 21, 2020



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

neesonsreporting.com | 416.413.7755

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

MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 21st day of December, 2020,
3:00 p.m. to 4:39 p.m.

BEFORE:

- The Honourable Frank N. Marrocco, Lead Commissioner
- Angela Coke, Commissioner
- Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2 Dr. Bob Bell, Chair, Revera Expert Advisory Panel,
3 Former Ontario Deputy Minister of Health

4
5 Bob Bass, Principal, Bass Associates; Member,
6 Revera Expert Advisory Panel

7
8 Dr. Samir K. Sinha, Director of Geriatrics;
9 Director of Health Policy Research, Sinai Health
10 System and the University Health Network; National
11 Institute on Ageing; Member, Revera Expert Advisory
12 Panel

13
14 PARTICIPANTS:

15
16 Alison Drummond, Assistant Deputy Minister
17 Long-Term Care Commission Secretariat

18
19 Ida Bianchi, Counsel Long-Term Care Commission
20 Secretariat

21
22 Kate McGrann, Counsel Long-Term Care Commission
23 Secretariat

24
25 John Callaghan, Counsel Long-Term Care Commission

1 Secretariat

2

3 Lynn Mahoney, Counsel Long-Term Care Commission

4 Secretariat

5

6 Derek Lett, Policy Director Long-Term Care

7 Commission Secretariat

8

9 Dawn Palin Rokosh, Director, Operations Long-Term

10 Care Commission Secretariat

11

12 Jessica Franklin, Policy Lead Long-Term Care

13 Commission Secretariat

14

15 Adriana Diaz Choconta, Senior Policy Analyst

16 Long-Term Care Commission Secretariat

17

18 ALSO PRESENT:

19

20 Janet Belma, Stenographer/Transcriptionist

21

22

23

24

25

1 -- Upon commencing at 3:00 p.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Well, I think -- so everybody knows everybody now
4 or has been introduced, you know the format that
5 we're following.

6 And Janet is our transcriptionist. We
7 will produce a transcript which we will put on the
8 website at some point so people know what we're up
9 to.

10 And I think we're ready when you are.
11 If it's okay, we'll ask questions as we go along
12 rather than wait 'til the end and circle back.

13 BOB BELL: Super. And I thought,
14 Judge, what we'd do, is I'd start off by describing
15 a little bit about the Revera Report, the Perfect
16 Storm, as it's titled, how it came to be -- how it
17 came to be developed and written, and then some
18 specific elements of that I think are probably the
19 most important.

20 Certainly, we'd start off by
21 recognizing the dedication of that report to
22 families and residents of long-term care who have
23 suffered so much during the last nine months and
24 some of whom have actually passed away, that our
25 work was certainly dedicated to them, and also the

1 staff that have had such a difficult time, a time
2 of, you know, moral difficulty, looking after
3 people without the kinds of -- without the kinds of
4 support sometimes they deserve to have and
5 certainly with a set of circumstances that were so,
6 so difficult.

7 The Revera Report that you've heard a
8 bit about was developed to look at the experience
9 of Revera Corporation during Wave 1 and to look at
10 their -- the features that they put in place in
11 response to the pandemic's challenges, to give them
12 advice, to give them recommendations that they
13 could put into play. We didn't know at the time we
14 were doing it that Wave 2 would occur, but we were
15 concerned and certainly thought that it would be
16 wise to give them recommendations that they could
17 follow for Wave 2.

18 And that panel that was put together, I
19 just want to talk briefly about that because, you
20 know, the issue of whether or not that panel has
21 conflict of interest, how it was constituted, has
22 been commented on in the press and in social media.
23 I don't know whether the Commission looks at social
24 media, but certainly social media, as you know, is
25 alive with discussion of the pandemic and response

1 to the pandemic.

2 And Tom Wellner, the CEO of Revera, who
3 I knew from my term as Deputy Minister, called me
4 and said he was thinking about putting together an
5 expert panel: Would I be involved; would I
6 consider chairing? And I thought it was important
7 that this be free of conflict of interest and that
8 no compensation be awarded to myself as the person
9 who would bring together the panel along with
10 Revera.

11 And the two conditions that I set were
12 first of all, no compensation for any of the work;
13 and secondly, that I would have final editorial
14 control of the -- if we produced a report, that I
15 would have final ability to decide what was in the
16 report. And certainly Revera honoured that
17 condition.

18 The members of the expert panel
19 represent a variety of different areas of
20 importance to understanding the pandemic's
21 influence. People like Samir, a geriatrician,
22 probably Canada's outstanding geriatrician,
23 international reputation, as someone who
24 understands the background of what seniors living
25 is about and the medical aspects of geriatric care,

1 experts from Public Health, from infection
2 prevention and control, infectious disease, labour
3 relations represented by Bob Bass on this call, as
4 well as issues related to design and architecture
5 of seniors living facilities.

6 Some of these people -- Bob is a great
7 example -- have worked in this area forever. So
8 Bob has clearly been compensated during the course
9 of developing his expertise and understanding
10 labour management issues, but no funding was
11 provided specifically to the development of this
12 report.

13 And members of the panel worked
14 extraordinarily hard without compensation in doing
15 this. I think this became a bit of a payback
16 phenomenon for everybody in terms of the work that
17 was undertaken. We held six meetings over the
18 course of the summer. The panel was put together
19 at the beginning of the summer. Two of our
20 meetings were held. Revera made available to us
21 information, both data in unformatted form, data
22 that had been gathered by Accenture and analysed
23 using artificial intelligence means.

24 We found -- Jack, you won't be terribly
25 surprised to find that we asked them to actually

1 reanalyze a lot of data using standard statistics
2 that we were more used to, which seemed to be more
3 intelligible than the AI information, but it showed
4 basically the same information as to various, you
5 know, variables and covariants that actually
6 determined what had occurred in Revera homes.

7 So we looked at that data over the
8 course of six two-hour meetings. Each one of the
9 panel members was assigned homework, was assigned
10 to present something to the group with each one of
11 our six panel meetings.

12 Prior to the last meeting which
13 occurred in September, mid-September, we had
14 completed the reports. Each one of the reports had
15 kind of a single lead author as well as
16 collaborating authors. So I was lead author on the
17 testing section, and I had a Public Health doctor
18 and an infectious disease doctor as my panel
19 members who helped me develop that, correct it,
20 edit it, et cetera.

21 And on the last meeting we held in the
22 middle of September, everyone had committed to read
23 each of the reports and sign off on them as being
24 appropriate as a perspective, as a set of opinions
25 for the entire panel. Each one of the lead authors

1 developed a set of recommendations. Those
2 recommendations were reviewed by the entire panel
3 and signed off on.

4 When we reviewed in September what we
5 had, we had a pretty good report, we thought, that
6 was -- you know, had looked at all the information
7 available to us, had drawn reasonable inferences,
8 and, certainly, had some telling recommendations.

9 But as you might imagine, it had six
10 different voices. It had six different styles and
11 probably would have been read by about 12 people in
12 addition to the six member -- or in addition to the
13 panelists and maybe another dozen people would have
14 read it.

15 And the audience the report was
16 designed for was for Revera management, obviously,
17 and the Board of Revera with respect to the
18 recommendations. But we also thought it was
19 important, given the commitment that we had to
20 respecting what had happened to residents and
21 family and staff who worked in the long-term care
22 sector in Ontario during this pandemic, we thought
23 that was important that it be accessible to as many
24 people as possible.

25 So Revera agreed to hire a journalist.

1 I worked with a journalist. We put together
2 something that we thought was more readable, more
3 accessible but still reflected the integrity of the
4 science and the clinical recommendations, the
5 clinical findings the panel members had. So that
6 took about another month.

7 During that time, I checked back with
8 the authors to make sure I was interpreting -- we
9 were interpreting their recommendations and
10 opinions in the right way.

11 After that came through, Revera wanted
12 their lawyers to review it. There were a number of
13 changes that were requested. Most of those we
14 refused to make, and, you know, the commentary was,
15 either accept this or else don't publish it; just
16 take it and this will be the last we all see of it.

17 To their credit, they accepted, you
18 know, the final editorial strokes that were applied
19 by myself on behalf of the panel, and the result
20 was the Perfect Storm.

21 Just a brief comment about that, that
22 probably describes the first thing to talk about,
23 and that is our general finding of the long-term
24 care experience in Ontario reflecting a perfect
25 storm, a number of factors that came together to

1 make the experience particularly problematic,
2 tragic in many instances as you are reviewing and
3 finding.

4 And What were those features? Well,
5 the first element of the perfect storm is, of
6 course, the nature of the virus, unrecognized at
7 the time that asymptomatic transmission of the
8 virus was such a fundamental feature.

9 The second was the transmission of the
10 virus in communities where people lived in
11 relatively high density, where lower income people,
12 where racialized communities, new Canadian
13 communities gathered were, of course, areas where
14 people who worked in long-term care often lived and
15 the risk of folks asymptotomatically bringing the
16 disease into long-term care homes unwittingly,
17 unknowingly, the best of intentions, people who
18 were visiting, people who were working in long-term
19 care homes, this being a factor that wasn't
20 recognized in the early days of the pandemic.

21 The third element we speak to is the
22 focus, understandable focus of the healthcare
23 system. Based on the stories out of Northern
24 Italy, based on the stories out of New York City,
25 Queens, that, you know, the stories of COVID-19

1 were overwhelmed hospital systems. This is what
2 Ontario Health, the Government had to go on, and
3 base its planning on. And, certainly, they did a
4 terrific job expanding a number of ICU beds in
5 Ontario to 2,000 from under 1,400.

6 They did the things that were
7 appropriate to prepare for the pandemic that was
8 expected based on stories from outside. But, of
9 course, part of that was focusing personal
10 protective equipment in acute care or hospital
11 settings. Part of it was a desire to decant the
12 hospitals wherever possible, and people were moved
13 to long-term care in the early stages of the
14 pandemic without testing, for example. So the
15 focus on hospitals certainly worked to the
16 detriment of long-term care, we thought.

17 And then the final feature that built
18 into the perfect storm was the long-standing and
19 chronic issues that have been part of long-term
20 care for many, many years, that I was aware of in
21 my role as Deputy Minister, as Samir, in his
22 wisdom, was aware of when he said that if he had a
23 parent in long-term care, he would probably take
24 them out of long-term care; issues especially
25 related to the design of buildings in Ontario,

1 multi-resident buildings and so-called C and D
2 homes that you've heard a lot about, I'm sure, were
3 certainly, a concern; the fact, and Bob will speak
4 to this, that because of the 365, 24-hour-a-day
5 nature of long-term care coverage, that up to 50%
6 of long-term care staff were part-time staff; the
7 long-standing problem, the lack of resilience of
8 staffing in long-term care with, you know, not
9 infrequent failures to provide full staffing based
10 on people not showing up at the best of times.
11 And, certainly, this was complicated during the
12 pandemic with unexplained absences; and, of course,
13 also the need for people to stay home in quarantine
14 or in isolation.

15 Staffing has been a problem in
16 long-term care. The role of the personal support
17 worker in the Ontario Health System is not a
18 resilient role. It's highly variable depending on
19 what part of the system you work in, be it
20 hospitals or what part of the long-term care sector
21 you work in, whether you work in retirement,
22 whether you work in home care, the wages and
23 conditions of work are quite different for
24 different areas of the personal support worker
25 workforce.

1 These were all concerns that existed in
2 long-term care before the pandemic hit. And,
3 certainly, each one of these elements of weakness
4 in the long-term care system, whether it was the
5 old buildings, whether it was the nature of the
6 workforce, the conditions of the workforce in terms
7 of part-time work, all these, each one of these
8 separate elements contributed to the perfect storm.

9 When you look at the actual Revera
10 experience, you recognize that the virus was in
11 Revera homes very early on in the pandemic. The
12 data that we saw showed that, you know, the vast
13 majority of people who were infected in Wave 1 were
14 infected in early April, prior to personal
15 protective equipment being available for all staff
16 at a time when the Public Health advice to
17 long-term care was that you didn't need to wear a
18 mask unless somebody was infected; at a time when
19 the only kind of protection against people bringing
20 the virus into the home was screening as to whether
21 or not you had a fever, you had a cough, you
22 travelled outside the country, screening that did
23 not at all speak to the issue of asymptomatic
24 spread of the virus.

25 Other features that contributed to this

1 that became evident after the virus was in the home
2 were the weakness of the medical coverage for some
3 of the sickest and most vulnerable people in the
4 Ontario Health System. Most of the medical
5 directors of care -- and Samir will probably speak
6 to this -- were primary care physicians who were
7 being told they should probably close their office,
8 that they should be switching to virtual care. And
9 this advice from, you know, medical associations,
10 from colleges was interpreted to include long-term
11 care facilities.

12 So at a time when there was probably --
13 never been a bigger time of need for medical care
14 in long-term care, physicians were trying to
15 provide care to people who couldn't really
16 participate in virtual care with technology that
17 wasn't designed to provide virtual care,
18 another -- yet another feature of the elements that
19 went into the perfect storm that resulted in the
20 kinds of experiences that you've been reviewing.

21 The one thing that Ontario did right in
22 facing this perfect storm was to decide that
23 surveillance testing of staff and visitors to
24 long-term care was appropriate in managing the
25 concern related to asymptomatic transmission.

1 It became obvious, probably by May,
2 that the biggest risk to a long-term care facility
3 in terms of disease getting in was the degree of
4 community prevalence of the virus in the areas
5 where staff lived. And by the end of May, the
6 Government had responded to that -- This is the
7 only government in the country that's responded to
8 that to this point -- by instituting mandatory
9 surveillance testing once every two weeks that was
10 upgraded during the course of Wave 2, as you know,
11 to once a week. And Revera and other homes are
12 moving to make that even more frequent now that
13 other forms of testing other than PCR are
14 available.

15 So certainly the lack of surveillance
16 testing early on was a problem in the development
17 of the perfect storm. But Ontario moved to both
18 put in place surveillance testing and also to limit
19 workers to working in one long-term care home. As
20 Bob will tell you, it was a problem in terms of
21 staffing, but was appropriate in terms of
22 preventing spread.

23 Once the -- we found that once the
24 disease got into the home, the chief variable that
25 determined whether it would spread and what the

1 mortality would be was the presence of
2 multi-residential rooms. This was the feature that
3 determined in, you know, a variety of types of
4 analysis, whether the outbreak was one or two
5 residents or whether it became something that
6 infected many, many people in the home.

7 So that was a general summary, Judge,
8 of our analysis of how the entire long-term care
9 sector was kind of a sitting duck in a way for this
10 virus, an analysis of what happened in Revera
11 homes, and a set of circumstances that brought
12 certain homes and certain residents within homes
13 into greater or lesser risk depending on whether
14 they were in a community that had high prevalence;
15 and secondly, were they in a home that had a large
16 number of -- that had multi-resident rooms within
17 it.

18 That is kind of a general summary of
19 where to start. And, Judge, I think our plan was
20 to ask Bob Bass to speak specifically to the
21 staffing issues which we went into in great detail
22 and which Bob has provided, I think, some important
23 recommendations for the future.

24 But before moving on, perhaps I'll stop
25 there and see if the Commissioners have any

1 questions or comments to start with.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Well, I did want to ask, did your investigation or
4 your study of this problem reveal or confirm a
5 problem with personal property -- personal
6 protective equipment at the outset of this problem?

7 BOB BELL: So we heard a few things.
8 We heard that there was a supply of personal
9 protective equipment, and I went back to look at
10 that. There was a supply. It was certainly not
11 sufficient to provide droplet protection to all
12 staff working in all homes.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Why do you think that happened? Because it
15 isn't -- it's across the whole -- it's not just
16 Revera. It's across the whole environment, and I'm
17 just --

18 BOB BELL: Yeah.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 We've have been told what problems flowed from
21 that.

22 BOB BELL: Yeah.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 I'm trying to get at why there was this shortage.

25 BOB BELL: Well, I can speak to that

1 from my -- not so much from the Revera review, but
2 from my experience as Deputy Minister. You know,
3 our last pandemic brush in Ontario had actually
4 been Ebola, which occurred in, let's see now, 2017,
5 I believe. And at that time, there was a stockpile
6 of personal protective equipment in Ontario. That
7 stockpile had lots of N95 masks, not enough -- not
8 enough, not sufficient to deal with the COVID-19
9 pandemic as it should have been dealt with. But
10 certainly, it would have provided us with a much
11 better stockpile than we went into COVID-19
12 experiencing.

13 Some of that, you've probably heard
14 about the N95 masks being out of date and being
15 destroyed. Some of that's true. Certainly, that
16 stockpile was not replenished the way it should
17 have been. And I think that's probably a finger
18 point against the Ministry that I was leading as
19 well as against that government and the subsequent
20 government. It was -- sort of the time that
21 stockpiles should have been replaced was probably
22 around 2017, '18. It should have been replaced and
23 replenished. That wasn't done.

24 There was certainly a focus on
25 stockpiles being conserved for hospitals, no

1 question, that the stockpiles were not taken out to
2 replenish supplies in long-term care. And,
3 certainly, the Public Health advice, probably the
4 one aspect of the perfect storm that I failed to
5 mention in Ontario was the lack of coherent
6 Public Health advice across the province; 34 Public
7 Health units, in many cases, giving different
8 advice to the long-term care homes.

9 But certainly the advice early on was
10 mask wearing is not fundamentally important in
11 protecting ourselves against this disease. If you
12 have an infected patient, you should wear a mask,
13 but the advice was not to wear a mask as part of
14 the social distancing that's -- protection that's
15 required within long term care and within close
16 spaces.

17 To go back to your specific question,
18 why was there not sufficient personal protective
19 equipment to obey the precautionary principle and
20 mask and, you know, visor everybody right from the
21 start? And the answer to that is there was not
22 sufficient equipment present in the Ontario Health
23 System in total, and part of that was because our
24 stockpiles had not been sufficiently resupplied.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Mr. Bass, you wanted to say something, and then I
2 wanted to follow up with --

3 BOB BASS: So just to reinforce, I
4 think Bob's captured it all, just to his statement.
5 There wasn't sufficient supply, and in the early
6 days, the supply was held for hospitals. So it was
7 a supply issue in early days, which was so
8 critical. Even the surgical masks were in short
9 supply, so...

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 When -- sorry, Mr. Bass, I didn't mean to interrupt
12 you.

13 BOB BASS: No. No. That's quite all
14 right. That's it.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 So when you say there -- was there an actual
17 conscious decision made at some point, a political
18 decision, or a decision on this not to replace, not
19 to replenish?

20 BOB BELL: So that's a question to me I
21 think, Judge, because I mentioned that.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Yes, it is.

24 BOB BELL: Yeah, I think -- so there
25 were -- there was only one decision that I'm aware

1 of that lead to this that was a concrete decision,
2 and that decision was that N95 masks that were
3 beyond their expiry date would be discarded. That
4 decision was made without replenishment. That was,
5 in retrospect, not a smart decision because those
6 masks still had ventilatory capacity. And the only
7 thing that was potentially a problem was the
8 elastic; that still could be used.

9 I think after that, it's just that it
10 wasn't a conscious decision being made not to
11 replenish. It's just that in the midst of
12 everything else that goes on in government, the
13 decision to replenish stockpiles was not undertaken
14 as an affirmative action kind of thing that should
15 have been done.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 And do I have it right -- sorry, Mr. Bass, go
18 ahead.

19 BOB BASS: Oh, and just to reinforce
20 that, it's not that it was out there, Sir, to be
21 bought. There was, at the point of major crisis,
22 there was no supply in the world. So it wasn't
23 that it was just there and somebody declined to
24 purchase it.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Well, that was really the -- this is back 2017 to
2 2018.

3 BOB BASS: Okay.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 And that's -- I wanted -- was going to ask -- the
6 question I was going to ask was, have I got it
7 right that once there's a pandemic, once, whether
8 it's in January or whenever the world wakes up to
9 the fact that there's a pandemic, it's too late --

10 BOB BELL: Correct.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 -- to go out and start buying.

13 BOB BASS: Exactly.

14 BOB BELL: True.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 All right. So you either have it, or you're in a
17 spot.

18 BOB BELL: Correct.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Okay.

21 SAMIR SINHA: I just think one thing to
22 add in as well is, I think it's, as you said,
23 either you have it or you don't. And then -- and
24 then how do you quickly commandeer it to where it's
25 needed. And so to my colleagues who said as well,

1 you know, I think the general sentiment was, you
2 know, that whatever was being preserved was being
3 preserved, you know, to protect our hospitals.

4 I think, you know, the one example I
5 like to use is what B.C. did, which I thought was
6 quite interesting early on, was that they -- you
7 know, the province basically took control of the
8 entire supply. So it looked at what hospitals had.
9 It looked at what long-term cares homes had. It
10 looked at what primary care providers had because,
11 certainly, when we even talk about, you know,
12 long-term care being the poor cousin of the
13 hospitals here, I think about a lot of my primary
14 care colleagues who just really couldn't find
15 anything. And they were relying on the Ontario
16 Medical Association and others just to try and help
17 them find supply and connect in.

18 And what I understand and what might be
19 worth looking at is what B.C.'s -- how B.C. quickly
20 created an infrastructure where, by taking control
21 of the entire supply, they didn't allow any
22 unnecessary hoarding. They allowed it to be
23 distributed and using kind of a science-based
24 approach. And so as they had prioritised long-term
25 care and congregated care settings early on, they

1 were able to actually get PPE very quickly to those
2 settings including to primary care practices much
3 earlier on than we were able to get in Ontario.
4 And I think partly it was because with whatever we
5 had remaining, they weren't allowing unnecessary
6 hoarding, but also working on, kind of,
7 replenishing that supply and that.

8 So I think there was a third element
9 there, that (a) there was PPE in Ontario.
10 Obviously, it was being conserved I think for
11 certain sectors over others. But in other -- in
12 other jurisdictions in a similar situation, they
13 did find a way to deploy it more efficiently early
14 on to where it was needed. And I think that was a
15 good model that I saw early on that I think was
16 quite helpful in their experience as well.

17 BOB BELL: Judge, one of the -- one of
18 the reasons why that feature that Samir mentioned
19 of hospital conservation was going on, apart from
20 the initial stories out of Bergamo and New York
21 City related to our past experience with pandemics
22 in Ontario.

23 So you go back in SARS in 2003 and then
24 to the disease that did not -- hemorrhagic fever or
25 Ebola, these were -- these were hospital-based

1 challenges. You know, SARS spread in the hospital
2 sector. It didn't occur -- or it didn't spread in
3 the community. Ebola was the kind of disease where
4 you had to have personal protective equipment in
5 the hospital setting.

6 So not only did Ontario not do an
7 adequate job with replenishing its stocks of PPE,
8 but we also focused the stocks distributed to the
9 hospital sector thinking that, should a pandemic
10 arise, likely, it will -- the response will be led
11 by hospitals. That's what happened in 2003.
12 That's what would have happened with Ebola, and
13 that's where we focused our stocks of PPE.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 And just help me with this: Individual
16 corporations like Revera, can they -- they can go
17 out and buy and warehouse sufficient PPE for their
18 homes.

19 BOB BELL: Correct.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Right. Is there a -- is there a recommended
22 inventory that should be maintained, like a rule of
23 thumb or something, a best practice?

24 BOB BELL: Well, we've recommended in
25 our report that they constantly maintain a supply

1 of PPE. I think our report said two weeks' worth
2 of supply at all times, that when that's
3 replenished -- when that's depleted, that it needs
4 to be replenished. I know that Revera has actually
5 gone to more than that already, and I think they
6 have -- I can't remember -- I don't want to say on
7 their behalf, but I know they've certainly put in
8 place a practice that keeps their supplies at a
9 higher level.

10 And, of course, you know, the other
11 question is what type of PPE, the crucial question
12 of whether this is an airborne or a droplet-spread
13 infection. As time passes, it would appear to be
14 more of an airborne risk. That risk certainly
15 seems to be more prevalent than we initially
16 thought. So the issue that your PPE supplies
17 should include a substantial number of N95
18 respirators as opposed to just surgical masks is
19 another feature of this -- of this pandemic that
20 wasn't obvious from the start.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 All right. Thanks.

23 BOB BELL: Angela, Jack, any questions
24 before we ask Bob to talk about staffing issues?

25 COMMISSIONER JACK KITTS: No, I

1 think -- I think Commissioner Marrocco has covered
2 my questions.

3 COMMISSIONER ANGELA COKE: Yeah, same
4 here.

5 BOB BELL: Over to you, Bob.

6 BOB BASS: Thank you.

7 Thank you, everyone.

8 So if you'll see the section that Bob
9 wrote on the staffing, the focus is on the impact
10 of the shortages of PSWs which are the predominant
11 classification by far in long-term care, the
12 predominant classification. And number one, there
13 was a shortage before the pandemic.

14 Number two, the single site rule, which
15 as Bob has identified, was necessary, because of
16 more than half of the staff being part time, a
17 single site rule had an adverse impact on staffing.

18 Revera and all the nursing homes tried
19 to mitigate that by offering their existing
20 part-time staff more hours. But in the end, PSWs
21 moved and selected employers based on maximizing
22 hours and maximizing wages if they were working at
23 three or four sites because everyone was doing
24 this.

25 So they lost a substantial portion of

1 their workforce to the single site even though they
2 were very proactive on this issue and, sort of, the
3 first to the game of offering extra hours. Even --
4 they even beat the government on the single site
5 rules. They implemented it themselves in advance
6 of the -- of the regulation or the order.

7 The third surprising, or I would say
8 unexpected result was a significant portion of the
9 staff didn't attend at work, and repeated phone
10 calls to their -- to their homes elicited no
11 response. So we called them unexplained absences.

12 Obviously, people -- there was a lot of
13 people who were sick. They have sick-leave plans
14 in these LTCs, so people were not sick and not
15 explaining to their employer it wasn't in their
16 interest, or -- so there were just a number of
17 people, and I think we can all in the end
18 understand it, that they were afraid.

19 So under the collective agreements, for
20 instance, just to -- the employers were
21 accommodating on this because what could they do?
22 They could -- under their collective agreements,
23 they have absence without leave clauses that sort
24 of trigger automatic termination after three
25 consecutive days of absence without explanation.

1 No one exercised that right.

2 These employees are still on the books.
3 The employers are still working, calling, trying
4 to -- and I'll get to that in my recommendations,
5 trying to entice and comfort these employees in a
6 way that will get them back to work. The general
7 sense is these employees will not come back to work
8 until the crisis, the pandemic's over. Maybe the
9 vaccine will help. Maybe that will give an
10 opportunity to give people comfort, but -- so those
11 were those three elements.

12 And as we can expect, a workplace where
13 they're short of staff already, and two or three
14 major hits to that, nontrivial hits, more than 10%
15 significant hits on each of these items,
16 significant numbers, had a real impact on care
17 because you can't just turn around and fill the
18 workplace if there's an immediate -- an existing
19 shortage; there aren't staff out there to hire.

20 So there were contract staff. There
21 were other efforts. But you can imagine in the
22 moment of the crisis that hits a home with an
23 outbreak, it's -- the workplace and the care levels
24 by definition diminish; and, therefore, the spread
25 is greater, in my view. The propensity to spread,

1 the inability to quickly cohort residents and
2 staff, all of these are factors that would be --
3 are adversely impacted by a lack of staff.

4 So I'd like to turn if I could, and by
5 the way, I would invite interruptions as I speak.
6 I'm a labour negotiator, so I'm used to that. In
7 fact, it's easier for me, so don't hesitate.

8 But let's --

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Well, actually, let me take you up on that if
11 you --

12 BOB BASS: Good. Good.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 -- as a labour negotiator. I mean, is it -- we've
15 heard that, you know, there's too large a
16 percentage of part-time staff and that that's part
17 of the problem.

18 In your experience, is this a problem
19 that could be solved if -- is this a resource
20 problem that needs to be addressed, or is this
21 chronic? You can't solve it no matter what do?
22 It's a part-time/full-time thing.

23 BOB BASS: Okay. So that is a great
24 question. That's one I was going to, and I'll just
25 take it first. So -- and you're lucky you have Dr.

1 Kitts on one of your -- as your committee member
2 because we shouldn't fool ourselves that this same
3 requirement for part-time is not in the hospitals.
4 You have a workforce that has to cover seven days a
5 week with people who work 37-and-a-half hours or
6 five days a week for full-time.

7 So to get a schedule -- and remember
8 there are three shifts of this -- to schedule
9 that -- I mean, to me, the easiest intuitive
10 explanation is it's got to be, by definition,
11 almost one to one because you have a person working
12 five days. The other two days in the week are
13 covered by a person working two days a week. And
14 often, schedules are created with a full-timer and
15 their shadow, the shadow being the part-timer doing
16 the other two days.

17 So -- and then you've got -- no, then
18 you've got absences that are natural, simple needs
19 for leave of absence for personal reasons,
20 sickness, vacation, holidays. So the need for
21 part-time staff is not unique to long-term care.
22 It's unique to healthcare.

23 So there are ways to mitigate it, and
24 I'll get into some of the answers, but it's not a
25 wave the wand and say, we'll just hire more

1 full-time staff. Here's the point that would
2 explain to you why, if we could, we'd staff it with
3 as many full-time staff as we can and diminish the
4 exercised use of part-time.

5 The full-time staff at Revera, which is
6 typical of long-term care, have amazing service
7 records in terms of length of service. So the
8 average -- as I recall, the average length of
9 service in Revera was 15 years for full-time
10 employees.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay.

13 BOB BASS: Well, that's, for any
14 employment place, if your average full-time
15 employee is there with you on average 15 years,
16 you're going to have some turnover. That's a very
17 good retention record, excellent. And that's
18 throughout. We do interest arbitrations throughout
19 this. All the wages and working conditions are
20 determined by third parties in this sector. It's
21 not a right to strike. So we always show that.
22 And typically, it's 14 or 16 years of service.
23 It's very high, always, almost universally, long
24 service employees in the full-time.

25 So if we could only employee only

1 full-time employees, we wouldn't have any turnover.
2 It would be fantastic, better than average
3 retention.

4 The fact of the matter is you can't.
5 You need part-timers to fill in the gaps, to fill
6 in -- somebody's got to replace the full-timer
7 who's sick on Thursday and Friday, and that would
8 be a part-timer.

9 So there is a need for part-time staff.
10 The argument that they're cheap staff is misplaced.
11 There are different provisions: some have sick
12 leave; some have pro rata benefits; some have in
13 lieu.

14 But the argument that the in lieu isn't
15 high enough to equate to the full-time benefits, or
16 they don't all choose the benefits when there's
17 pro rata, is not the issue as to why there aren't
18 more full-timers. It's the schedules.

19 So you could see a number of my
20 recommendations are intended to enhance the
21 opportunity, and I'll get into some of the key
22 ones, I think, when I go. But that is a very key
23 question, Sir, and it's a -- it's a
24 misunderstanding or myth that we have part-timers
25 in healthcare to save money. They're paid on the

1 same wage schedule. They have the same vacation
2 schedule. They don't often have benefits, although
3 some have prorated benefits.

4 But the hospital is the same. The
5 hospital, none of the part-timers have benefits.
6 They all have in lieu in hospitals.

7 In long-term care, there's a greater
8 variation on that. But, Jack --

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 I took it that it was the percentage that people
11 were complaining about. I didn't take from what I
12 had heard in the past that there should be no
13 part-time staff. No. I heard very much what
14 consistent -- very much consistent with what you
15 were saying, but that what we did hear is that the
16 percentage of part-time staff is too high.

17 BOB BASS: Right. Okay. So I'm trying
18 to explain that that's not a logical conclusion
19 because why wouldn't -- why would you have more
20 time staff than --

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 That's what I'm asking.

23 BOB BASS: There's no profit motive.
24 There's no profit motive in the nursing envelope.
25 The majority of these staff, PSWs are a hundred

1 percent in the nursing envelope. So there's zero
2 profit motive. There's -- the funding in the
3 nursing envelope is you pay the PSWs; you pay it
4 out of the nursing envelope. You don't keep any
5 excess because you have to give that back to
6 government.

7 So if you had -- it is not the profit.
8 So it's not the profit. It's not the service
9 because full-timers stay with you, and one of your
10 costs of part-time work is there's great turnover,
11 there is great turnover. And it's not the -- it's
12 not a differential between the hospitals. The only
13 differential between the hospitals comes into one
14 of my recommendations.

15 A hospital, for its nursing force,
16 there's a history of having 12-hour shifts. If you
17 had 12-hour shifts, which are very rare in
18 long-term care, if you had 12-hour shifts, it
19 allows -- you can fit within a week more full-time
20 employees. You don't have this five on, two off
21 because, on a 12-hour shift, you don't work five
22 days a week. You work three and four. So it's --
23 the mathematics of scheduling allow you more FTEs
24 or more full-time.

25 So I think in a hospital environment, I

1 checked, and I really don't want to reveal this as
2 a viable source, but just say in my experience,
3 which is fairly extensive in hospitals as well --
4 I've been retained by Jack and others in the
5 hospitals, central hospitals to do bargaining --
6 the nurses are about 60%, 40% full-time, part-time.
7 But the service workers aren't because they don't
8 do 12-hour shifts.

9 In our LTC, the ratio of part-time to
10 full-time is very similar to the CUPE and SEIU and
11 Unifor bargaining units in hospitals because they
12 don't do 12.

13 So the difference -- and I know that
14 hospitals are proud that they have more full-time
15 shifts -- they're essentially able to do that
16 because they're able to, in those settings, the
17 nurses almost universally work 12s.

18 In long-term care, it's deemed -- and
19 maybe -- maybe this will change over time, Sir, but
20 it's deemed to be too heavy a workload for a PSW to
21 work a 12-hour shift. I think there's some logic
22 to that. My knowledge is just observational over
23 40 years, but the 12-hour shift idea is a great
24 idea, but it hasn't been taken up except in very
25 rare circumstances. And it's -- while it

1 theoretically might be easier for the nurses in
2 long-term care, it hasn't been taken up there
3 either. And keep in mind, the nurses are the
4 predominant classification in hospital. They're
5 not in long-term care. There are very few RNs.
6 So --

7 BOB BELL: Maybe I could just make one
8 comment, Judge. We wanted to make sure that Bob
9 got a chance to speak to the Commission on this
10 because we thought he might be one of the few
11 people you would see that had experience and
12 expertise in why there are part-timers in long-term
13 care, the fact that it's not a profit issue, the
14 fact that it relates to schedule, and the fact
15 that, you know, it really would take employers and
16 unions and government to focus on this as a problem
17 if some of the recommendations, detailed
18 recommendations that Bob made are to come about,
19 all three parties would have to change here.

20 We think it's probably an important
21 part of making our long-term care setting more
22 resilient, but it couldn't be done just by
23 employers because, you know, these are negotiated
24 and arbitrated contracts, and the scheduling aspect
25 is part of what is arbitrated in these.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 M-hm. Okay.

3 BOB BASS: And it is -- it is very
4 important, Sir, because if you can imagine, if you
5 had, let's say it's 50% -- head count, 50%
6 full-time, 50% part-time, if you had all of those
7 part-timers working full time, the staffing
8 shortage would be gone.

9 If we could magically wave a wand and
10 say, okay, everybody works full-time, then the
11 hours would be covered because you then get, let's
12 say, the 50% of the part-timers could get -- work
13 double what they're working now. That gives you a
14 huge 20% hours in the workforce. It's --
15 unfortunately, it's not possible. But if it were
16 possible, and to the extent that we can move in
17 that direction, we're achieving a -- we're
18 achieving recruitment without hiring new -- not one
19 more employee.

20 You don't have to hire -- if you're
21 getting -- you know, out of your part-time
22 workforce, if you're getting 10% of them becoming
23 full-time, you're immediately addressing the
24 recruitment problem because you're getting the
25 hours coverage, so it is -- it is a very key point,

1 and I would hope your report could try to fashion
2 some of the focus on that. So thank you for
3 drawing that out.

4 I did want to -- let me -- let me just
5 start at a few points I wanted to make to myth
6 bust. So one of the -- one of the myth-busting
7 issues is that the higher wages would address the
8 recruitment problem.

9 And in my experience, the wage rates in
10 hospitals are about 11% above Revera's. The wage
11 rates in the municipalities, long-term care are
12 about 31% above Revera's obviously telling you that
13 the LTC and municipals are about 20% higher than
14 hospitals.

15 But then you've got the home care wages
16 which are dramatically below LTC, and you've got
17 the retirement home sector which are dramatically
18 below LTC. So there's about 20% -- 18 to 20% below
19 LTC in the retirement. The retirement home would
20 be the lowest.

21 Retirement homes, nursing homes,
22 hospitals, and municipal, all four of those groups
23 are subject to interest arbitration to decide the
24 wage rates. So there's no magic. There's no
25 one-side private sector mandating strike, private

1 sector and retirement grinding a higher profit or
2 something. It's really what's evolved from the
3 sectoral analysis. And obviously, if you're a
4 for-profit nursing home, you want to keep your wage
5 rates in line to the extent that you can so you can
6 maximize your staffing within the nursing envelope.

7 You don't -- you don't lose money in
8 the nursing envelope, and you don't make profit in
9 the nursing envelope. Your objective is to break
10 even and get the most staff you can.

11 So in long-term care, a PSW would be
12 \$22 an hour, hospitals 24 to 25, municipals as high
13 as 29 to 30 an hour for a PSW. Home care is around
14 19, and retirement really varies. They have the
15 widest range, but I'd say, you know, starting at
16 just above the minimum wage to \$19 an hour. So
17 you've got that range. It's something that not
18 many people are aware of, but they're all important
19 factors.

20 So why wouldn't LTC attract from home
21 care? Why wouldn't -- why wouldn't all the
22 employees in home care gravitate to LTC? Why,
23 during this COVID crisis, did not the ParaMed
24 home-care employees who weren't employed because
25 home care was drying up during the worst of the

1 COVID, why did they not go and work for extended
2 care nursing homes? Same company, obviously very
3 attractive. I can assure you Extendicare was
4 looking for them. Or why didn't they go to a
5 Revera place? It's the -- we've got to account for
6 employees and their preferences.

7 So in home care, it's always been
8 casual, and a lot of the people that work in home
9 care like the flexibility of casual work. A home
10 care employee goes and works. They're paid on a
11 per-visit basis, or they're paid -- they're not
12 paid on a per-visit basis, but the structure of
13 the -- of the work is per visit in various homes.
14 And they are very -- they're allowed great
15 flexibility in their own timing. So that industry
16 attracts a different type of individual looking for
17 home-care work.

18 Retirement homes, materially lower, why
19 didn't -- why don't they all go to the LTCs? I
20 don't know, but they don't. There is -- there
21 isn't -- we have a very large, vibrant private
22 retirement home sector in Ontario, and they all
23 employ PSWs.

24 So the simple fact is that a part-timer
25 in an LTC wants full-time employment, and if they

1 could get full-time employment, that they'd stay --
2 the facts or the simple facts are they seem to
3 stay. If they become a full-time employee in
4 Revera or Sienna or Chartwell, they stay.

5 So that's an interesting -- those are
6 interesting facts that I've observed and we've
7 studied over time, not just for this report, and,
8 sort of, coloured our recommendations to improve
9 full-time workload.

10 So there's one that I would say,
11 separate recommendation that doesn't drive
12 necessarily to the -- directly to the PSWs, and
13 that is, at a point of crisis where there aren't
14 people available, it has struck us, and many of the
15 employers have exercised this management right --
16 it struck us that there could be support for the
17 PSWs that -- for classifications -- a new
18 classification that doesn't require their skill
19 set. So that would be basically cleaning and
20 making beds and distributing laundry.

21 So the PSWs do a lot of work. They are
22 hard workers. They do the personal care. They do
23 the activities of daily living, but they also, you
24 know, clean the room a bit. They make beds in the
25 resident's room. They do companionship. They do

1 feeding. Some of these things could be done by a
2 lesser-skilled employee, and, you know, it's been
3 our observation that in this -- in this, sort of,
4 economic environment, this opportunity to hire --
5 they're called -- sometimes they're called personal
6 service assistants or residential support aides.
7 If you go to a -- if there's a job fair, the
8 employers will have a number of people interested.

9 So they have hired. It's not a
10 violation of the collective agreements. The one
11 barrier that for significant utilization of such
12 staff is that they're not covered by the nursing
13 envelope now. So if I'm to do that, I can't
14 really -- although I'm using them to support the
15 personal care and the personal work, I can't count
16 it as a cost in my personal -- in the nursing
17 envelope.

18 So that's a bit of a barrier because
19 it's -- it -- that's -- the nursing envelope is
20 to -- is to provide the nursing care to the
21 resident. And this supports or at least takes the
22 workload away from the PSW, takes some of the
23 workload away. You know, could change their ratios
24 from -- particularly at a time of crisis from an
25 impossible workload, which frankly, some of them

1 have, to a not so impossible workload. So that
2 was -- that's the one focus that really isn't --
3 change everybody to -- changing to full time.

4 But a number of our recommendations are
5 intended to try and allow more full-time workers.
6 One that's been very successful in hospitals is
7 the -- I think it's Recommendation 4, under
8 Priority Recommendations, and that is --

9 And, Jack, you would call them NRTs,
10 but I think of them as float staff.

11 So if you have a large enough
12 workplace, which hospitals have -- they have huge
13 pools -- the Toronto General and the Ottawa
14 Hospital that Jack ran, have huge workforces.
15 They have enough staff on a given shift that they
16 could predict how many absences they'll have on
17 that day, and they could then create a staff of
18 float nurses -- typically this is in the nursing
19 side -- that they create a full-time job, and they
20 say, you're full-time, and you will be assigned to
21 wherever in the hospital the vacancy occurs.

22 It's impossible to have that for nurses
23 in the nursing home because there's so few of them.
24 But in theory, in a big 200-bed, 250-bed LTC, you
25 could have a float pool of full-time employees for

1 PSWs, and that could create more full-time
2 employment. You don't have part-timers just
3 getting one or two shifts here and there. You have
4 full-timers with full benefits, and so that was one
5 idea that we recommended.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 If you have an owner that owns several retirement
8 homes --

9 BOB BASS: Like nursing homes.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 -- Long-term care homes --

12 BOB BASS: Yeah.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 -- could you organize the staff that way so that
15 they work for one employer, and the employer
16 controls where they're working on a part-time basis
17 and that sort of thing?

18 BOB BASS: That's certainly worthy of a
19 recommendation, Sir. There are barriers -- the
20 union barriers or collective agreement barriers
21 don't really anticipate that. But we -- the unions
22 are reasonably flexible. We've certainly got a
23 clause in the ONA central 200-home group process
24 where we enable that, and it's a good idea. We've
25 always felt that that's a great idea. You know,

1 Revera would have, I forget, how many homes with
2 ONA; 18? They're not necessarily proximate, so
3 that's the challenge. I think the -- even if we
4 could get -- grow that idea a little more so that
5 if they could exchange between two disparate
6 employers, but one would be the -- it's
7 complicated, but one would be the lead, and the
8 unions in the two sites would accommodate this, you
9 could do it.

10 It is a good idea. It's been in the
11 ONA contract for probably a decade. It really
12 hasn't got any traction yet, but I think, you know,
13 a report such as yours might give it some legs. It
14 is implicitly a good idea.

15 BOB BELL: If I could just interject
16 there, Judge, you know, that, kind of a change or
17 the change that Bob's recommending to create
18 weekend shift workers would require really
19 employers and unions and, importantly, government
20 as well because they have to increase the NPC
21 envelope that we're talking about, the nursing
22 personal care envelope, a bit to accommodate for
23 those unworked but paid hours that a weekend worker
24 would get paid for but not work.

25 These kinds of changes really require

1 direction from something like this Commission, I
2 think, to get all three parties to work with the
3 express purpose of increasing full-time work.

4 BOB BASS: I would say Bob's reference
5 to the weekend worker clause, I negotiated that
6 when I was doing the central bargaining for the
7 hospitals in 2000, and it's -- I always thought it
8 was a great clause. But Jack will tell you,
9 there's not been much uptake on it, even in the
10 hospitals. It exists also in the nursing home.

11 To me, it was conceptually, a family
12 has got two working spouses with young children.
13 The nurse might work on the weekend, and the --

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Yeah.

16 BOB BASS: -- husband Monday to Friday,
17 and they'd have care or a student, a student,
18 perhaps, wanting to go to school Monday to Friday
19 and get -- be full time nursing on Saturday,
20 Sunday, a tough challenge, but a lot of people are
21 up to it.

22 But I think that's a 20-year-old
23 clause, Bob, that I've thought there'd be great
24 uptake on because, of course, the weekends are the
25 hardest shifts to schedule. The weekends are the

1 hardest shifts to work full-time, part-time with,
2 so there hasn't been the greatest uptake that I
3 hoped for that.

4 BOB BELL: One of the differences,
5 Judge, between scheduling in the hospital and
6 scheduling in long-term care is the contracts in
7 long-term care generally are five on, two off, with
8 at least every other weekend, Bob, as I understand
9 it?

10 BOB BASS: Yes, that's right, every
11 other weekend off.

12 BOB BELL: As opposed to the 12-hour
13 shifts where they're two on, three off, four on,
14 five off that nurses in hospitals enjoy that make
15 it much easier to schedule full-time work within
16 that -- that less segmented kind of scheduling
17 system that long-term care has.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Right.

20 BOB BASS: You know, another -- just to
21 speak to the PSW shortage from another angle, it
22 has never -- so it's -- it never ceases to amaze us
23 working in this sector that the community colleges
24 are not attracting enough PSW applicants. So many
25 of the community college programs shut down over

1 the last two or three years even though there was a
2 dramatic need for the -- and it struck me that
3 there were barriers to this. One of the barriers
4 is tuition. Why would we have tuition charged for
5 a -- for a group of employees where we're desperate
6 to have them get the training? It's not -- it's
7 not a lot of training, but there is a tuition, And
8 the tuition for a young person can be a barrier.

9 So we thought tuition -- we thought
10 engagement with the -- like, a co-operative
11 program, like working in a nursing home and getting
12 your training in a nursing home and free tuition
13 and maybe earning a little money along the way as,
14 you know, an unqualified PSW. But as I say, we're
15 recommending residential support aides. Why can't
16 there be some cooperation with the education, with
17 the government on tuition? And I think long-term
18 care, I think if you read the Revera study, they're
19 doing their best on their own to integrate their
20 own education system and community support.

21 And so there's -- we've got to try to
22 eliminate the barriers for young people,
23 traditionally women in Ontario to want to go into
24 this job. It's -- now, the barriers are, it's not
25 a great wage rate job, but \$22 an hour with a

1 pension, with full sick-leave benefits and full
2 benefit program is not out of norm for the
3 broader -- they're not lawyers, and they're not
4 engineers, and they're not nurses.

5 But for the education required, \$22 an
6 hour is a -- would be deemed in Ontario to be an
7 okay compensation level. It's not poverty wages,
8 which is often described in the course -- some of
9 them in retirement homes are making 15 or \$17 an
10 hour, so -- but in long-term care in the publicly
11 funded --

12 Yes, Angela.

13 COMMISSIONER ANGELA COKE: No, please
14 finish your sentence. It's okay.

15 BOB BASS: So it's a working job. It's
16 a job with reasonable income, and I'm certain that
17 income isn't the barrier to -- so if we could just
18 have some scholarship programs, some support from
19 both government and the community to work together
20 to make the education -- eliminate the barriers to
21 getting educated in this.

22 The other related --

23 Okay, Angela. Sorry. I'm finished
24 that thought, so --

25 COMMISSIONER ANGELA COKE: Yeah, I just

1 wanted to pick up on your issue about, you know,
2 the wages. And obviously, we know that's not the
3 only thing that attracts and retains people to any
4 job. And we have heard from a lot of people about
5 the work environment.

6 And so I was curious about what came
7 out through your review in terms of the quality of
8 management and leadership in these homes, how that
9 impacts the work environment and the desirability
10 of that work environment, and also the quality of
11 folks to manage in a crisis like the COVID
12 situation that we're dealing with now, so a little
13 bit about leadership, management-level folks, and
14 culture and things like that.

15 BOB BASS: Yeah, so that's hard for me
16 to comment on except to the extent that I deal with
17 the managers all the time, and they seem very
18 motivated. This is a sector of people, the PSWs,
19 the managers. To attract people to this sector,
20 you have to be a caring-type individual. So it's a
21 good question.

22 The corporations are lean. So this is
23 not like a hospital with a hierarchy of managers.
24 This is a -- this is -- a long-term care facility
25 has a very lean management structure, an

1 administrator, a director of care, maybe
2 occasionally an assistant director of care, then
3 into the bargaining unit nurses. And for the
4 housekeeping, laundry, dietary, they have a
5 manager. But the director of care is in charge of
6 all the nurses and all the PSWs.

7 So the funding envelope which pays the
8 director of care and the assistant director of care
9 is generally optimised to maximize the number of
10 PSWs you can employ because of the workload. So
11 it's a good question. It may be worth a mention in
12 the report. I myself can't comment directly.
13 Maybe --

14 BOB BELL: So if I may, Bob.

15 You know, as I read your second interim
16 report with interest in that you really focused on
17 leadership, And I think you're absolutely right
18 there. If you look simply at the issue of
19 education, of teaching in long-term care, and you
20 compare it to the hospital, it's typical in the
21 hospital that you will have an educator for
22 virtually every unit, someone who will do
23 skills-based training, hands-on training with the
24 nursing staff that's there.

25 And certainly, you know, the educators

1 in long-term care, it's unlikely that there'd be
2 even one for every long-term care home. They might
3 be shared across long-term care homes. And that's
4 a significant --

5 BOB BASS: The chains would have them,
6 Bob, but only not one per.

7 BOB BELL: Yes.

8 BOB BASS: So a simple one-owner home,
9 it just -- the funding is not structured for that,
10 Angela. It's not --

11 BOB BELL: But that's a key issue, you
12 know, because instruction on hands-on care is a
13 critical --

14 BOB BASS: Yeah.

15 BOB BELL: -- component in health care,
16 and I would say it's something that's absent either
17 entirely or absent to the extent that you would
18 want it to be Especially since the majority of care
19 is provided by nonprofessional staff. So you're
20 not relying on the profession of training nurse
21 standards. You're relying on the three-month
22 college program extended in the home by some -- I
23 don't know. Samir hasn't had a chance.

24 What do you think, Samir? I don't
25 think that leadership in long-term care is probably

1 sufficient for the kind of responsibilities we see.

2 SAMIR SINHA: No. And I think
3 certainly, I think one of the things we did hear
4 from, you know, when Revera was, you know,
5 analyzing the data for example, and something we
6 heard broadly was that, again, you know, again,
7 back to that idea of the conditions of work, you
8 know, equal the conditions of care, that obviously,
9 if you have a home, for example, with a junior or
10 inexperienced manager, for example, versus a home
11 with a well-experienced manager, you know, (a) you
12 know, the care environment may be different, for
13 example. You know, experience will inform, you
14 know, potentially -- you know, the more experience,
15 you know, the better a home may be managed, but
16 also within an outbreak as well.

17 And I think -- and I think, certainly,
18 it's something that we heard about, and I think
19 it's, certainly, something that -- as well, I think
20 back to what was just being said, if you think
21 about -- I think a huge amount of a lot of this
22 relates to the fact that I think we're rearranging
23 deck chairs around the Titanic when you have a
24 nursing and personal care envelope of \$102.34,
25 which is currently what it is.

1 And so to the point that, you know,
2 kind of -- you know, Bob Bass was making, for
3 example, I think -- I think to the point, you know,
4 again, you've got to maximize that budget, for
5 example. And I don't think there's an opposition
6 to -- I don't think anybody's saying that we're
7 against more full-time work. You know, I think we
8 need to have more time full-time work, but even
9 this Government's commitment to now say that we're
10 going to -- we're going to put up, you know, \$1.9
11 billion a year, you know, to hire 27,000 more
12 frontline workers, you know, to come in, you know,
13 to work up to four hours, you know, to provide four
14 hours of care a day.

15 Right now, you've got a nursing and
16 personal care envelope based on this provision of
17 2.45 hours a day. And I think really -- I think
18 all of that together means that you've got pressure
19 in that envelope to say, how do you maximize that?
20 We heard originally --

21 BOB BASS: That's right.

22 SAMIR SINHA: -- that, and if there's
23 pressure in that, frankly, I mean, you know, again,
24 you know, not to say that there's, you know, again,
25 I don't think that there's any deliberate, you

1 know, attempt to say, let's hire more part-timers
2 versus full-timers. You know, there's -- I don't
3 think there's a conclusion there.

4 But you know, if you know, if you
5 have -- when there are more people working
6 full-time, they're more likely to stay a longer
7 time and do that. But one thing that I found that
8 was absolutely fascinating here is that, again, if
9 you have a person who works, you know, for example,
10 like SEIU or CUPE or whatever, it's interesting
11 when you hear that a full-time contract -- you
12 know, a full-time worker gets 10 to 14 days of paid
13 sick leave a year, kind of somewhere in that range,
14 whereas a part-timer might only get 1 to 3 days of
15 paid sick leave.

16 And I think -- I think this is where
17 you start realizing that within these -- within
18 this -- you know, within this very tight, you know,
19 nursing personal care envelope, (a) you don't
20 necessarily -- and that broader funding that a home
21 gets, there's not the home for the educators,
22 right? There's not the home -- the paying for
23 the -- and that's education for infection
24 prevention and control. That's for, again,
25 depending on what training you got as a personal

1 support worker or an RN or an NP, making sure that
2 we can have that critical skills development.

3 There may be, in a big chain, more of
4 an opportunity where you have that, you know, some
5 back-office supports that can actually provide, you
6 know, a reason why you might want to be at Revera
7 versus a single site, single-ownership home because
8 you may not be able to get access to that.

9 So all of that, I think, makes it a lot
10 tougher because then you've got workers at the
11 frontline who may not get that opportunity to
12 develop their skills.

13 You know, Bob says, you know, \$22 an
14 hour, it's pretty -- you know, a pretty reasonable
15 wage if you don't have that much, you know,
16 education, for example. But, you know, I think the
17 issue this -- where this really feeds in very
18 quickly is for the part-timers that come in --
19 let's not forget the full-timers for a second, but
20 for the part-timers, there's a huge amount of churn
21 because now you're making 22 bucks an hour. You're
22 working in an environment where there should be
23 four hours of care a day according to the
24 Government's own staffing study, but it's only
25 resourced to do 2.45 hours a day. And I think we

1 just churn through a lot of staff. It's almost a
2 bit of a meat grinder, frankly. And I think -- I
3 think we have to really focus on what is the care
4 envelope that we're doing; how are we enabling more
5 full-time work that can be provided? But not only
6 more full-time work, but if we're actually
7 supporting staff with the education, the resources,
8 you know, the motivations, for example, to be able
9 stay long longer and feel fulfilled in these
10 environments, I think that lifts, kind of,
11 everything.

12 I think the problem is that we've been
13 wrestling, you know, and arbitrating within a
14 minuscule budget, for example, that even our own
15 staffing experts say isn't going to provide you
16 enough staff whether it be full-time or part-time
17 to do the work well. I'll stop there.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Commissioner Kitts.

20 BOB BASS: Go ahead.

21 COMMISSIONER JACK KITTS: Actually,
22 Bob, if you're answering -- if you're responding to
23 Samir, I have a different question.

24 BOB BASS: Okay. So I'm responding to
25 Samir and a bit to Angela. The question is

1 education. So if right now, with \$102 in the
2 nursing envelope that Samir identifies, the
3 question would be to a nursing home, should I spend
4 that money -- and I'm a single operator and I can't
5 spread it over 37 homes or 42 homes. Should I hire
6 an educator to do ongoing training, full-time
7 educator, because you wouldn't -- you'd really have
8 to hire a full-time educator, or should I have that
9 two PSWs? Because probably, your educator, you'd
10 want to be an RN, And you can have two PSWs.

11 And, of course, inevitably, Angela, the
12 answer is, well, I guess we better have two people
13 on the floor rather than two less people with
14 education.

15 That, I think, has been the degree of
16 choices that have been made. Whether they're the
17 right ones or not, I think if we have four hours,
18 and there's the -- then the flexibility within that
19 four hours to have a full-time educator Monday to
20 Friday, let's say, that's a different story.

21 But if you're -- if you're put to the
22 test of two more PSWs or one educator, inevitably,
23 they have chosen the PSWs. So I think it's just --
24 it's the tough choice that they're given, really,
25 an impossible choice.

1 I did have -- Jack, I did have one more
2 point on the staffing, but --

3 COMMISSIONER JACK KITTS: Yeah, this is
4 about staffing, so --

5 BOB BASS: Okay. Good.

6 COMMISSIONER JACK KITTS: So I think I
7 read that Revera runs 170 long-term care homes in
8 Canada?

9 BOB BASS: In Canada, yeah.

10 COMMISSIONER JACK KITTS: And I'm just
11 trying to get my head around the scope or the scale
12 of this problem. You've got 170 homes, and I don't
13 believe that all of them have the same exact
14 problem with the staffing, or if they do, then
15 that's a different story.

16 But are there any of the homes where
17 you can point to and say, somehow, despite all of
18 these barriers and hurdles, some of them are
19 getting it right?

20 BOB BASS: Jack, it was my observation
21 when I looked at the single-site data, the
22 unexplained-absences data, and the sick-leave
23 absences, that it was pretty universal. Remember,
24 you have -- they pay virtually the same -- or
25 Revera pays virtually the same for its PSWs,

1 across Ontario. So, you know, I can't speak to the
2 rest of Canada for them, but I -- there's really no
3 shining example that we can point to where they,
4 sort of, as you say, got it right.

5 Samir, do you have a comment on that?

6 SAMIR SINHA: But I wanted to point to,
7 you know, kind of B.C.'s, you know, approach for
8 example because B.C. did their analysis in late
9 March. And Isobel Mackenzie, the Seniors Advocate,
10 can speak to this and others because they
11 calculated, if we actually took everybody working
12 in a long-term care home, because we are going to
13 implement a single-site order, and B.C.
14 successfully implemented their order, I think, by
15 March 27th, for example. Ontario announced its
16 single-site order like Alberta and other Revera
17 areas, and that only got implemented, you know, by
18 mid to late April in other jurisdictions.

19 But B.C. definitively said single
20 sites, and it basically said, you know, back to the
21 point that Bob was making earlier, you know, (a)
22 you know, if I'm working part-time at a municipal
23 home and part-time at a Revera home, and I'm going
24 to see who's going to give me better hours, better
25 benefits, whatever, what B.C. did definitively is

1 they calculated the costs of saying, let's make
2 everybody -- we're going to take everybody who's
3 working in the sector, we're going to pay you full
4 time. We need you to choose one site where you're
5 going to work, in fact, actually, because we're
6 taking control of your employment now. We're going
7 to say, Bob, you've got to work at this home. Bob,
8 you've got to work at that home. And by doing
9 that, you know, (a) we stabilize the workforce;
10 everybody gets the highest unionized rate. So if
11 it was 27.50 or 29.50, everybody gets it. They get
12 their benefits, 14 days of paid sick leave.

13 Because the problem is now -- you know,
14 I did a lot of thinking on this over the weekend --
15 because we didn't actually create a unified
16 platform, and then, you know, you have all those
17 other factors that start fitting in, if I can't
18 necessarily get -- you know, I might get -- I might
19 choose this home versus that home because I might
20 get more part-time hours here because, you know, as
21 you heard, Revera was offering more hours but not
22 necessarily full-time work necessarily. But, you
23 know, all of a sudden, you started having people
24 making those choices, those preferences in an
25 environment with fear. And if you're on a

1 part-time contract, even though I'm getting more
2 hours, I only might get 1 to 3 days of paid sick
3 leave, for example, if that's what my part-time
4 contract pays.

5 By B.C. stabilizing a lot of those
6 factors, we have to remember that 50% of Ontario
7 retirement and nursing homes have gone into
8 outbreak, for example. Alberta has now just peaked
9 at over 60% of their homes. B.C. is still sitting
10 at about 30% of their homes in outbreak, far, far,
11 you know, less worse situation from their staffing
12 piece, and I think partly because they gave that
13 security to staff.

14 Because I think when we start getting
15 back to, you know, the point about how do we keep
16 outbreaks happening in homes, because universally,
17 we've got staff bringing it into homes, and not --
18 and I think as Bob Bell made the point earlier, not
19 because people want to bring it into homes, but
20 because these staff tend to not be paid well, like,
21 you know, relatively to other folks in the
22 healthcare system. They tend to live more in
23 crowded housing, marginalized settings and
24 communities.

25 And the idea is if you're now working

1 in a situation in a jurisdiction where you only
2 have one to three sick days, we know that when you
3 actually look at the data where we've actually
4 reintegrated family caregivers, family caregivers
5 are not bringing this into the home. Why not?
6 Because the last thing a family member wants to do,
7 is if they have a sniffle, they're going to stay
8 home. They don't want to kill mom.

9 However, if a staff has a bit of a
10 sniffle, you now have a Sophie's choice. The idea
11 is you don't want to cause harm to any of the
12 residents you care for, but if you're going to --
13 if you only have limited sick days because you're
14 on a part-time basis, you know, do you stay home,
15 not get paid, or do you take one of your few sick
16 days and get a reduced pay and then not put food on
17 the table? Or do you go into work and you wear a
18 mask and you hope for the best because you don't
19 want that have difficult choice?

20 And I think if you ask any of the --
21 any of the employee unions, for example, how many
22 of your employees during this pandemic, you know,
23 have been working sick, whether their full-time or
24 part-time, I bet you they'll say a hundred percent
25 of their staff, you know, have actually come in and

1 worked on a day when they're sick. And I think
2 that's why we then look at this dichotomous choice.
3 Test the staff every single day because how do you
4 actually try and make sure, you know, that they're
5 not bringing it in. But why in a hospital that I
6 work at, Sinai UHN, I have only been tested once
7 during this pandemic because we know that our staff
8 have, you know, good benefits. They're not going
9 to come in sick. They're going to actually take
10 advantage of --

11 BOB BASS: Samir, I think you've taken
12 it to an unsustainable model. I can't -- you
13 couldn't, in the hospitals, run -- if you can run
14 it nursing homes that way and have everybody full
15 time, you can run it in the hospitals that way.
16 And we could never sustain that in Ontario. I --

17 SAMIR SINHA: Yeah.

18 BOB BASS: -- looked to see the B.C.
19 model. It's not a sustainable model.

20 SAMIR SINHA: But it only cost them
21 \$10 million extra a month to --

22 BOB BASS: Well, it would cost Ontario
23 much more than that, I assure you, Samir.

24 BOB BELL: Jack --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Can I just -- can I just stop for a second? The
2 onsite, the rapid test, is that -- which I think
3 Alberta is intending -- I thought I read Alberta
4 was intending to use, does it allow for the kind of
5 daily testing that you want, or is it not a
6 reasonable alternative?

7 BOB BASS: I think it's to be seen.
8 It's not yet -- not yet --

9 BOB BELL: That's two tests a week
10 using the 10 Biotest, so it's an antigen test --

11 SAMIR SINHA: Yeah.

12 BOB BELL: -- antigen test that Health
13 Canada has approved, plus the once a week now in
14 Ontario, PCR, the molecular test which is more
15 sensitive. And I think the answer is, as Samir
16 suggested, the more you test, the better it is, no
17 matter what test you're using. Testing every two
18 weeks isn't sufficient. Testing not at all is
19 utterly insufficient. And certainly, testing as
20 often as you can is a good idea.

21 SAMIR SINHA: But I think part of it
22 is, you know, it's two. It's either you make this
23 choice of testing -- like, you know if you think
24 about it, if you do the math, if you say it's --
25 you know, to run a PCR test, if you're testing a

1 hundred thousand workers in Ontario, as we soon
2 will do when we go into lockdown, so you're now
3 doing everybody weekly, for example, it's a hundred
4 thousand tests, whatever you want to say the price
5 point is, whether it's, you know, a hundred dollars
6 per test or 50 when you put all the costs in for
7 getting that nasal swab done and everything and the
8 human resources involved in doing that, you know,
9 you're basically spending, you know, between 5 to
10 \$10 million a week to test all the employees.

11 I feel if you actually gave those
12 employees -- kind of like B.C. did, give them
13 access to more sick days, you know, incentivize
14 them, for example, to, you know -- you know, to be
15 supported to say that, if you are feeling sick,
16 you're not going to come into work, I feel that
17 would be a lot cheaper than the billion dollars we
18 spent in Ontario trying to deal with the aftermath
19 of the outbreaks.

20 My sense is, you know -- I -- you know,
21 I think if we actually have -- you know, (a) we've
22 talked about, you know, the benefit of more
23 full-time employment. I think we've made it clear
24 that that's -- you know, it's impossible to believe
25 we can get -- that that's the -- you know, you can

1 do 100% full-time employment. But I feel like if
2 we have a better mechanism to support workers when
3 they're sick -- and this is not just a long-term
4 care issue; it's a broader issue, you know, beyond
5 that -- I think we'd actually have less of a
6 situation where outbreaks were happening in the
7 first place.

8 But I feel if we don't repair that
9 issue of why workers are coming in sick, I don't
10 think deliberately to cause harm, but because we
11 might be giving them impossible choices to begin
12 with, then our only alternative is to spend a lot
13 of money testing people, and maybe that's more
14 attractive because you only have to do that during
15 a pandemic. If you actually give people better
16 benefits, you have to, kind of, do that forever.

17 And that's -- I think that's B.C.'s
18 dilemma. I think to Bob's point is B.C.'s been
19 continuing this policy on, and the question is,
20 when the pandemic's over, are they going to say,
21 everybody in long-term care, you know, gets a --
22 you know, is paid at the highest, you know,
23 full-time rate; We're doing that now; We make that
24 permanent, you know, that's going to be a long-term
25 cost B.C. carries forward, but I think frankly it's

1 better for its residents and its workers.

2 I think Ontario is at the point where
3 if we can get a few more months out of this, we'll
4 test like crazy. Then we might just keep up with
5 the same situation we have. And I'm worried that
6 that's not going to create a sustainable long-term
7 care system that can actually withstand another
8 pandemic either.

9 BOB BELL: Judge, you're --

10 BOB BASS: If you do it for -- if you
11 do it for nursing homes, you'd have to do it for
12 hospitals.

13 BOB BELL: Bob, I'm going to interrupt
14 because the counsel, John Callaghan, asked me to
15 make sure that we say one thing, and I know our
16 time's up, so I'll leave it up to you, Judge. He
17 said to make sure that we talked about why
18 redevelopment in Ontario C and D homes hadn't moved
19 forward to this point and did we have an opinion
20 about that. Do you have time for that, or do
21 you --

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 No. Sure we do. You know, I think that's probably
24 something certainly you're interested in, and we
25 have an interest in it too, so go ahead.

1 BOB BELL: So the only thing I would
2 say is that this has been a -- this has been an
3 objective of the Ministry of Health. As you know,
4 when I was there, it was Ministry of Health and
5 Long-Term Care for at least the last ten years.
6 And companies like Revera had lots of proposals in
7 front of the Ministry.

8 And I can only say that the
9 bureaucratic challenges to the redevelopment
10 proposals were just immense in terms of shifting
11 licences around, was one example. A homeowner
12 would have licences in this small community where
13 there was no longer as big a need for long-term
14 care, would want to consolidate those licences with
15 another home to redevelop to a new home, and
16 shifting those licences was a tremendous problem.

17 There was also a problem with the
18 construction funding subsidy that I think the
19 current government has now solved, given the 6,000
20 plus redeveloped homes that were -- or redeveloped
21 beds that were recently announced in October.

22 So I think apart from anything else,
23 one thing that I would just beg you to consider is
24 lighting a fire under both the Ministry and the
25 Government to say this is an absolute priority.

1 We've got 38,000 -- or 28,000 licences, pardon me,
2 in homes that are way outdated. We just approved
3 6,900 licences being redeveloped. This process has
4 to move much quicker. The shifting of licences has
5 to be facilitated. The construction funding
6 subsidies have to be looked at as they're now doing
7 them in terms of where the home is. Is it urban?
8 Is it rural? Is it suburban? Clearly, the
9 construction costs and the capital costs for land
10 are different. But this just has to be a major
11 priority for making long-term care safer in the
12 future. So Mr. Callaghan asked me to make sure I
13 give you that sermon before we finish.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 All right. Well, I guess you can tell him you've
16 carried out your price of admission, I guess, is
17 what I -- I don't even want to contemplate it.

18 But just before we close, and I do have
19 a, sort of, difficulty with the idea that we can't
20 test. And where you have a test that will give you
21 a result, not instantly, but very quickly --

22 And, Mr. Bell, I think you were -- did
23 say that testing was something you looked at.

24 BOB BELL: Yes.

25 COMMISSIONER FRANK MARROCCO (CHAIR): I

1 can't -- is there a barrier?

2 BOB BELL: Yes.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Is there a barrier to doing this?

5 BOB BELL: Well, the one barrier is
6 that when you look at the approval criteria that
7 Health Canada and the FDA have established for
8 these rapid tests, Judge, they're only approved for
9 use in symptomatic people.

10 So what the FDA says specifically in
11 each of these is, to be used within seven days of
12 the onset of symptoms, approved for use in that
13 circumstance.

14 So the issue and all the testing that's
15 been done, the so-called accuracy testing where you
16 look at the sensitivity and the specificity of
17 these rapid tests versus the gold standard, which
18 is the molecular PCR test, you know, they're 85 to
19 95% accurate within the context of a symptomatic
20 individual.

21 Some of the studies -- and there aren't
22 many that have been done -- there was one down in
23 Arizona and residents at the University of Arizona
24 being tested daily with the rapid tests and also
25 comparing that to a PCR test, and they're nowhere

1 near as sensitive in asymptomatic individuals. So
2 that's a problem. Presumably, once you become
3 symptomatic, your viral load is higher, and a less
4 sensitive test is able to capture that.

5 Having said that, a relatively
6 a-sensitive test or a less sensitive test, better
7 than no test.

8 The other thing that other countries
9 have done who've done massive amounts of testing
10 like China is to use a technique called pooled PCR,
11 where you combine specimens in a single test; most
12 of them are negative. In one test, you've tested
13 ten samples, all of which are negative. And we
14 just haven't in Canada got into pooling PCR which
15 reduces the cost and reagent use by 80%.

16 So going back to Samir's comment, if
17 we're going to test everybody by PCR at \$40 a day,
18 that's expensive. If we're going to reduce that
19 cost to \$8 a day, it becomes feasible.

20 So we haven't had testing strategies
21 that have been specific to the long-term care
22 sector where we're really talking about the issue
23 of surveillance testing as opposed to diagnostic
24 testing.

25 SAMIR SINHA: And I think to build on

1 Bob's comments, like, I actually sit on the
2 Government of Ontario's Testing Strategy Panel, so
3 we spent a lot of time looking at long-term care
4 and the two tests that have been -- you know, that
5 have been authorized for use in Canada. And I
6 think -- I think the challenge is, first of all, is
7 that we have a bunch of tests that have been bought
8 by the largesse of the Federal Government. They're
9 almost, like, looking for a purpose, if you will.

10 And you know, obviously, you know,
11 there's been a lot of considerations about their
12 use in long-term care settings. And the studies
13 that have been done in long-term care settings in
14 Ontario in the cases, you know, of asymptomatic,
15 you know, surveillance testing, they just aren't
16 necessarily showing, for example. You know,
17 there's the risk of both the false positives and
18 the false negatives.

19 The false positives will shut down a
20 home; it will send an employee home. And in States
21 like Nevada which Bob was referring to, they
22 actually abandoned using these tests for their
23 asymptomatic surveillance testing in long-term care
24 homes just because the false positives and false
25 negatives were too high, and this is where they ran

1 into trouble.

2 And so the challenge we've been doing
3 in Ontario is we've said, absolutely, you know, you
4 can try this out, but you want to use a nasal PCR
5 at the same time. The resource utilization becomes
6 high. We've debated, you know, the question about,
7 well, if you do this a few times a week, you know
8 you're doing it more often, so, therefore, you
9 might improve the accuracy because if you missed it
10 once, you might get it later.

11 The problem is, is that, you know,
12 we're trying to search for a solution for a test
13 that isn't necessarily giving us an alternative to
14 say we can safely go from the PCR to this
15 especially in a high prevalence. So I think our
16 early thinking as a group, I don't know if it's
17 been officially kind of been presented because we
18 were looking at it, again, as of last week. It was
19 saying in high-prevalence areas, we should stick to
20 the nasal PCR. In low-prevalence areas, say, up in
21 rural North, for example, you might want to say,
22 well, you could maybe do this, you know, twice a
23 week or, you know, and try that out because maybe
24 it'll be okay in those settings.

25 But I think a lot of governments -- and

1 Alberta's been experimenting with this, and I was
2 commenting on this the other day, is that right
3 now, I think there's a lot of -- you know, people
4 are looking -- you know, like, in a place like
5 Alberta or B.C. or any other province other than
6 Ontario where there is no testing strategy or
7 surveillance strategy in long-term care, I mean, it
8 makes sense to do something better than nothing.

9 But I think in Ontario right now,
10 certainly, I think even with our -- you know, as
11 Bob was mentioning earlier, even testing once
12 weekly, we're still having outbreaks happening. I
13 think because we still, unfortunately, have a lot
14 of workers who are coming to work sick,
15 unwittingly, you know, and maybe not knowing it, or
16 potentially taking a chance because, again, that
17 issue about, I might not get paid if I don't come
18 in, and maybe this is -- maybe this is actually not
19 really COVID, so I should have a go.

20 So I think this is the challenge is
21 that we don't actually have the right instruments
22 to make a quick and easy solution especially in
23 high-risk environments like long-term care
24 settings.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 All right. Well, this has been extremely helpful
2 and a different side of the story and a very
3 important piece.

4 Angela, Commissioner Coke you were
5 going to ask --

6 COMMISSIONER ANGELA COKE: Sorry. Just
7 one last question. I'm just interested in whether
8 Revera has adopted most of your recommendations?

9 BOB BELL: So they have. Many of them
10 were already adopted. They're, obviously, not
11 waiting for us to report. Many of them have.
12 They're continuing to look at the issue that the
13 Judge was just talking about. They're doing --
14 studying testing techniques currently.

15 Probably the section that they said
16 they had most difficulty with was Bob's section on
17 recommendations regarding moving to more full-time
18 employment simply because they said, we can't do
19 this on your own; this requires, you know, the
20 co-operation of union leaders as well as the
21 Government funding of the MPC.

22 So that's probably the area, Angela,
23 where they've been most problematic in terms of
24 their response. They say that they have
25 implemented everything they could, and I think

1 that's generally true.

2 COMMISSIONER ANGELA COKE: Okay. Thank
3 you.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 And presumably your task your labour relations
6 person with that responsibility to forge that
7 consensus --

8 BOB BASS: That's right.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 -- if you don't have it to start with, which you
11 probably don't.

12 BOB BASS: Not --

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 But in any event, I won't ask Mr. Bass to comment
15 on the utility of labour relations representatives
16 because that would be a conflict.

17 BOB BELL: He does have a -- you're
18 absolutely right, Judge.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 In any event, thank you all very much for the time
21 and for coming here. It's been helpful. It really
22 has, and it gives us a more complete picture and a
23 bit better understanding. And we'll --

24 BOB BASS: Incredibly important, Sir,
25 so thank you --

1 BOB BELL: Thanks for what you're
2 doing.

3 BOB BASS: -- for your work.

4 BOB BELL: And the reports you put out
5 so far have been right on the money. So thanks for
6 that.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Well, thank you.

9 COMMISSIONER ANGELA COKE: Thank you.

10 BOB BASS: Take care, Angela.

11 COMMISSIONER ANGELA COKE: Bye.

12 -- Adjourned at 4:39 p.m.

13

14

15

16

17

18

19

20

21

22

23

24

25

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

REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified
Shorthand Reporter, certify:

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

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

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

Dated this 22nd day of December, 2020.



NEESONS, A VERITEXT COMPANY

PER: JANET BELMA, CSR

CHARTERED SHORTHAND REPORTER

1 Clarifications:

2 Page 31 / Line 23: The speaker is not Jack Kitts,
3 but it is (Bob Bass).

4
5 Page 56 / Line 23: The speaker is not Bob Bell, but
6 is Samir Sinha.

7
8 Page 79/ Line 18: It lists Bob Bass as the speaker
9 and it should be Bob Bell.

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

WORD INDEX

< \$ >

\$1.9 56:10
\$10 66:21 68:10
\$102 60:1
\$102.34 55:24
\$17 51:9
\$19 41:16
\$22 41:12
50:25 51:5
58:13
\$40 74:17
\$8 74:19

< 1 >

1 5:9 14:13
57:14 64:2
1,400 12:5
10 30:14 39:22
57:12 67:10
100 69:1
11 40:10
12 9:11 37:12
12-hour 36:16,
17, 18, 21 37:8,
21, 23 49:12
12s 37:17
14 33:22 57:12
63:12
15 33:9, 15 51:9
16 33:22
170 61:7, 12
18 19:22 40:18
47:2 82:8
19 41:14

< 2 >

2 5:14, 17 16:10
2,000 12:5
2.45 56:17
58:25
20 39:14 40:13,
18
2000 48:7
2003 25:23
26:11
200-bed 45:24
200-home 46:23
2017 19:4, 22
23:1
2018 23:2
2020 1:15 81:17
20-year-old

48:22

21st 1:15
22 58:21
22nd 81:17
23 82:2, 5
24 41:12
24-hour-a-day
13:4
25 41:12
250-bed 45:24
27,000 56:11
27.50 63:11
27th 62:15
28,000 72:1
29 41:13
29.50 63:11

< 3 >

3 57:14 64:2
3:00 1:16 4:1
30 41:13 64:10
31 40:12 82:2
34 20:6
365 13:4
37 60:5
37-and-a-half
32:5
38,000 72:1

< 4 >

4 45:7
4:39 1:16 80:12
40 37:6, 23
42 60:5

< 5 >

5 68:9
50 13:5 39:5, 6,
12 64:6 68:6
56 82:5

< 6 >

6,000 71:19
6,900 72:3
60 37:6 64:9

< 7 >

79 82:8

< 8 >

80 74:15
85 73:18

< 9 >

95 73:19

< A >

abandoned
75:22
ability 6:15
absence 29:23,
25 32:19
absences 13:12
29:11 32:18
45:16 61:23
absent 54:16, 17
absolute 71:25
absolutely
53:17 57:8
76:3 79:18
Accenture 7:22
accept 10:15
accepted 10:17
access 58:8
68:13
accessible 9:23
10:3
accommodate
47:8, 22
accommodating
29:21
account 42:5
accuracy 73:15
76:9
accurate 73:19
achieving 39:17,
18
action 22:14
activities 43:23
actual 14:9
21:16
acute 12:10
add 23:22
addition 9:12
address 40:7
addressed 31:20
addressing
39:23
adequate 26:7
Adjourned 80:12
administrator
53:1
admission 72:16
adopted 78:8, 10
Adriana 3:15
advance 29:5
advantage 66:10
adverse 28:17
adversely 31:3

advice 5:12
14:16 15:9
20:3, 6, 8, 9, 13
Advisory 2:2, 6,
11
Advocate 62:9
affirmative
22:14
afraid 29:18
after 5:2 10:11
15:1 22:9 29:24
aftermath 68:18
Ageing 2:11
agreed 9:25
agreement
46:20
agreements
29:19, 22 44:10
ahead 22:18
59:20 70:25
AI 8:3
aides 44:6
50:15
airborne 27:12,
14
Alberta 62:16
64:8 67:3 77:5
Alberta's 77:1
Alison 2:16
alive 5:25
allow 24:21
36:23 45:5 67:4
allowed 24:22
42:14
allowing 25:5
allows 36:19
alternative 67:6
69:12 76:13
amaze 49:22
amazing 33:6
amount 55:21
58:20
amounts 74:9
analysed 7:22
analysis 17:4, 8,
10 41:3 62:8
Analyst 3:15
analyzing 55:5
Angela 1:23
27:23 28:3
51:12, 13, 23, 25
54:10 59:25
60:11 78:4, 6,
22 79:2 80:9,

10, 11
angle 49:21
announced
62:15 71:21
answering 59:22
answers 32:24
anticipate 46:21
antigen 67:10,
12
anybody's 56:6
apart 25:19
71:22
appear 27:13
applicants 49:24
applied 10:18
approach 24:24
62:7
appropriate
8:24 12:7
15:24 16:21
approval 73:6
approved 67:13
72:2 73:8, 12
April 14:14
62:18
arbitrated 38:24,
25
arbitrating 59:13
arbitration 40:23
arbitrations
33:18
architecture 7:4
area 7:7 78:22
areas 6:19
11:13 13:24
16:4 62:17
76:19, 20
argument 34:10,
14
Arizona 73:23
artificial 7:23
a-sensitive 74:6
asked 7:25
70:14 72:12
asking 35:22
aspect 20:4
38:24
aspects 6:25
assigned 8:9
45:20
Assistant 2:16
53:2, 8
assistants 44:6
Associates 2:5

<p>Association 24:16 associations 15:9 assure 42:3 66:23 asymptomatic 11:7 14:23 15:25 74:1 75:14, 23 asymptomaticall y 11:15 attempt 57:1 attend 29:9 attending 1:14 attract 41:20 52:19 attracting 49:24 attractive 42:3 69:14 attracts 42:16 52:3 audience 9:15 author 8:15, 16 authorized 75:5 authors 8:16, 25 10:8 automatic 29:24 available 7:20 9:7 14:15 16:14 43:14 average 33:8, 14, 15 34:2 awarded 6:8 aware 12:20, 22 21:25 41:18</p> <p>< B > B.C 24:5, 19 62:8, 13, 19, 25 64:5, 9 66:18 68:12 69:25 77:5 B.C.'s 24:19 62:7 69:17, 18 back 4:12 10:7 18:9 20:17 23:1 25:23 30:6, 7 36:5 55:7, 20 62:20 64:15 74:16 background 6:24 back-office 58:5</p>	<p>bargaining 37:5, 11 48:6 53:3 barrier 44:11, 18 50:8 51:17 73:1, 4, 5 barriers 46:19, 20 50:3, 22, 24 51:20 61:18 base 12:3 Based 11:23, 24 12:8 13:9 28:21 56:16 basically 8:4 24:7 43:19 62:20 68:9 basis 42:11, 12 46:16 65:14 Bass 2:5 7:3 17:20 21:1, 3, 11, 13 22:17, 19 23:3, 13 28:6 31:12, 23 33:13 35:17, 23 39:3 46:9, 12, 18 48:4, 16 49:10, 20 51:15 52:15 54:5, 8, 14 56:2, 21 59:20, 24 61:5, 9, 20 66:11, 18, 22 67:7 70:10 79:8, 12, 14, 24 80:3, 10 82:3, 8 beat 29:4 becoming 39:22 beds 12:4 43:20, 24 71:21 beg 71:23 beginning 7:19 behalf 10:19 27:7 believe 19:5 61:13 68:24 Bell 2:2 4:13 18:7, 18, 22, 25 21:20, 24 23:10, 14, 18 25:17 26:19, 24 27:23 28:5 38:7 47:15 49:4, 12 53:14 54:7, 11, 15 64:18 66:24 67:9, 12 70:9, 13 71:1 72:22, 24 73:2, 5 78:9</p>	<p>79:17 80:1, 4 82:5, 9 Belma 3:20 81:3, 23 benefit 51:2 68:22 benefits 34:12, 15, 16 35:2, 3, 5 46:4 51:1 62:25 63:12 66:8 69:16 Bergamo 25:20 best 11:17 13:10 26:23 50:19 65:18 bet 65:24 better 19:11 34:2 55:15 60:12 62:24 67:16 69:2, 15 70:1 74:6 77:8 79:23 Bianchi 2:19 big 45:24 58:3 71:13 bigger 15:13 biggest 16:2 billion 56:11 68:17 Biotest 67:10 bit 4:15 5:8 7:15 43:24 44:18 47:22 52:13 59:2, 25 65:9 79:23 Board 9:17 Bob 2:2, 5 4:13 7:3, 6, 8 13:3 16:20 17:20, 22 18:7, 18, 22, 25 21:3, 13, 20, 24 22:19 23:3, 10, 13, 14, 18 25:17 26:19, 24 27:23, 24 28:5, 6, 8, 15 31:12, 23 33:13 35:17, 23 38:7, 8, 18 39:3 46:9, 12, 18 47:15 48:4, 16, 23 49:4, 8, 10, 12, 20 51:15 52:15 53:14 54:5, 6, 7, 8, 11, 14, 15 56:2, 21 58:13</p>	<p>59:20, 22, 24 61:5, 9, 20 62:21 63:7 64:18 66:11, 18, 22, 24 67:7, 9, 12 70:9, 10, 13 71:1 72:24 73:2, 5 75:21 77:11 78:9 79:8, 12, 17, 24 80:1, 3, 4, 10 82:3, 5, 8, 9 Bob's 21:4 47:17 48:4 69:18 75:1 78:16 books 30:2 bought 22:21 75:7 break 41:9 brief 10:21 briefly 5:19 bring 6:9 64:19 bringing 11:15 14:19 64:17 65:5 66:5 broader 51:3 57:20 69:4 broadly 55:6 brought 17:11 brush 19:3 bucks 58:21 budget 56:4 59:14 build 74:25 buildings 12:25 13:1 14:5 built 12:17 bunch 75:7 bureaucratic 71:9 bust 40:6 buy 26:17 buying 23:12 Bye 80:11</p> <p>< C > calculated 62:11 63:1 call 7:3 45:9 Callaghan 2:25 70:14 72:12 called 6:3 29:11 44:5</p>	<p>74:10 calling 30:3 calls 29:10 Canada 61:8, 9 62:2 67:13 73:7 74:14 75:5 Canada's 6:22 Canadian 11:12 capacity 22:6 capital 72:9 capture 74:4 captured 21:4 CARE 1:7 2:17, 19, 22, 25 3:3, 6, 10, 12, 16 4:22 6:25 9:21 10:24 11:14, 16, 19 12:10, 13, 16, 20, 23, 24 13:5, 6, 8, 16, 20, 22 14:2, 4, 17 15:5, 6, 8, 11, 13, 14, 15, 16, 17, 24 16:2, 19 17:8 20:2, 8, 15 24:10, 12, 14, 25 25:2 28:11 30:16, 23 32:21 33:6 35:7 36:18 37:18 38:2, 5, 13, 21 40:11, 15 41:11, 13, 21, 22, 25 42:2, 7, 9, 10 43:22 44:15, 20 46:11 47:22 48:17 49:6, 7, 17 50:18 51:10 52:24 53:1, 2, 5, 8, 19 54:1, 2, 3, 12, 15, 18, 25 55:8, 12, 24 56:14, 16 57:19 58:23 59:3 61:7 62:12 65:12 69:4, 21 70:7 71:5, 14 72:11 74:21 75:3, 12, 13, 23 77:7, 23 80:10 caregivers 65:4 cares 24:9 caring-type 52:20</p>
---	--	---	---	---

<p>carried 72:16 carries 69:25 cases 20:7 75:14 casual 42:8, 9 ceases 49:22 central 37:5 46:23 48:6 CEO 6:2 certain 17:12 25:11 51:16 Certainly 4:20, 25 5:5, 15, 24 6:16 9:8 12:3, 15 13:3, 11 14:3 16:15 18:10 19:10, 15, 24 20:3, 9 24:11 27:7, 14 46:18, 22 53:25 55:3, 17, 19 67:19 70:24 77:10 CERTIFICATE 81:1 Certified 81:3 certify 81:4 cetera 8:20 chain 58:3 chains 54:5 Chair 2:2 4:2 18:2, 13, 19, 23 20:25 21:10, 15, 22 22:16, 25 23:4, 11, 15, 19 26:14, 20 27:21 31:9, 13 33:11 35:9, 21 39:1 46:6, 10, 13 48:14 49:18 59:18 66:25 70:22 72:14, 25 73:3 77:25 79:4, 9, 13, 19 80:7 chairing 6:6 chairs 55:23 challenge 47:3 48:20 75:6 76:2 77:20 challenges 5:11 26:1 71:9 chance 38:9 54:23 77:16</p>	<p>change 37:19 38:19 44:23 45:3 47:16, 17 changes 10:13 47:25 changing 45:3 charge 53:5 charged 50:4 CHARTERED 81:24 Chartwell 43:4 cheap 34:10 cheaper 68:17 checked 10:7 37:1 chief 16:24 children 48:12 China 74:10 Choconta 3:15 choice 60:24, 25 65:10, 19 66:2 67:23 choices 60:16 63:24 69:11 choose 34:16 63:4, 19 chosen 60:23 chronic 12:19 31:21 churn 58:20 59:1 circle 4:12 circumstance 73:13 circumstances 5:5 17:11 37:25 City 11:24 25:21 Clarifications 82:1 classification 28:11, 12 38:4 43:18 classifications 43:17 clause 46:23 48:5, 8, 23 clauses 29:23 clean 43:24 cleaning 43:19 clear 68:23 clearly 7:8 72:8 clinical 10:4, 5 close 15:7</p>	<p>20:15 72:18 coherent 20:5 cohort 31:1 Coke 1:23 28:3 51:13, 25 78:4, 6 79:2 80:9, 11 collaborating 8:16 colleagues 23:25 24:14 collective 29:19, 22 44:10 46:20 college 49:25 54:22 colleges 15:10 49:23 coloured 43:8 combine 74:11 come 30:7 38:18 56:12 58:18 65:25 66:9 68:16 77:17 comes 36:13 comfort 30:5, 10 coming 69:9 77:14 79:21 commandeer 23:24 commencing 4:1 comment 10:21 38:8 52:16 53:12 62:5 74:16 79:14 commentary 10:14 commented 5:22 commenting 77:2 comments 18:1 75:1 COMMISSION 1:7 2:17, 19, 22, 25 3:3, 7, 10, 13, 16 5:23 38:9 48:1 Commissioner 1:22, 23, 24 4:2 18:2, 13, 19, 23 20:25 21:10, 15, 22 22:16, 25 23:4, 11, 15, 19 26:14, 20 27:21,</p>	<p>25 28:1, 3 31:9, 13 33:11 35:9, 21 39:1 46:6, 10, 13 48:14 49:18 51:13, 25 59:18, 19, 21 61:3, 6, 10 66:25 70:22 72:14, 25 73:3 77:25 78:4, 6 79:2, 4, 9, 13, 19 80:7, 9, 11 Commissioners 17:25 commitment 9:19 56:9 committed 8:22 committee 32:1 communities 11:10, 12, 13 64:24 community 16:4 17:14 26:3 49:23, 25 50:20 51:19 71:12 companies 71:6 companionship 43:25 company 42:2 81:22 compare 53:20 comparing 73:25 compensated 7:8 compensation 6:8, 12 7:14 51:7 complaining 35:11 complete 79:22 completed 8:14 complicated 13:11 47:7 component 54:15 conceptually 48:11 concern 13:3 15:25 concerned 5:15 concerns 14:1 conclusion</p>	<p>35:18 57:3 concrete 22:1 condition 6:17 conditions 6:11 13:23 14:6 33:19 55:7, 8 confirm 18:4 conflict 5:21 6:7 79:16 congregated 24:25 connect 24:17 conscious 21:17 22:10 consecutive 29:25 consensus 79:7 conservation 25:19 conserved 19:25 25:10 consider 6:6 71:23 considerations 75:11 consistent 35:14 consolidate 71:14 constantly 26:25 constituted 5:21 construction 71:18 72:5, 9 contemplate 72:17 context 73:19 continuing 69:19 78:12 contract 30:20 47:11 57:11 64:1, 4 contracts 38:24 49:6 contributed 14:8, 25 control 6:14 7:2 24:7, 20 57:24 63:6 controls 46:16 cooperation 50:16 co-operation 78:20 co-operative 50:10 Corporation 5:9</p>
--	---	--	---	---

<p>corporations 26:16 52:22 correct 8:19 23:10, 18 26:19 81:15 cost 44:16 66:20, 22 69:25 74:15, 19 costs 36:10 63:1 68:6 72:9 cough 14:21 Counsel 2:19, 22, 25 3:3 70:14 count 39:5 44:15 countries 74:8 country 14:22 16:7 course 7:8, 18 8:8 11:6, 13 12:9 13:12 16:10 27:10 48:24 51:8 60:11 cousin 24:12 covariants 8:5 cover 32:4 coverage 13:5 15:2 39:25 covered 28:1 32:13 39:11 44:12 COVID 41:23 42:1 52:11 77:19 COVID-19 1:7 11:25 19:8, 11 crazy 70:4 create 45:17, 19 46:1 47:17 63:15 70:6 created 24:20 32:14 credit 10:17 crisis 22:21 30:8, 22 41:23 43:13 44:24 52:11 criteria 73:6 critical 21:8 54:13 58:2 crowded 64:23 crucial 27:11 CSR 81:3, 23 culture 52:14</p>	<p>CUPE 37:10 57:10 curious 52:6 current 71:19 currently 55:25 78:14 < D > daily 43:23 67:5 73:24 data 7:21 8:1, 7 14:12 55:5 61:21, 22 65:3 date 19:14 22:3 Dated 81:17 Dawn 3:9 day 1:15 45:17 56:14, 17 58:23, 25 66:1, 3 74:17, 19 77:2 81:17 days 11:20 21:6, 7 29:25 32:4, 6, 12, 13, 16 36:22 57:12, 14 63:12 64:2 65:2, 13, 16 68:13 73:11 deal 19:8 52:16 68:18 dealing 52:12 dealt 19:9 debated 76:6 decade 47:11 decant 12:11 December 1:15 81:17 decide 6:15 15:22 40:23 decision 21:17, 18, 25 22:1, 2, 4, 5, 10, 13 deck 55:23 declined 22:23 dedicated 4:25 dedication 4:21 deemed 37:18, 20 51:6 definition 30:24 32:10 definitively 62:19, 25 degree 16:3 60:15 deliberate 56:25</p>	<p>deliberately 69:10 density 11:11 depending 13:18 17:13 57:25 depleted 27:3 deploy 25:13 Deputy 2:3, 16 6:3 12:21 19:2 Derek 3:6 described 51:8 describes 10:22 describing 4:14 deserve 5:4 design 7:4 12:25 designed 9:16 15:17 desirability 52:9 desire 12:11 desperate 50:5 despite 61:17 destroyed 19:15 detail 17:21 detailed 38:17 determined 8:6 16:25 17:3 33:20 detriment 12:16 develop 8:19 58:12 developed 4:17 5:8 9:1 developing 7:9 development 7:11 16:16 58:2 diagnostic 74:23 Diaz 3:15 dichotomous 66:2 dietary 53:4 difference 37:13 differences 49:4 different 6:19 9:10 13:23, 24 20:7 34:11 42:16 55:12 59:23 60:20 61:15 72:10 78:2 differential 36:12, 13 difficult 5:1, 6 65:19</p>	<p>difficulty 5:2 72:19 78:16 dilemma 69:18 diminish 30:24 33:3 direction 39:17 48:1 directly 43:12 53:12 Director 2:8, 9 3:6, 9 53:1, 2, 5, 8 directors 15:5 discarded 22:3 discussion 5:25 disease 7:2 8:18 11:16 16:3, 24 20:11 25:24 26:3 disparate 47:5 distancing 20:14 distributed 24:23 26:8 distributing 43:20 doctor 8:17, 18 doing 5:14 7:14 28:23 32:15 48:6 50:19 59:4 63:8 68:3, 8 69:23 72:6 73:4 76:2, 8 78:13 80:2 dollars 68:5, 17 double 39:13 dozen 9:13 dramatic 50:2 dramatically 40:16, 17 drawing 40:3 drawn 9:7 drive 43:11 droplet 18:11 droplet-spread 27:12 Drummond 2:16 drying 41:25 duck 17:9 < E > earlier 25:3 62:21 64:18 77:11</p>	<p>early 11:20 12:13 14:11, 14 16:16 20:9 21:5, 7 24:6, 25 25:13, 15 76:16 earning 50:13 easier 31:7 38:1 49:15 easiest 32:9 easy 77:22 Ebola 19:4 25:25 26:3, 12 economic 44:4 edit 8:20 editorial 6:13 10:18 educated 51:21 education 50:16, 20 51:5, 20 53:19 57:23 58:16 59:7 60:1, 14 educator 53:21 60:6, 7, 8, 9, 19, 22 educators 53:25 57:21 efficiently 25:13 efforts 30:21 elastic 22:8 element 11:5, 21 25:8 elements 4:18 14:3, 8 15:18 30:11 elicited 29:10 eliminate 50:22 51:20 employ 42:23 53:10 employed 41:24 employee 33:15, 25 39:19 42:10 43:3 44:2 65:21 75:20 employees 30:2, 5, 7 33:10, 24 34:1 36:20 41:22, 24 42:6 45:25 50:5 65:22 68:10, 12 employer 29:15 46:15 employers 28:21 29:20</p>
---	---	---	--	---

<p>30:3 38:15, 23 43:15 44:8 47:6, 19 employment 33:14 42:25 43:1 46:2 63:6 68:23 69:1 78:18 enable 46:24 enabling 59:4 engagement 50:10 engineers 51:4 enhance 34:20 enjoy 49:14 entice 30:5 entire 8:25 9:2 17:8 24:8, 21 entirely 54:17 envelope 35:24 36:1, 3, 4 41:6, 8, 9 44:13, 17, 19 47:21, 22 53:7 55:24 56:16, 19 57:19 59:4 60:2 environment 18:16 36:25 44:4 52:5, 9, 10 55:12 58:22 63:25 environments 59:10 77:23 equal 55:8 equate 34:15 equipment 12:10 14:15 18:6, 9 19:6 20:19, 22 26:4 especially 12:24 54:18 76:15 77:22 essentially 37:15 established 73:7 event 79:14, 20 everybody 4:3 7:16 20:20 39:10 45:3 62:11 63:2, 10, 11 66:14 68:3 69:21 74:17 evident 15:1 evolved 41:2</p>	<p>exact 61:13 Exactly 23:13 example 7:7 12:14 24:4 55:5, 9, 10, 13 56:3, 5 57:9 58:16 59:8, 14 62:3, 8, 15 64:3, 8 65:21 68:3, 14 71:11 75:16 76:21 excellent 33:17 excess 36:5 exchange 47:5 exercised 30:1 33:4 43:15 existed 14:1 existing 28:19 30:18 exists 48:10 expanding 12:4 expect 30:12 expected 12:8 expensive 74:18 experience 5:8 10:24 11:1 14:10 19:2 25:16, 21 31:18 37:2 38:11 40:9 55:13, 14 experiences 15:20 experiencing 19:12 experimenting 77:1 Expert 2:2, 6, 11 6:5, 18 expertise 7:9 38:12 experts 7:1 59:15 expiry 22:3 explain 33:2 35:18 explaining 29:15 explanation 29:25 32:10 express 48:3 extended 42:1 54:22 Extendicare 42:3 extensive 37:3</p>	<p>extent 39:16 41:5 52:16 54:17 extra 29:3 66:21 extraordinarily 7:14 extremely 78:1 < F > facilitated 72:5 facilities 7:5 15:11 facility 16:2 52:24 facing 15:22 fact 13:3 23:9 31:7 34:4 38:13, 14 42:24 55:22 63:5 factor 11:19 factors 10:25 31:2 41:19 63:17 64:6 facts 43:2, 6 failed 20:4 failures 13:9 fair 44:7 fairly 37:3 false 75:17, 18, 19, 24 families 4:22 family 9:21 48:11 65:4, 6 fantastic 34:2 fascinating 57:8 fashion 40:1 FDA 73:7, 10 fear 63:25 feasible 74:19 feature 11:8 12:17 15:18 17:2 25:18 27:19 features 5:10 11:4 14:25 Federal 75:8 feeding 44:1 feeds 58:17 feel 59:9 68:11, 16 69:1, 8 feeling 68:15 felt 46:25 fever 14:21</p>	<p>25:24 fill 30:17 34:5 final 6:13, 15 10:18 12:17 find 7:25 24:14, 17 25:13 finding 10:23 11:3 findings 10:5 finger 19:17 finish 51:14 72:13 finished 51:23 fire 71:24 fit 36:19 fitting 63:17 flexibility 42:9, 15 60:18 flexible 46:22 float 45:10, 18, 25 floor 60:13 flowed 18:20 focus 11:22 12:15 19:24 28:9 38:16 40:2 45:2 59:3 focused 26:8, 13 53:16 focusing 12:9 folks 11:15 52:11, 13 64:21 follow 5:17 21:2 following 4:5 food 65:16 fool 32:2 force 36:15 foregoing 81:6, 14 forever 7:7 69:16 forge 79:6 forget 47:1 58:19 form 7:21 format 4:4 Former 2:3 forms 16:13 for-profit 41:4 forth 81:8 forward 69:25 70:19 found 7:24 16:23 57:7</p>	<p>Frank 1:22 4:2 18:2, 13, 19, 23 20:25 21:10, 15, 22 22:16, 25 23:4, 11, 15, 19 26:14, 20 27:21 31:9, 13 33:11 35:9, 21 39:1 46:6, 10, 13 48:14 49:18 59:18 66:25 70:22 72:14, 25 73:3 77:25 79:4, 9, 13, 19 80:7 Franklin 3:12 frankly 44:25 56:23 59:2 69:25 free 6:7 50:12 frequent 16:12 Friday 34:7 48:16, 18 60:20 front 71:7 frontline 56:12 58:11 FTEs 36:23 fulfilled 59:9 full 13:9 39:7 45:3 46:4 48:19 51:1 63:3 66:14 full-time 32:6 33:1, 3, 5, 9, 14, 24 34:1, 15 36:19, 24 37:6, 10, 14 39:6, 10, 23 42:25 43:1, 3, 9 45:5, 19, 20, 25 46:1 48:3 49:1, 15 56:7, 8 57:6, 11, 12 59:5, 6, 16 60:6, 8, 19 63:22 65:23 68:23 69:1, 23 78:17 full-timer 32:14 34:6 full-timers 34:18 36:9 46:4 57:2 58:19 fundamental 11:8 fundamentally</p>
---	--	--	--	---

20:10
funded 51:11
funding 7:10
36:2 53:7 54:9
57:20 71:18
72:5 78:21
future 17:23
72:12

< G >
game 29:3
gaps 34:5
gathered 7:22
11:13
general 10:23
17:7, 18 24:1
30:6 45:13
generally 49:7
53:9 79:1
geriatric 6:25
geriatrician
6:21, 22
Geriatrics 2:8
give 5:11, 12,
16 30:9, 10
36:5 47:13
62:24 68:12
69:15 72:13, 20
given 9:19
45:15 60:24
71:19
gives 39:13
79:22
giving 20:7
69:11 76:13
gold 73:17
good 9:5 25:15
31:12 33:17
46:24 47:10, 14
52:21 53:11
61:5 66:8 67:20
Government
12:2 16:6, 7
19:19, 20 22:12
29:4 36:6
38:16 47:19
50:17 51:19
71:19, 25 75:2,
8 78:21
governments
76:25
Government's
56:9 58:24
gravitate 41:22

great 7:6 17:21
31:23 36:10, 11
37:23 42:14
46:25 48:8, 23
50:25
greater 17:13
30:25 35:7
greatest 49:2
grinder 59:2
grinding 41:1
group 8:10
46:23 50:5
76:16
groups 40:22
grow 47:4
guess 60:12
72:15, 16

< H >
half 28:16
hands-on 53:23
54:12
happened 9:20
17:10 18:14
26:11, 12
happening
64:16 69:6
77:12
hard 7:14
43:22 52:15
hardest 48:25
49:1
harm 65:11
69:10
head 39:5
61:11
Health 2:3, 9, 10
7:1 8:17 12:2
13:17 14:16
15:4 20:3, 6, 7,
22 54:15 67:12
71:3, 4 73:7
healthcare
11:22 32:22
34:25 64:22
hear 35:15
55:3 57:11
heard 5:7 13:2
18:7, 8 19:13
31:15 35:12, 13
52:4 55:6, 18
56:20 63:21
heavy 37:20
Held 1:14 7:17,
20 8:21 21:6

help 24:16
26:15 30:9
helped 8:19
helpful 25:16
78:1 79:21
hemorrhagic
25:24
hesitate 31:7
hierarchy 52:23
high 11:11
17:14 33:23
34:15 35:16
41:12 75:25
76:6, 15
higher 27:9
40:7, 13 41:1
74:3
highest 63:10
69:22
highly 13:18
high-prevalence
76:19
high-risk 77:23
hire 9:25 30:19
32:25 39:20
44:4 56:11
57:1 60:5, 8
hired 44:9
hiring 39:18
history 36:16
hit 14:2
hits 30:14, 15,
22
hoarding 24:22
25:6
holidays 32:20
home 13:13, 22
14:20 15:1
16:19, 24 17:6,
15 30:22 40:15,
17, 19 41:4, 13,
20, 22, 25 42:7,
8, 9, 22 45:23
48:10 50:11, 12
54:2, 8, 22 55:9,
10, 15 57:20, 21,
22 58:7 60:3
62:12, 23 63:7,
8, 19 65:5, 8, 14
71:15 72:7
75:20
home-care
41:24 42:17
homeowner
71:11

homes 8:6
11:16, 19 13:2
14:11 16:11
17:11, 12 18:12
20:8 24:9
26:18 28:18
29:10 40:21
42:2, 13, 18
46:8, 9, 11 47:1
51:9 52:8 54:3
60:5 61:7, 12,
16 64:7, 9, 10,
16, 17, 19 66:14
70:11, 18 71:20
72:2 75:24
homework 8:9
Honourable 1:22
honoured 6:16
hope 40:1
65:18
hoped 49:3
hospital 12:1,
10 25:19 26:1,
5, 9 35:4, 5
36:15, 25 38:4
45:14, 21 49:5
52:23 53:20, 21
66:5
hospital-based
25:25
hospitals 12:12,
15 13:20 19:25
21:6 24:3, 8, 13
26:11 32:3
35:6 36:12, 13
37:3, 5, 11, 14
40:10, 14, 22
41:12 45:6, 12
48:7, 10 49:14
66:13, 15 70:12
hour 41:12, 13,
16 50:25 51:6,
10 58:14, 21
hours 28:20, 22
29:3 32:5
39:11, 14, 25
47:23 56:13, 14,
17 58:23, 25
60:17, 19 62:24
63:20, 21 64:2
housekeeping
53:4
housing 64:23

huge 39:14
45:12, 14 55:21
58:20
human 68:8
hundred 35:25
65:24 68:1, 3, 5
hurdles 61:18
husband 48:16

< I >
ICU 12:4
Ida 2:19
idea 37:23, 24
46:5, 24, 25
47:4, 10, 14
55:7 64:25
65:10 67:20
72:19
identified 28:15
identifies 60:2
imagine 9:9
30:21 39:4
immediate 30:18
immediately
39:23
immense 71:10
impact 28:9, 17
30:16
impacted 31:3
impacts 52:9
implement 62:13
implemented
29:5 62:14, 17
78:25
implicitly 47:14
importance 6:20
important 4:19
6:6 9:19, 23
17:22 20:10
38:20 39:4
41:18 78:3
79:24
importantly
47:19
impossible
44:25 45:1, 22
60:25 68:24
69:11
improve 43:8
76:9
inability 31:1
incentivize
68:13
include 15:10

<p>27:17 including 25:2 income 11:11 51:16, 17 increase 47:20 increasing 48:3 Incredibly 79:24 Individual 26:15 42:16 52:20 73:20 individuals 74:1 industry 42:15 inevitably 60:11, 22 inexperienced 55:10 infected 14:13, 14, 18 17:6 20:12 infection 7:1 27:13 57:23 infectious 7:2 8:18 inferences 9:7 influence 6:21 inform 55:13 information 7:21 8:3, 4 9:6 infrastructure 24:20 infrequent 13:9 initial 25:20 initially 27:15 instance 29:20 instances 11:2 instantly 72:21 Institute 2:11 instituting 16:8 instruction 54:12 instruments 77:21 insufficient 67:19 integrate 50:19 integrity 10:3 intelligence 7:23 intelligible 8:3 intended 34:20 45:5 intending 67:3, 4 intentions 11:17 interest 5:21 6:7 29:16</p>	<p>33:18 40:23 53:16 70:25 interested 44:8 70:24 78:7 interesting 24:6 43:5, 6 57:10 interim 53:15 interject 47:15 international 6:23 interpreted 15:10 interpreting 10:8, 9 interrupt 21:11 70:13 interruptions 31:5 introduced 4:4 intuitive 32:9 inventory 26:22 investigation 18:3 invite 31:5 involved 6:5 68:8 Isobel 62:9 isolation 13:14 issue 5:20 14:23 21:7 27:16 29:2 34:17 38:13 52:1 53:18 54:11 58:17 69:4, 9 73:14 74:22 77:17 78:12 issues 7:4, 10 12:19, 24 17:21 27:24 40:7 Italy 11:24 items 30:15 it'll 76:24 < J > Jack 1:24 7:24 27:23, 25 35:8 37:4 45:9, 14 48:8 59:21 61:1, 3, 6, 10, 20 66:24 82:2 Janet 3:20 4:6 81:3, 23 January 23:8 Jessica 3:12</p>	<p>job 12:4 26:7 44:7 45:19 50:24, 25 51:15, 16 52:4 John 2:25 70:14 journalist 9:25 10:1 Judge 4:14 17:7, 19 21:21 25:17 38:8 47:16 49:5 70:9, 16 73:8 78:13 79:18 junior 55:9 jurisdiction 65:1 jurisdictions 25:12 62:18 < K > Kate 2:22 keeps 27:8 key 34:21, 22 39:25 54:11 kill 65:8 kind 8:15 14:19 17:9, 18 22:14 24:23 25:6 26:3 47:16 49:16 55:1 56:2 57:13 59:10 62:7 67:4 68:12 69:16 76:17 kinds 5:3 15:20 47:25 Kitts 1:24 27:25 32:1 59:19, 21 61:3, 6, 10 82:2 knew 6:3 knowing 77:15 knowledge 37:22 knows 4:3 < L > labour 7:2, 10 31:6, 14 79:5, 15 lack 13:7 16:15 20:5 31:3 land 72:9</p>	<p>large 17:15 31:15 42:21 45:11 largesse 75:8 late 23:9 62:8, 18 laundry 43:20 53:4 lawyers 10:12 51:3 Lead 1:22 3:12 8:15, 16, 25 22:1 47:7 leaders 78:20 leadership 52:8, 13 53:17 54:25 leading 19:18 lean 52:22, 25 leave 29:23 32:19 34:12 57:13, 15 63:12 64:3 70:16 led 26:10 legs 47:13 length 33:7, 8 lesser 17:13 lesser-skilled 44:2 Lett 3:6 level 27:9 51:7 levels 30:23 licences 71:11, 12, 14, 16 72:1, 3, 4 lieu 34:13, 14 35:6 lifts 59:10 lighting 71:24 limit 16:18 limited 65:13 lists 82:8 live 64:22 lived 11:10, 14 16:5 living 6:24 7:5 43:23 load 74:3 lockdown 68:2 logic 37:21 logical 35:18 long 20:15 33:23 59:9 longer 57:6 59:9 71:13</p>	<p>long-standing 12:18 13:7 LONG-TERM 1:7 2:17, 19, 22, 25 3:3, 6, 9, 12, 16 4:22 9:21 10:23 11:14, 16, 18 12:13, 16, 19, 23, 24 13:5, 6, 8, 16, 20 14:2, 4, 17 15:10, 14, 24 16:2, 19 17:8 20:2, 8 24:9, 12, 24 28:11 32:21 33:6 35:7 36:18 37:18 38:2, 5, 12, 21 40:11 41:11 46:11 49:6, 7, 17 50:17 51:10 52:24 53:19 54:1, 2, 3, 25 61:7 62:12 69:3, 21, 24 70:6 71:5, 13 72:11 74:21 75:3, 12, 13, 23 77:7, 23 looked 8:7 9:6 24:8, 9, 10 61:21 66:18 72:6, 23 looking 5:2 24:19 42:4, 16 75:3, 9 76:18 77:4 looks 5:23 lose 41:7 lost 28:25 lot 8:1 13:2 24:13 29:12 42:8 43:21 48:20 50:7 52:4 55:21 58:9 59:1 63:14 64:5 68:17 69:12 75:3, 11 76:25 77:3, 13 lots 19:7 71:6 lower 11:11 42:18 lowest 40:20 low-prevalence 76:20</p>
---	--	---	--	---

LTC 37:9 40:13,
16, 18, 19 41:20,
22 42:25 45:24
LTCs 29:14
42:19
lucky 31:25
Lynn 3:3

< M >

Mackenzie 62:9
made 7:20
21:17 22:4, 10
38:18 60:16
64:18 68:23
81:10
magic 40:24
magically 39:9
Mahoney 3:3
maintain 26:25
maintained
26:22
major 22:21
30:14 72:10
majority 14:13
35:25 54:18
making 38:21
43:20 51:9
56:2 58:1, 21
62:21 63:24
72:11
manage 52:11
managed 55:15
management
7:10 9:16
43:15 52:8, 25
management-
level 52:13
manager 53:5
55:10, 11
managers 52:17,
19, 23
managing 15:24
mandating
40:25
mandatory 16:8
March 62:9, 15
marginalized
64:23
Marrocco 1:22
4:2 18:2, 13, 19,
23 20:25 21:10,
15, 22 22:16, 25
23:4, 11, 15, 19
26:14, 20 27:21
28:1 31:9, 13

33:11 35:9, 21
39:1 46:6, 10,
13 48:14 49:18
59:18 66:25
70:22 72:14, 25
73:3 77:25
79:4, 9, 13, 19
80:7
mask 14:18
20:10, 12, 13, 20
65:18
masks 19:7, 14
21:8 22:2, 6
27:18
massive 74:9
materially 42:18
math 67:24
mathematics
36:23
matter 31:21
34:4 67:17
maximize 41:6
53:9 56:4, 19
maximizing
28:21, 22
McGrann 2:22
means 7:23
56:18
meat 59:2
mechanism 69:2
media 5:22, 24
medical 6:25
15:2, 4, 9, 13
24:16
MEETING 1:7
8:12, 21
meetings 7:17,
20 8:8, 11
Member 2:5, 11
9:12 32:1 65:6
members 6:18
7:13 8:9, 19
10:5
mention 20:5
53:11
mentioned
21:21 25:18
mentioning
77:11
M-hm 39:2
mid 62:18
middle 8:22
mid-September
8:13
midst 22:11

million 66:21
68:10
mind 38:3
minimum 41:16
Minister 2:3, 16
6:3 12:21 19:2
Ministry 19:18
71:3, 4, 7, 24
minuscule 59:14
misplaced 34:10
missed 76:9
misunderstandin
g 34:24
mitigate 28:19
32:23
model 25:15
66:12, 19
molecular 67:14
73:18
mom 65:8
moment 30:22
Monday 48:16,
18 60:19
money 34:25
41:7 50:13
60:4 69:13 80:5
month 10:6
66:21
months 4:23
70:3
moral 5:2
mortality 17:1
motivated 52:18
motivations
59:8
motive 35:23,
24 36:2
move 39:16
72:4
moved 12:12
16:17 28:21
70:18
moving 16:12
17:24 78:17
MPC 78:21
multi-resident
13:1 17:16
multi-residential
17:2
municipal 40:22
62:22
municipalities
40:11
municipals
40:13 41:12

myth 34:24
40:5
myth-busting
40:6

< N >
N95 19:7, 14
22:2 27:17
nasal 68:7
76:4, 20
National 2:10
natural 32:18
nature 11:6
13:5 14:5
near 74:1
necessarily
43:12 47:2
57:20 63:18, 22
75:16 76:13
necessary 28:15
needed 23:25
25:14
needs 27:3
31:20 32:18
NEESONS 81:22
negative 74:12,
13
negatives 75:18,
25
negotiated
38:23 48:5
negotiator 31:6,
14
Network 2:10
Nevada 75:21
new 11:12, 24
25:20 39:18
43:17 71:15
nonprofessional
54:19
nontrivial 30:14
norm 51:2
North 76:21
Northern 11:23
notes 81:15
NP 58:1
NPC 47:20
NRTs 45:9
number 10:12,
25 12:4 17:16
27:17 28:12, 14
29:16 34:19
44:8 45:4 53:9
numbers 30:16

nurse 48:13
54:20
nurses 37:6, 17
38:1, 3 45:18,
22 49:14 51:4
53:3, 6
nursing 28:18
35:24 36:1, 3, 4,
15 40:21 41:4,
6, 8, 9 42:2
44:12, 16, 19, 20
45:18, 23 46:9
47:21 48:10, 19
50:11, 12 53:24
55:24 56:15
57:19 60:2, 3
64:7 66:14
70:11

< O >
obey 20:19
objective 41:9
71:3
observation
44:3 61:20
observational
37:22
observed 43:6
obvious 16:1
27:20
occasionally
53:2
occur 5:14 26:2
occurred 8:6,
13 19:4
occurs 45:21
October 71:21
offering 28:19
29:3 63:21
office 15:7
officially 76:17
old 14:5
ONA 46:23
47:2, 11
one-owner 54:8
ones 34:22
60:17
one-side 40:25
ongoing 60:6
onset 73:12
onsite 67:2
Ontario 2:3
9:22 10:24
12:2, 5, 25
13:17 15:4, 21

<p>16:17 19:3, 6 20:5, 22 24:15 25:3, 9, 22 26:6 42:22 50:23 51:6 62:1, 15 64:6 66:16, 22 67:14 68:1, 18 70:2, 18 75:14 76:3 77:6, 9 Ontario's 75:2 Operations 3:9 operator 60:4 opinion 70:19 opinions 8:24 10:10 opportunity 30:10 34:21 44:4 58:4, 11 opposed 27:18 49:12 74:23 opposition 56:5 optimised 53:9 order 29:6 62:13, 14, 16 organize 46:14 originally 56:20 Ottawa 45:13 outbreak 17:4 30:23 55:16 64:8, 10 outbreaks 64:16 68:19 69:6 77:12 outdated 72:2 outset 18:6 outside 12:8 14:22 outstanding 6:22 overwhelmed 12:1 owner 46:7 owns 46:7</p> <p>< P > p.m 1:16 4:1 80:12 paid 34:25 42:10, 11, 12 47:23, 24 57:12, 15 63:12 64:2, 20 65:15 69:22 77:17 Palin 3:9</p>	<p>pandemic 5:25 6:1 9:22 11:20 12:7, 14 13:12 14:2, 11 19:3, 9 23:7, 9 26:9 27:19 28:13 65:22 66:7 69:15 70:8 pandemics 25:21 pandemic's 5:11 6:20 30:8 69:20 Panel 2:2, 6, 12 5:18, 20 6:5, 9, 18 7:13, 18 8:9, 11, 18, 25 9:2 10:5, 19 75:2 panelists 9:13 ParaMed 41:23 pardon 72:1 parent 12:23 part 12:9, 11, 19 13:19, 20 20:13, 23 28:16 31:16 38:21, 25 67:21 participants 1:14 2:14 participate 15:16 particularly 11:1 44:24 parties 33:20 38:19 48:2 partly 25:4 64:12 part-time 13:6 14:7 28:20 31:16 32:3, 21 33:4 34:9 35:13, 16 36:10 37:6, 9 39:6, 21 46:16 49:1 59:16 62:22, 23 63:20 64:1, 3 65:14, 24 part-time/full- time 31:22 part-timer 32:15 34:8 42:24 57:14 part-timers 34:5, 24 35:5 38:12 39:7, 12 46:2</p>	<p>57:1 58:18, 20 passed 4:24 passes 27:13 patient 20:12 pay 36:3 61:24 63:3 65:16 payback 7:15 paying 57:22 pays 53:7 61:25 64:4 PCR 16:13 67:14, 25 73:18, 25 74:10, 14, 17 76:4, 14, 20 peaked 64:8 pension 51:1 people 4:8 5:3 6:21 7:6 9:11, 13, 24 11:10, 11, 14, 17, 18 12:12 13:10, 13 14:13, 19 15:3, 15 17:6 29:12, 13, 14, 17 30:10 32:5 35:10 38:11 41:18 42:8 43:14 44:8 48:20 50:22 52:3, 4, 18, 19 57:5 60:12, 13 63:23 64:19 69:13, 15 73:9 77:3 percent 36:1 65:24 percentage 31:16 35:10, 16 Perfect 4:15 10:20, 24 11:5 12:18 14:8 15:19, 22 16:17 20:4 permanent 69:24 person 6:8 32:11, 13 50:8 57:9 79:6 personal 12:9 13:16, 24 14:14 18:5, 8 19:6 20:18 26:4 32:19 43:22 44:5, 15, 16 47:22 55:24</p>	<p>56:16 57:19, 25 perspective 8:24 per-visit 42:11, 12 phenomenon 7:16 phone 29:9 physicians 15:6, 14 pick 52:1 picture 79:22 piece 64:12 78:3 place 5:10 16:18 27:8 33:14 42:5 69:7 77:4 81:7 plan 17:19 planning 12:3 plans 29:13 platform 63:16 play 5:13 plus 67:13 71:20 point 4:8 16:8 19:18 21:17 22:21 33:1 39:25 43:13 56:1, 3 61:2, 17 62:3, 6, 21 64:15, 18 68:5 69:18 70:2, 19 points 40:5 Policy 2:9 3:6, 12, 15 69:19 political 21:17 pool 45:25 pooled 74:10 pooling 74:14 pools 45:13 poor 24:12 portion 28:25 29:8 positives 75:17, 19, 24 possible 9:24 12:12 39:15, 16 potentially 22:7 55:14 77:16 poverty 51:7 PPE 25:1, 9 26:7, 13, 17 27:1, 11, 16 practice 26:23</p>	<p>27:8 practices 25:2 precautionary 20:19 predict 45:16 predominant 28:10, 12 38:4 preferences 42:6 63:24 prepare 12:7 presence 17:1 PRESENT 3:18 8:10 20:22 presented 76:17 PRESENTERS 2:1 preserved 24:2, 3 press 5:22 pressure 56:18, 23 Presumably 74:2 79:5 pretty 9:5 58:14 61:23 prevalence 16:4 17:14 76:15 prevalent 27:15 preventing 16:22 prevention 7:2 57:24 price 68:4 72:16 primary 15:6 24:10, 13 25:2 Principal 2:5 principle 20:19 Prior 8:12 14:14 prioritised 24:24 Priority 45:8 71:25 72:11 private 40:25 42:21 pro 34:12, 17 proactive 29:2 problem 13:7, 15 16:16, 20 18:4, 5, 6 22:7 31:17, 18, 20 38:16 39:24 40:8 59:12 61:12, 14 63:13</p>
--	--	--	--	---

<p>71:16, 17 74:2 76:11 problematic 11:1 78:23 problems 18:20 proceedings 81:6 process 46:23 72:3 produce 4:7 produced 6:14 profession 54:20 profit 35:23, 24 36:2, 7, 8 38:13 41:1, 8 program 50:11 51:2 54:22 programs 49:25 51:18 propensity 30:25 property 18:5 proposals 71:6, 10 prorated 35:3 protect 24:3 protecting 20:11 protection 14:19 18:11 20:14 protective 12:10 14:15 18:6, 9 19:6 20:18 26:4 proud 37:14 provide 13:9 15:15, 17 18:11 44:20 56:13 58:5 59:15 provided 7:11 17:22 19:10 54:19 59:5 providers 24:10 province 20:6 24:7 77:5 provision 56:16 provisions 34:11 proximate 47:2 PSW 37:20 41:11, 13 44:22 49:21, 24 50:14 PSWs 28:10, 20 35:25 36:3</p>	<p>42:23 43:12, 17, 21 46:1 52:18 53:6, 10 60:9, 10, 22, 23 61:25 Public 7:1 8:17 14:16 20:3, 6 publicly 51:10 publish 10:15 purchase 22:24 purpose 48:3 75:9 put 4:7 5:10, 13, 18 7:18 10:1 16:18 27:7 56:10 60:21 65:16 68:6 80:4 putting 6:4 < Q > quality 52:7, 10 quarantine 13:13 Queens 11:25 question 20:1, 17 21:20 23:6 27:11 31:24 34:23 52:21 53:11 59:23, 25 60:3 69:19 76:6 78:7 questions 4:11 18:1 27:23 28:2 quick 77:22 quicker 72:4 quickly 23:24 24:19 25:1 31:1 58:18 72:21 quite 13:23 21:13 24:6 25:16 < R > racialized 11:12 ran 45:14 75:25 range 41:15, 17 57:13 rapid 67:2 73:8, 17, 24 rare 36:17 37:25 rata 34:12, 17 rate 50:25 63:10 69:23</p>	<p>rates 40:9, 11, 24 41:5 ratio 37:9 ratios 44:23 read 8:22 9:11, 14 50:18 53:15 61:7 67:3 readable 10:2 ready 4:10 reagent 74:15 real 30:16 realizing 57:17 really 15:15 23:1 24:14 37:1 38:15 41:2, 14 44:14 45:2 46:21 47:11, 18, 25 53:16 56:17 58:17 59:3 60:7, 24 62:2 74:22 77:19 79:21 reanalyze 8:1 rearranging 55:22 reason 58:6 reasonable 9:7 51:16 58:14 67:6 reasonably 46:22 reasons 25:18 32:19 recall 33:8 recognize 14:10 recognized 11:20 recognizing 4:21 recommendation 43:11 45:7 46:19 recommendation s 5:12, 16 9:1, 2, 8, 18 10:4, 9 17:23 30:4 34:20 36:14 38:17, 18 43:8 45:4, 8 78:8, 17 recommended 26:21, 24 46:5 recommending 47:17 50:15</p>	<p>record 33:17 recorded 81:11 records 33:7 recruitment 39:18, 24 40:8 redevelop 71:15 redeveloped 71:20 72:3 redevelopment 70:18 71:9 reduce 74:18 reduced 65:16 reduces 74:15 reference 48:4 referring 75:21 reflected 10:3 reflecting 10:24 refused 10:14 regarding 78:17 regulation 29:6 reinforce 21:3 22:19 reintegrated 65:4 related 7:4 12:25 15:25 25:21 51:22 relates 38:14 55:22 relations 7:3 79:5, 15 relatively 11:11 64:21 74:5 relying 24:15 54:20, 21 remaining 25:5 remarks 81:10 remember 27:6 32:7 61:23 64:6 remotely 1:15 repair 69:8 repeated 29:9 replace 21:18 34:6 replaced 19:21, 22 replenish 20:2 21:19 22:11, 13 replenished 19:16, 23 27:3, 4 replenishing 25:7 26:7 replenishment 22:4</p>	<p>Report 4:15, 21 5:7 6:14, 16 7:12 9:5, 15 26:25 27:1 40:1 43:7 47:13 53:12, 16 78:11 Reporter 81:4, 24 REPORTER'S 81:1 reports 8:14, 23 80:4 represent 6:19 representatives 79:15 represented 7:3 reputation 6:23 requested 10:13 require 43:18 47:18, 25 required 20:15 51:5 requirement 32:3 requires 78:19 Research 2:9 resident 44:21 residential 44:6 50:15 residents 4:22 9:20 17:5, 12 31:1 65:12 70:1 73:23 resident's 43:25 resilience 13:7 resilient 13:18 38:22 resource 31:19 76:5 resourced 58:25 resources 59:7 68:8 respect 9:17 respecting 9:20 respirators 27:18 responded 16:6, 7 responding 59:22, 24 response 5:11, 25 26:10 29:11 78:24</p>
---	--	--	--	--

<p>responsibilities 55:1 responsibility 79:6 rest 62:2 result 10:19 29:8 72:21 resulted 15:19 resupplied 20:24 retained 37:4 retains 52:3 retention 33:17 34:3 retirement 13:21 40:17, 19, 21 41:1, 14 42:18, 22 46:7 51:9 64:7 retrospect 22:5 reveal 18:4 37:1 Revera 2:2, 6, 11 4:15 5:7, 9 6:2, 10, 16 7:20 8:6 9:16, 17, 25 10:11 14:9, 11 16:11 17:10 18:16 19:1 26:16 27:4 28:18 33:5, 9 42:5 43:4 47:1 50:18 55:4 58:6 61:7, 25 62:16, 23 63:21 71:6 78:8 Revera's 40:10, 12 review 10:12 19:1 52:7 reviewed 9:2, 4 reviewing 11:2 15:20 risk 11:15 16:2 17:13 27:14 75:17 RN 58:1 60:10 RNs 38:5 Rokosh 3:9 role 12:21 13:16, 18 room 43:24, 25 rooms 17:2, 16 rule 26:22</p>	<p>28:14, 17 rules 29:5 run 66:13, 15 67:25 runs 61:7 rural 72:8 76:21 < S > safely 76:14 safer 72:11 Samir 2:8 6:21 12:21 15:5 23:21 25:18 54:23, 24 55:2 56:22 59:23, 25 60:2 62:5, 6 66:11, 17, 20, 23 67:11, 15, 21 74:25 82:6 Samir's 74:16 samples 74:13 SARS 25:23 26:1 Saturday 48:19 save 34:25 scale 61:11 schedule 32:7, 8 35:1, 2 38:14 48:25 49:15 schedules 32:14 34:18 scheduling 36:23 38:24 49:5, 6, 16 scholarship 51:18 school 48:18 science 10:4 science-based 24:23 scope 61:11 screening 14:20, 22 search 76:12 secondly 6:13 17:15 Secretariat 2:17, 20, 23 3:1, 4, 7, 10, 13, 16 section 8:17 28:8 78:15, 16 sector 9:22 13:20 17:9 26:2, 9 33:20 40:17, 25 41:1</p>	<p>42:22 49:23 52:18, 19 63:3 74:22 sectoral 41:3 sectors 25:11 security 64:13 segmented 49:16 SEIU 37:10 57:10 selected 28:21 send 75:20 Senior 3:15 seniors 6:24 7:5 62:9 sense 30:7 68:20 77:8 sensitive 67:15 74:1, 4, 6 sensitivity 73:16 sentence 51:14 sentiment 24:1 separate 14:8 43:11 September 8:13, 22 9:4 sermon 72:13 service 33:6, 7, 9, 22, 24 36:8 37:7 44:6 set 5:5 6:11 8:24 9:1 17:11 43:19 81:7 setting 26:5 38:21 settings 12:11 24:25 25:2 37:16 64:23 75:12, 13 76:24 77:24 shadow 32:15 shared 54:3 shift 36:21 37:21, 23 45:15 47:18 shifting 71:10, 16 72:4 shifts 32:8 36:16, 17, 18 37:8, 15 46:3 48:25 49:1, 13 shining 62:3 short 21:8 30:13</p>	<p>shortage 18:24 28:13 30:19 39:8 49:21 shortages 28:10 Shorthand 81:4, 15, 24 show 33:21 showed 8:3 14:12 showing 13:10 75:16 shut 49:25 75:19 sick 29:13, 14 34:7, 11 57:13, 15 63:12 64:2 65:2, 13, 15, 23 66:1, 9 68:13, 15 69:3, 9 77:14 sickest 15:3 sick-leave 29:13 51:1 61:22 sickness 32:20 side 45:19 78:2 Sienna 43:4 sign 8:23 signed 9:3 significant 29:8 30:15, 16 44:11 54:4 similar 25:12 37:10 simple 32:18 42:24 43:2 54:8 simply 53:18 78:18 Sinai 2:9 66:6 single 8:15 28:14, 17 29:1, 4 58:7 60:4 62:19 66:3 74:11 single-ownership 58:7 single-site 61:21 62:13, 16 Sinha 2:8 23:21 55:2 56:22 62:6 66:17, 20 67:11, 21 74:25 82:6 Sir 22:20 34:23 37:19 39:4</p>	<p>46:19 79:24 sit 75:1 site 28:14, 17 29:1, 4 58:7 63:4 sites 28:23 47:8 62:20 sitting 17:9 64:9 situation 25:12 52:12 64:11 65:1 69:6 70:5 skill 43:18 skills 58:2, 12 skills-based 53:23 small 71:12 smart 22:5 sniffle 65:7, 10 so-called 13:1 73:15 social 5:22, 23, 24 20:14 solution 76:12 77:22 solve 31:21 solved 31:19 71:19 somebody 14:18 22:23 somebody's 34:6 soon 68:1 Sophie's 65:10 sorry 21:11 22:17 51:23 78:6 sort 19:20 29:2, 23 43:8 44:3 46:17 62:4 72:19 source 37:2 spaces 20:16 speak 11:21 13:3 14:23 15:5 17:20 18:25 31:5 38:9 49:21 62:1, 10 speaker 82:2, 5, 8 specific 4:18 20:17 74:21</p>
---	--	--	--	--

<p>specifically 7:11 17:20 73:10 specificity 73:16 specimens 74:11 spend 60:3 69:12 spending 68:9 spent 68:18 75:3 spot 23:17 spouses 48:12 spread 14:24 16:22, 25 26:1, 2 30:24, 25 60:5 stabilize 63:9 stabilizing 64:5 staff 5:1 9:21 13:6 14:15 15:23 16:5 18:12 28:16, 20 29:9 30:13, 19, 20 31:2, 3, 16 32:21 33:1, 2, 3, 5 34:9, 10 35:13, 16, 20, 25 41:10 44:12 45:10, 15, 17 46:14 53:24 54:19 59:1, 7, 16 64:13, 17, 20 65:9, 25 66:3, 7 staffing 13:8, 9, 15 16:21 17:21 27:24 28:9, 17 39:7 41:6 58:24 59:15 61:2, 4, 14 64:11 stages 12:13 standard 8:1 73:17 standards 54:21 start 4:14, 20 17:19 18:1 20:21 23:12 27:20 40:5 57:17 63:17 64:14 79:10 started 63:23 starting 41:15 statement 21:4 States 75:20 statistics 8:1</p>	<p>stay 13:13 36:9 43:1, 3, 4 57:6 59:9 65:7, 14 Stenographer/Tra nscriptionist 3:20 stenographically 81:11 stick 76:19 stockpile 19:5, 7, 11, 16 stockpiles 19:21, 25 20:1, 24 22:13 stocks 26:7, 8, 13 stop 17:24 59:17 67:1 stories 11:23, 24, 25 12:8 25:20 Storm 4:16 10:20, 25 11:5 12:18 14:8 15:19, 22 16:17 20:4 story 60:20 61:15 78:2 strategies 74:20 Strategy 75:2 77:6, 7 strike 33:21 40:25 strokes 10:18 struck 43:14, 16 50:2 structure 42:12 52:25 structured 54:9 student 48:17 studied 43:7 studies 73:21 75:12 study 18:4 50:18 58:24 studying 78:14 styles 9:10 subject 40:23 subsequent 19:19 subsidies 72:6 subsidy 71:18 substantial</p>	<p>27:17 28:25 suburban 72:8 successful 45:6 successfully 62:14 sudden 63:23 suffered 4:23 sufficient 18:11 19:8 20:18, 22 21:5 26:17 55:1 67:18 sufficiently 20:24 suggested 67:16 summary 17:7, 18 summer 7:18, 19 Sunday 48:20 Super 4:13 supplies 20:2 27:8, 16 supply 18:8, 10 21:5, 6, 7, 9 22:22 24:8, 17, 21 25:7 26:25 27:2 support 5:4 13:16, 24 43:16 44:6, 14 50:15, 20 51:18 58:1 69:2 supported 68:15 supporting 59:7 supports 44:21 58:5 surgical 21:8 27:18 surprised 7:25 surprising 29:7 surveillance 15:23 16:9, 15, 18 74:23 75:15, 23 77:7 sustain 66:16 sustainable 66:19 70:6 swab 68:7 switching 15:8 symptomatic 73:9, 19 74:3 symptoms 73:12 System 2:10 11:23 13:17, 19 14:4 15:4 20:23 49:17</p>	<p>50:20 64:22 70:7 systems 12:1 < T > table 65:17 takes 44:21, 22 talk 5:19 10:22 24:11 27:24 talked 68:22 70:17 talking 47:21 74:22 78:13 task 79:5 teaching 53:19 technique 74:10 techniques 78:14 technology 15:16 tend 64:20, 22 term 6:3 20:15 termination 29:24 terms 7:16 14:6 16:3, 20, 21 33:7 52:7 71:10 72:7 78:23 terribly 7:24 terrific 12:4 test 60:22 66:3 67:2, 10, 12, 14, 16, 17, 25 68:6, 10 70:4 72:20 73:18, 25 74:4, 6, 7, 11, 12, 17 76:12 tested 66:6 73:24 74:12 testing 8:17 12:14 15:23 16:9, 13, 16, 18 67:5, 17, 18, 19, 23, 25 69:13 72:23 73:14, 15 74:9, 20, 23, 24 75:2, 15, 23 77:6, 11 78:14 tests 67:9 68:4 73:8, 17, 24 75:4, 7, 22 Thanks 27:22 80:1, 5</p>	<p>theoretically 38:1 theory 45:24 thing 10:22 15:21 22:7, 14 23:21 31:22 46:17 52:3 57:7 65:6 70:15 71:1, 23 74:8 things 12:6 18:7 44:1 52:14 55:3 thinking 6:4 26:9 63:14 76:16 third 11:21 25:8 29:7 33:20 thought 4:13 5:15 6:6 9:5, 18, 22 10:2 12:16 24:5 27:16 38:10 48:7, 23 50:9 51:24 67:3 thousand 68:1, 4 three-month 54:21 thumb 26:23 Thursday 34:7 tight 57:18 time 5:1, 13 10:7 11:7 14:16, 18 15:12, 13 19:5, 20 27:13 28:16 35:20 37:19 39:7 43:7 44:24 45:3 48:19 52:17 56:8 57:7 63:4 66:15 70:20 75:3 76:5 79:20 81:7, 10 times 13:10 27:2 76:7 time's 70:16 timing 42:15 Titanic 55:23 titled 4:16 told 15:7 18:20 Tom 6:2 Toronto 45:13 total 20:23</p>
--	--	---	---	--

<p>tough 48:20 60:24 tougher 58:10 traction 47:12 traditionally 50:23 tragic 11:2 training 50:6, 7, 12 53:23 54:20 57:25 60:6 transcribed 81:12 transcript 4:7 81:15 transcriptionist 4:6 transmission 11:7, 9 15:25 travelled 14:22 tremendous 71:16 trigger 29:24 trouble 76:1 true 19:15 23:14 79:1 81:14 trying 15:14 18:24 30:3, 5 35:17 61:11 68:18 76:12 tuition 50:4, 7, 8, 9, 12, 17 turn 30:17 31:4 turnover 33:16 34:1 36:10, 11 two-hour 8:8 type 27:11 42:16 types 17:3 typical 33:6 53:20 typically 33:22 45:18</p> <p>< U > UHN 66:6 understand 24:18 29:18 49:8 understandable 11:22 understanding 6:20 7:9 79:23 understands 6:24</p>	<p>undertaken 7:17 22:13 unexpected 29:8 unexplained 13:12 29:11 unexplained- absences 61:22 unformatted 7:21 unfortunately 39:15 77:13 unified 63:15 Unifor 37:11 union 46:20 78:20 unionized 63:10 unions 38:16 46:21 47:8, 19 65:21 unique 32:21, 22 unit 53:3, 22 units 20:7 37:11 universal 61:23 universally 33:23 37:17 64:16 University 2:10 73:23 unknowingly 11:17 unnecessary 24:22 25:5 unqualified 50:14 unrecognized 11:6 unsustainable 66:12 unwittingly 11:16 77:15 unworked 47:23 upgraded 16:10 uptake 48:9, 24 49:2 urban 72:7 utility 79:15 utilization 44:11 76:5 utterly 67:19</p> <p>< V > vacancy 45:21 vacation 32:20</p>	<p>35:1 vaccine 30:9 variable 13:18 16:24 variables 8:5 variation 35:8 varies 41:14 variety 6:19 17:3 various 8:4 42:13 vast 14:12 ventilatory 22:6 VERITEXT 81:22 versus 55:10 57:2 58:7 63:19 73:17 viable 37:2 vibrant 42:21 view 30:25 violation 44:10 viral 74:3 virtual 15:8, 16, 17 virtually 53:22 61:24, 25 virus 11:6, 8, 10 14:10, 20, 24 15:1 16:4 17:10 visit 42:13 visiting 11:18 visitors 15:23 visor 20:20 voices 9:10 vulnerable 15:3</p> <p>< W > wage 35:1 40:9, 10, 24 41:4, 16 50:25 58:15 wages 13:22 28:22 33:19 40:7, 15 51:7 52:2 wait 4:12 waiting 78:11 wakes 23:8 wand 32:25 39:9 wanted 10:11 21:1, 2 23:5 38:8 40:5 52:1 62:6 wanting 48:18</p>	<p>wants 42:25 65:6 warehouse 26:17 Wave 5:9, 14, 17 14:13 16:10 32:25 39:9 ways 32:23 weakness 14:3 15:2 wear 14:17 20:12, 13 65:17 wearing 20:10 website 4:8 week 16:11 32:5, 6, 12, 13 36:19, 22 67:9, 13 68:10 76:7, 18, 23 weekend 47:18, 23 48:5, 13 49:8, 11 63:14 weekends 48:24, 25 weekly 68:3 77:12 weeks 16:9 27:1 67:18 well-experienced 55:11 Wellner 6:2 who've 74:9 widest 41:15 wisdom 12:22 wise 5:16 withstand 70:7 women 50:23 won't 7:24 79:14 work 4:25 6:12 7:16 13:19, 21, 22, 23 14:7 29:9 30:6, 7 32:5 36:10, 21, 22 37:17, 21 39:12 42:1, 8, 9, 13, 17 43:21 44:15 46:15 47:24 48:2, 3, 13 49:1, 15 51:19 52:5, 9, 10 55:7 56:7, 8, 13 59:5, 6, 17 63:5, 7, 8, 22 65:17 66:6</p>	<p>68:16 77:14 80:3 worked 7:7, 13 9:21 10:1 11:14 12:15 66:1 worker 13:17, 24 47:23 48:5 57:12 58:1 workers 16:19 37:7 43:22 45:5 47:18 56:12 58:10 68:1 69:2, 9 70:1 77:14 workforce 13:25 14:6 29:1 32:4 39:14, 22 63:9 workforces 45:14 working 11:18 16:19 18:12 25:6 28:22 30:3 32:11, 13 33:19 39:7, 13 46:16 48:12 49:23 50:11 51:15 57:5 58:22 62:11, 22 63:3 64:25 65:23 workload 37:20 43:9 44:22, 23, 25 45:1 53:10 workplace 30:12, 18, 23 45:12 works 39:10 42:10 57:9 world 22:22 23:8 worried 70:5 worse 64:11 worst 41:25 worth 24:19 27:1 53:11 worthy 46:18 wrestling 59:13 written 4:17 wrote 28:9</p> <p>< Y > Yeah 18:18, 22 21:24 28:3</p>
---	---	--	--	--

46:12 48:15 51:25 52:15 54:14 61:3, 9 66:17 67:11 year 56:11 57:13 years 12:20 33:9, 15, 22 37:23 50:1 71:5 York 11:24 25:20 young 48:12 50:8, 22 < Z > zero 36:1 Zoom 1:14				
--	--	--	--	--