

Long Term Care Covid-19 Commission Mtg.

Meeting with Sienna Senior Living
on Friday, October 9, 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 9th day of October, 2020,
10:00 a.m. to 11:30 a.m.

BEFORE:

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

PRESENTERS:

Nitin Jain, President and Chief Executive Officer
of Sienna Senior Living

1 PARTICIPANTS:

2

3 Alison Drummond, Assistant Deputy Minister,

4 Long-Term Care Commission Secretariat

5 Mark Polley, Polley Faith LLP

6 Hellen Siwanowicz, Legal Counsel at Sienna

7 Senior Living

8 Brookelyn Kirkham, Polley Faith LLP

9 ALSO PRESENT:

10

11 Janet Belma, Stenographer/Transcriptionist

12

13

14

15

16

17

18

19

20

21

22

23

24

25

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

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Good morning, everybody.

4 NITIN JAIN: Good morning,
5 Commissioner.

6 MARK POLLEY: Good morning.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 Morning. Mr. Polley, good morning. We -- I guess
9 we are all here now. I was about to say we just
10 finished running a few minutes late. Sorry for the
11 delay. Well, I guess if everybody's here, then we
12 may as well start. Sienna all here?

13 MARK POLLEY: Yes, we're all here.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 Not waiting on anybody? Okay. Neither are we, so
16 well, let me -- let me just kind of outline where
17 we're coming from so you kind of have some sense of
18 that. And I've sort of said this to mostly
19 everybody who comes here, but I think -- I think I
20 do need to say it to kind of set the context.

21 Typically, when you have a commission
22 of inquiry, something has happened. The Commission
23 is looking back at what has happened, and it's
24 trying to explain what happened to the public. And
25 it usually does that by means of an investigation,

1 public hearings, and a report, and that can take --
2 that can take a couple of years.

3 Our situation is different because
4 we've been created in the middle of something,
5 and so we don't think that this traditional way of
6 going about things will be very helpful, and we're
7 more focused on whether there aren't
8 recommendations that we can make now which will be
9 of some use to the Minister going forward or
10 reinforce what others have said in the mind of the
11 Minister.

12 So that's -- and then after that's
13 over, the -- I wouldn't say luxury, but that
14 there's more time to consider what happened and
15 consider how to approach explaining all that so
16 that the public are -- have a -- have a sound
17 understanding of it.

18 So that's kind of where we're coming
19 from, and in that sense, we would be very
20 appreciative of views that Sienna has, having lived
21 through Wave 1 as to how -- what we can
22 constructively recommend to try to make Wave 2 or
23 Wave 3 if they're -- come out differently. So
24 that's the general context.

25 In terms of how we've been proceeding,

1 we have tended to ask questions, sort of interrupt
2 in the -- when somebody's saying something and ask
3 the question that occurs at that moment rather than
4 waiting until the presentation is finished and
5 going back, and we've found that to be more
6 efficient. So if that works for you, it works for
7 us.

8 And that's -- that's basically the
9 start off. I'll probably break around 11:15, so
10 you should just let me know around that time when
11 it's convenient, and we'll break.

12 So with that having been said, we're
13 ready when you are.

14 NITIN JAIN: Thank you. Thank you,
15 Commissioner, and good morning, everyone. My name
16 is Nitin Jain. I'm the President and CEO of Sienna
17 Senior Living. Thank you for the invitation to
18 speak with all of you today.

19 I want to ensure that we cover four
20 main areas. And as you said, Commissioner, please
21 interrupt at any point you would like more
22 information on any of the points that I make.

23 The first area that I would like to
24 cover is our preparation for COVID-19 during the
25 first wave, you know, beginning in January of this

1 year.

2 The second area is really our
3 experience dealing with COVID-19, you know, all
4 through that time.

5 The third area are the lessons that we
6 have learned and how we are prepared to deal with
7 the second wave which all of us are in today.

8 And last one to your point is things
9 that continue to happen, ensure we keep our
10 residents and our team members safe during the
11 second wave or a potential third wave as you
12 mentioned.

13 Before I do that, I would just like to
14 tell you a bit about my background to set some
15 context and also some background on Sienna. I
16 became CEO of Sienna in June of 2020 in the middle
17 of the pandemic. I was previously the chief
18 financial officer for many years, so this was a
19 company I knew well, and coming into the CEO job, I
20 knew the challenges which laid ahead of me, and
21 also was coming back to my roots because I started
22 my career in the hospitality business before I
23 moved into finance.

24 Growing up in India, I grew up in a
25 pretty large family, and my grandfather got sick

1 pretty early in his life and lost a lot of his
2 mobility. So I saw my father take care of him for
3 nearly 20 years. And having my grandfather around
4 with me all the time, he also became my mentor.
5 And even though he was not mobile most of the time,
6 he was very generous and explained to me the values
7 that I follow today which is around being humble
8 and taking care of others.

9 He was also my first mentor and really
10 pushed me to go outside of my comfort zone to the
11 extent that when I came to North America around
12 20 years back, not having much money, he, in fact,
13 bought my first airplane ticket to come to
14 North America.

15 The second one is that this COVID-19
16 has taken big personal toll on everyone. Last
17 month, my uncle passed away. You know, he went
18 from being a very healthy senior to three days
19 later being on a ventilator for multiple days, and
20 then three days later, we got a picture of him from
21 the hospital that he has passed away because no one
22 was allowed to be with him because of infection
23 prevention control issues. So this story is deeply
24 personal to me, and the fight around COVID-19 is
25 deeply personal to me.

1 I, in fact, never imagined that one day
2 I would have the privilege of taking care of 10,000
3 seniors, working around 13,000 team members on a
4 day-to-day basis.

5 As I mentioned, I grew up in India, so
6 I am an immigrant to Canada, and this country has
7 been very gracious to me and my family. And when I
8 first became CEO, my first public comment was that
9 this is a generation of Canadians that have done so
10 much for our country, and they deserve to live and
11 age with dignity and respect. And that is the
12 mission that I follow each and every day that I
13 come into work.

14 Moving into talking about Sienna, it is
15 important that I mention two key things about our
16 company. The first one is that we are a
17 care-centred organization. Care is at the centre
18 of everything we do at this company.

19 The second is that we're a learning
20 organization. We learn throughout in our career of
21 48 years as a company, and we learn from Wave 2 to
22 prepare better for a second wave, and here we are
23 talking about potential recommendations that we
24 would be happy to share with the Commission.

25 As a company, we have been in business

1 for close to 50 years. We have 70 properties that
2 we own and operate in Ontario and British Columbia.
3 We own 43 long-term care homes, 35 of them in
4 Ontario and 8 of them in B.C., and the rest of our
5 business is retirement homes.

6 We have close to 6,000 beds that we own
7 and operate in Ontario and long-term care, and we
8 also provide third-party management to 4 long-term
9 care homes, including a long-term care home for a
10 municipality, for a hospital, and a for-profit.

11 The next thing is really our team
12 members. As I mentioned, we have close to 13,000
13 team members, and there has been a lot of media
14 about calling people heros during this time. And
15 people have stopped with all sorts of gifts, you
16 know, for the frontline team members. In fact,
17 there are no words that can truly appreciate what
18 people did during the first wave of pandemic and
19 continue to do so.

20 Not so long ago, in March of this year,
21 most people were scared even going to the grocery
22 store, and yet people wiping everything that they
23 touched with bleach and alcohol and staying in
24 their home while there was no option other than for
25 our team members to go into work and to ensure that

1 our residents are taken care of.

2 And which brings me to the last
3 stakeholder to talk about which is our residents
4 and their family members. As I mentioned, they
5 have done a lot for this country, and we want to
6 ensure that we're doing everything we can to keep
7 them safe and healthy during the first crisis and
8 the second wave as we are in it.

9 The first section I would like to cover
10 with the Commission is really our preparation for
11 COVID-19. Like every year, like most long-term
12 care homes, we started getting ready for the flu
13 season in the fall of 2019. We had personal
14 protective equipment. Every long-term care home in
15 the province is mandated to have at least a
16 three-day supply, and that is usually more than
17 enough because you will have less than 24 hours
18 before your supplier can come back and replenish
19 the supply. But as a company, we had close to a
20 week's supply going into the pandemic.

21 And in January, when COVID-19 news
22 started to break and Health Canada started
23 mentioning COVID-19, even though the risk
24 considered by the government and health agency was
25 of the view that the risk continues to be low in

1 Canada, we started preparing that this is something
2 different. We just did not know what.

3 One of the first things we did was
4 really educate our site leaders on what COVID-19 is
5 and how potentially it is different than the flu
6 based on the information that we had at that time.

7 The second thing we did is formed an
8 internal incident management team to understand
9 that potentially something is happening, an
10 incident would happen, and how do we start
11 preparing for it.

12 And a lot of times when people talk
13 about incident management team, they really focus
14 on just the properties or the team members on the
15 frontline.

16 What we also had to work is behind the
17 scenes, and as we went into COVID, that earlier
18 preparation became more and more important because
19 we had to shut down our corporate office of close
20 to 200 people. They would provide IT support, HR
21 support to ensure that work continues to get done
22 so people continue to get paid. We had systems
23 running to ensure people can -- their medication
24 was charted for; you know, we were scheduling
25 people correctly; we were providing the right

1 support as needed by both team members and for
2 residents.

3 In January, the government took the
4 position along with many others that the risk is
5 low as there was not a lot of information about
6 this virus at that point which turned out to be
7 incorrect.

8 Not so many months back it was believed
9 that human-to-human transmission risk is low.
10 There was no -- no one was wearing masks. And then
11 the most significant, which had -- which had the
12 biggest impact on our sector was when it was
13 believed that asymptomatic people cannot pass on
14 the infection, and I understand you have heard from
15 Dr. Allison McGeer who's our chief infection
16 prevention and control consultant, that that, in
17 fact, is not true.

18 As we started to begin this virus and
19 the full extent of the threat of it to the
20 population, there was lot of emphasis from Public
21 Health policies to really focus on hospitals in
22 acute care settings because that's where, in fact,
23 most of this -- situations happened in other
24 countries such as Italy and otherwise.

25 And the focus was ensuring that the

1 hospitals are ready. It was ready for surge
2 capacity. The focus on ventilators, and there was
3 not that much focus on long-term care as people
4 didn't realize that's where the challenge could be.

5 There was no really one day when things
6 became, you know, escalated. I would call it a
7 gradual escalation day after days as people started
8 to better understand the extent of this virus and
9 the extent of the issues, you know, on our
10 population.

11 Even in early March, you know, there
12 was still communication from health agency the risk
13 was low, and then two weeks later, the Province of
14 Ontario declared a state of emergency. In
15 retrospect, we were preparing for an enemy which
16 was not well understood and poorly underestimated.

17 Despite this, we were taking steps to
18 ensure that we were keeping everyone safe. In
19 January, we started monitoring the situation. As I
20 mentioned, we formed our incident management team
21 and started talking to our frontline on a regular
22 basis.

23 And in March, you know, it escalated to
24 a point where our incident management team was
25 meeting on a daily basis. We were having webinars

1 two or three times a week to ensure people were
2 getting updated, and we were rolling out directives
3 as they came.

4 To give you an extent, between March of
5 2020 and around September, there are close to 65
6 new directives which came into play. And each of
7 the directives sometime was understood differently
8 by each health agency, call it 25 of them.

9 So when you multiply the 60 by 25,
10 sometimes you could have hundreds of directives
11 coming out in a very short period of time, and
12 things were already in a crisis.

13 For personal protective equipment, as I
14 mentioned, you know, this sector, you know, used to
15 have a supply to be ready for the flu outbreak.
16 Never -- no one estimated that the global supply
17 chain would shut down.

18 So in February, we started shoring up
19 more personal protective equipment, and we were
20 competing with governments, in most cases, and many
21 other, you know, countries and hospitals. And that
22 became a huge -- a bigger and bigger challenge.

23 We were pushed to our limit to ensure
24 we had adequate personal protective equipment. In
25 March, our focus was that -- to ensure that every

1 home had at least two weeks of supply. And at a
2 lot of times, we did not get to the target. We
3 never ran -- we never ran out, but it took a lot of
4 work behind the scenes that when the homes went
5 into outbreak, we had people driving from home to
6 home ensuring we were shuttling supply as we were
7 looking to buy more and more personal protective
8 equipment from around the world.

9 We, in fact, formed a consortium with a
10 few other senior housing providers and started
11 importing personal protective equipment into the
12 country to ensure that was -- that was enough.

13 And the cost, even though it was never
14 a reason to stop buying, to just give you a sense,
15 in normal times, a surgical mask usually costs
16 around 10 cents, And we were fortunate if we can
17 even buy them for a dollar. Even though cost was
18 never an issue, costs went up nearly ten times in
19 some cases.

20 In March is when, you know, COVID-19
21 was declared a global pandemic. And, you know, if
22 you might remember, visiting restrictions and
23 masking did not really come into effect until March
24 and April of this year when many of the outbreaks
25 had already happened in long-term care in Canada.

1 When I look back on those preparation
2 efforts for our sector and for our company, I would
3 say we were hindered by three key things. The
4 first one was underestimating and not understanding
5 the virus completely. And I would say, you know,
6 that much has been known about the virus since
7 March, but I'm sure that when we look back in --
8 for October in a few months, we will realize that
9 there is more to be learned about this.

10 The second one is understandable focus
11 in the hospitals in the early stages as that's
12 where the crisis happened in many other countries.

13 And the last one was the instinct of
14 many to stay away from long-term care which
15 includes the physicians and many other partners. A
16 lot of that was well intended, but it was entirely
17 isolating for our sector, for our residents, and
18 for our families.

19 The second item I would like to cover
20 is our COVID response as a company in the first
21 wave. This pandemic, as I mentioned, has had a
22 devastating impact, and it is no surprise to
23 everyone of what I'm -- of what I'm sharing.

24 Since becoming CEO, I have an
25 opportunity to visit many of our communities in a

1 safe manner, and after getting tested every two
2 weeks, and had an opportunity to speak to more than
3 500 of our frontline team members. And every
4 single one of them said that this experience has
5 changed them for life. And then you ask them
6 questions around, were you able to feed residents?
7 Were you able to ensure that you were able to spend
8 time? In many cases, you know, they would become
9 angry. They would say, what do you mean? Of
10 course. Why would we ever not do that? You know,
11 because that is their biggest focus.

12 And again, there's a lot of stories
13 about, you know, heroic efforts that people did.
14 But unless you speak to them one-on-one, you don't
15 really get a sense of what really people endured.

16 You saw people living into long-term
17 care homes for two weeks at a time because they
18 could not go home because they might have an elder
19 parent or someone else living with them who was
20 immunocompromised, and they did not want to run
21 away from their responsibility of taking care of
22 their residents but also not put their family at
23 risk.

24 It is well known that long-term care
25 has a significant PSW shortages and other staffing

1 shortages for many years and including going into
2 the pandemic.

3 Obviously, the pandemic made it much
4 worse. When pandemic started hitting in early
5 March, we had close to 500 team members who decided
6 not to come into work, some of them because they
7 were immunocompromised and others worried about
8 their safety as there was a lot of media stories
9 about the virus and many of them based on news
10 rather than facts.

11 And in April -- in late April, when the
12 single-site mandate came into play, which was a
13 very important mandate for that time, overnight, we
14 lost close to a thousand team members. And to give
15 you examples of certain situations, we had a home
16 which was in an outbreak, had close to 300 staff
17 members; 50 of them were already on a leave of
18 absence because they were not feeling well or did
19 not want to come into work. And on April 23rd, we
20 woke up that 98 of them additionally had decided to
21 take employment elsewhere such as hospitals, if
22 they had a part-time job at hospitals. And given a
23 choice, they decided to work into hospitals or
24 other sectors.

25 It was clear that we had to do

1 something very quickly in the middle of a pandemic,
2 and there was really no playbook which was
3 available for that time.

4 As a sector, we have always dealt with
5 flu outbreaks, and we had, with times, would have
6 multiple homes in an outbreak even during a flu
7 season. But we never went through a situation
8 where, you know, your long-serving staff members,
9 you know, walked away from work because they found
10 employment elsewhere, or they were worried for
11 their safety, and safety, rightfully so in most
12 cases, and that the world was shutting down around
13 them very -- you know, it was difficult to find
14 personal protective equipment. And there was a lot
15 of fear as there was really no cure for COVID-19
16 even today. And definitely, it was even less
17 understood at that point.

18 We started updating and training for
19 our team members, started walking them through the
20 directives which has come into play and also
21 helping them understand how to better use PPE
22 during that time.

23 There was a lot of conversation both
24 from the Public Health policy and from the Ministry
25 to ensure that we conserve personal protective

1 equipment because in the early stages, even until
2 May, I would say there was a huge challenge in
3 finding personal protective equipment for this
4 sector. And again, we never ran out, but you know,
5 there were a lot of evenings when you're really
6 struggling to ensure that the homes have at least
7 one week of supply as they are dealing with
8 outbreaks.

9 We have dramatically increased our
10 staffing. You know, we centralized all our talent
11 acquisition process early in the -- early in the
12 year which turned out to be a key issue for us to
13 be able to deal with the pandemic. We hired close
14 to 2,560 team members between March and September
15 of this year.

16 The second thing is we offered
17 full-time employment to nearly every team member.
18 And going into the pandemic, we had less than 50%
19 of our staff members full-time in Ontario Long-Term
20 Care. And today, we have close to two-thirds of
21 our team members being full-time.

22 That is a policy that we are committed
23 to maintaining as high as a number as possible
24 because first of all, it is a great outcome for
25 team members as they get dental and health

1 benefits. It is a great outcome for our residents
2 because there's a lot of feedback from our
3 residents even to the ones that I've spoken to
4 directly that they like working with team members
5 who know them, who understand their preferences;
6 they get to see them on a daily basis. And as
7 OLTCA has mentioned, there's more than a majority,
8 and more than -- in some cases more than 75% of
9 residents in long-term care have some sort of
10 dementia, so having people around who they know and
11 they trust go a long way in ensuring their
12 well-being.

13 And the last one, it is good from a
14 company perspective because we have found turnover
15 to be lower in full-time roles than it is in
16 part-time.

17 And because of the size of our company,
18 we were also able to move leaders around when -- if
19 a home went into outbreak, and in some cases, even
20 the leadership got affected by COVID-19 where they
21 got sick, and we were able to move people from our
22 support office or corporate office and also from
23 one home to another when there was -- when there
24 was help needed.

25 And we were extremely grateful for the

1 extraordinary support we got from the hospitals
2 during this time, whether it was infection
3 prevention and control, whether it was getting
4 additional staff, or whether it was through the
5 management order to ensure that we are maintaining
6 the staffing levels and ensuring we're doing
7 everything we can to keep our residents and team
8 members safe.

9 During this time, you know, we have
10 spent -- there is a lot of studies, such as
11 Nathan Stall and others who have talked to the
12 Commission about as to why some homes get affected
13 more than others, and I'm sure there's still a lot
14 to be understood. And, you know, again, as I said,
15 Dr. McGeer has spoken to you, and there's still a
16 lot of, you know, facts to be learned. But there's
17 some early indications of what really drives --
18 what areas get affected by COVID-19 worse than
19 others.

20 The first one is really the region
21 you're in, and earlier this week, there was --
22 guidance came out for City of Toronto, for the Peel
23 region, for Ottawa, and even York region could
24 happen shortly as the number of cases in York are
25 reaching -- are reaching higher and higher on a

1 regular basis. So being where you are has had a
2 dramatic impact on homes, and we have seen that
3 from our personal experience.

4 The second one is older homes, you
5 know, the C-class homes which you have heard much
6 about. Out of the 78,000 beds in Ontario in
7 long-term care, close to 30,000 of them are these
8 C-class beds which were built 50 years back, and
9 the kind of residents that they were taking care of
10 were very different. Most people walked into
11 long-term care.

12 And it is not uncommon to find even
13 today in going into a long-term care home that you
14 might meet with residents who moved into some of
15 those homes, 15, 16 years back, and they were --
16 they had much less acuity than people have today
17 coming into those homes.

18 So they were built for a certain
19 timeframe 50 years back and not for the acuity
20 level of residents that we face today. And having
21 four people in a room became a bigger and bigger
22 challenge because there's really no way to cohort
23 them.

24 The second thing which might not have
25 been spoken much about is even the design. For

1 example, the new long-term care A-home, If you have
2 a C-home, which is 160 beds and an A-home which is
3 160 beds, there's a lot of differences even with
4 that. The first is the size or the space that each
5 resident has. The guidance when those homes were
6 built 50 years back is that they had close to 350
7 square feet or so per resident which includes a
8 public space, whereas the guidance today is close
9 to 600 square feet per resident. So there's
10 significant change there.

11 The second one is even design
12 standards. For example, now you have resident home
13 areas which have 32 beds. So if someone is sick on
14 those or has COVID-19 in one of those beds in 32,
15 you would limit the outbreak to those 32 because
16 you have separate staffing. They have a separate
17 dining room, and they do not really get to see
18 other residents on a regular basis.

19 In a C-home, there is one big dining
20 room for all of those 160 residents, and if you're
21 in a high-rise, you could have two or three
22 elevators where people are coming down together to
23 come into the dining room.

24 So if people didn't know which home was
25 in an outbreak, it became much and much difficult

1 to reduce the amount of infection in a C-home that
2 it would be in any home.

3 And the last one is really the ability
4 to get test results quickly. It definitely was a
5 big challenge early in the process. Some of our
6 homes waited close do ten days to get their results
7 back. Things started to get better in July and
8 August. But, you know, as we got into September
9 and schools opening and a lot of -- and there is a
10 lot more activity outside, testing is again
11 becoming a challenge. Some of our homes have
12 waited close to a week or more to get test results
13 back and which is going to be a huge challenge as
14 we get into the second wave.

15 COMMISSIONER JACK KITTS: Can I ask a
16 question, Mr. Jain?

17 NITIN JAIN: Sure, Commissioner Kitts.
18 Thank you.

19 COMMISSIONER JACK KITTS: I want to go
20 back to your setting up an IMS. But before we go
21 there, I'd like to understand a little bit more
22 about your governance and management structure, how
23 that relates, how it gets down to the front lines,
24 and then how -- where was the -- when and where was
25 the IMS set up and how effective was it in

1 identifying high risk and helping you mitigate it?

2 NITIN JAIN: Thank you, Commissioner.
3 You know, as company, we have a long-term care
4 division which had an EDP of long-term care who was
5 a clinician by background previously. And she
6 would have regional vice presidents, And each of
7 them would be responsible for six or seven of our
8 long-term care homes.

9 Alongside, we have -- we would have a
10 VP of clinical operations and a VP of quality, and
11 they go through a process every year to ensure that
12 we're following all the directives. As you can
13 imagine, being in long-term care, we are hugely
14 regulated, and there's a lot of focus on policy and
15 processes, and we go through a pretty rigorous
16 internal inspection process once a year.

17 And all of our health data is
18 published, you know, under CIHI. And you would
19 find going into COVID, Sienna had better. For
20 every of our quality indicator was either better
21 than the provincial average or better than the
22 national average or at least at par with the
23 provincial average.

24 The IMT structure which we formed was
25 in the beginning of January for COVID-19. And in

1 big name, it was more around education because as I
2 mentioned, the risk was still considered low for
3 most of Canada at that point. And it started to
4 escalate. It started meeting on a regular basis,
5 you know, meeting daily, and our executive team met
6 two times a day to ensure that there were -- if
7 there were any items which needed to be decided, we
8 act decisively and we move quickly, and we're
9 rolling out directives on a regular basis.

10 Three times a week, we would have a
11 national webinar with every -- a leader on it to
12 ensure that they're hearing directly from us. And
13 we would have our infection prevention and control
14 partner talk about what we learned about COVID-19,
15 if people had any questions, as we rolled our
16 screening criteria, as we rolled out new
17 directives, if people had any questions on that.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Well, go ahead. I think -- is there another
20 question?

21 COMMISSIONER JACK KITTS: No. Just as
22 then, as you got into it more, the IMS continued to
23 work. Did it include the frontline directors and
24 managers, and how did that -- how did that work?

25 NITIN JAIN: Sure, Commissioner Kitts.

1 So the national webinar actually was with the
2 leadership team for all of the site-level leaders
3 and to ensure that they're hearing directly from
4 us.

5 In addition to that, you know, we would
6 have our VP team also talk daily to the homes which
7 are in outbreak which was -- as it was important
8 for us to understand what was happening. If they
9 needed staffing, that became front of the line to
10 ensure the homes in outbreak got front -- got the
11 first attention.

12 We leaned heavily on agency staff. As
13 I mentioned, we lost close to a thousand team
14 members, in some cases, in a single day. So we
15 were ensuring that those team members were getting
16 help on a regular basis. And if we were not able
17 to get staffing internally, we had a mechanism to
18 ask for help from the hospital partners, as we did
19 in multiple cases, and to ensure that we're keeping
20 the Ministry up to date.

21 We also had to find a way to keep our
22 employees up to date on a regular basis, the very
23 frontline, not only the leaders, the team members.
24 So all of our directors had to be posted on a
25 regular basis. And that, in fact, is a lesson

1 learned, not only for us, but for the sector
2 because there's only so much reliance you can do
3 about people reading a notice next to your punch
4 clock or in your staff room.

5 So as part of our learning from the
6 first wave, we have recently launched an app. And
7 in the last three weeks, we have close to 5,000 of
8 our team members who have already signed onto this
9 app so we can talk to them consistently,
10 instantaneously, and have a two-way dialogue in
11 case they have additional questions for us.

12 That IMT structure continues on,
13 Commissioner Kitts, even today. We've slowed down
14 the meeting of it in August to, you know, three
15 times a week. And then we will again as it looks
16 like we're escalating again as we're getting into
17 the second wave, as we are committed to ensure
18 we're keeping everyone informed.

19 COMMISSIONER JACK KITTS: Thank you.

20 NITIN JAIN: Thank you, Sir.

21 The next item I would like to walk you
22 through is the third item which is our action plan
23 and our preparation for the second wave.

24 Since the onset of COVID-19, as I
25 mentioned, you know, we have been singularly

1 focused on the operations of our company and to
2 ensure we are keeping all the residents and team
3 members safe. We have made extensive changes to
4 our leadership team in the middle of this crisis so
5 we are better prepared for the second wave, and we
6 have broadened in extensive healthcare expertise to
7 our sector as this is becoming a more and more, you
8 know, challenge with healthcare, infection
9 prevention control than just regular long-term care
10 as long-term care is a person's home, and, you
11 know, not really best equipped to deal with some of
12 the acuity level that we have seen as it came with
13 COVID-19.

14 In June of this year, we launched a
15 comprehensive six-point plan, and as part of the
16 six-point plan, we launched an internal
17 investigation and a company-wide review by a formal
18 Ontario Deputy Attorney General, Paul Boniferro,
19 and that report has been provided to the Commission
20 in case you have questions on that.

21 We have reviewed Mr. Boniferro's
22 report, and we are -- we are looking to implement
23 all of them, all the recommendations. And many of
24 those recommendations, in fact, have already been
25 implemented.

1 As part of our six-point plan, our goal
2 is to ensure we got -- we get additional healthcare
3 expertise. We were able to hire Dr. Andrea Moser
4 as our chief medical officer. Dr. Moser is a
5 person who has spent majority of her career as
6 physician in care for the seniors. And she also
7 helped develop the curriculum for long-term care
8 medical director for Ontario.

9 Dr. Moser has been working with us for
10 the last few months and has now joined us
11 full-time, you know, beginning this month.

12 Dr. Allison McGeer, who I understand
13 was -- has spoken to all of you, had joined us as
14 our chief infection prevention and control
15 consultant. And I would say, you know, we are very
16 fortunate to have someone of her credibility
17 because her understanding of this disease, I
18 would -- I would say is probably one of the better
19 that I have heard from anyone. And she has been
20 joining our VP webinars because it's one thing from
21 our patients or others to tell frontline team
22 members what is important and what is not
23 important, and when it came from Allison McGeer, it
24 definitely has a lot more weight to it, and we are
25 fully committed to making use of that.

1 We have engaged Mary Jane Dykeman.
2 Mary Jane Dykeman is an expert in family and
3 caregiver engagement. And Ms. Dykeman is helping
4 us to ensure that we come up with the best in class
5 family caregiver engagement plan which we plan to
6 publish it for nearly anyone to use because we
7 believe it is not only the best thing for Sienna;
8 it is the best thing for the sector. The more
9 engaged the caregivers are, the better the
10 opportunity for wellbeing of the resident.

11 And lastly, we have engaged
12 Mr. Joe Mapa. He was previously the CEO of Mount
13 Sinai Health System and has been a great resource
14 for, not only for the company overall, but for me
15 personally as he's helping us navigate all our
16 hospital partnerships and helping us understand
17 healthcare from a -- from a bigger viewpoint.

18 The next thing we're doing is ensuring
19 we have more PPE than we had before. Now, global
20 supply chain challenges have somehow -- have
21 resolved or they are better than they were before,
22 for sure. And we -- our current standard is that
23 we at least have 30 days of supply in each one of
24 our homes, and in addition, we have additional
25 supply. We have created these eight regional hubs.

1 So when a home goes into outbreak, we can send them
2 more personal protective equipment on a very quick
3 turnaround.

4 And I also would like to recognize the
5 recent Ontario Government announcement of providing
6 eight weeks of supply to long-term care. That will
7 go a long way in ensuring we have close to now 90
8 days of personal protective equipment supply other
9 than N95 mask.

10 As I mentioned, we have hired close to
11 2,500 team members. And we have now -- you know,
12 as we went through the process, we have a shortlist
13 of close to 40 agencies who we can -- who will get
14 24-hour turnaround in terms of a timing when
15 something goes into crisis that we can get staffing
16 very quickly.

17 From what we have seen from our peers
18 so far because people understand more about this
19 virus, there is more availability of personal
20 protective equipment, people have not seen the kind
21 of staffing issues that they saw in the first wave.

22 So we are hopeful that would continue
23 on, but having said that, we have made the backup
24 plan with agencies to ensure that when we do need
25 staffing, we can get people who are trained on a

1 very quick turnaround.

2 On the mention -- on the topic of
3 infection on personal protective equipment as it
4 relates to infection prevention and control, we
5 have introduced a new COVID-19 guide which has been
6 reviewed by Dr. Moser and Dr. McGeer. And we have
7 been holding weekly seminars, even, you know, as
8 number of cases went down in our -- in our homes to
9 zero in August to ensure that we keep up with that.
10 As we know, this virus has definitely not been --
11 has not gone away. And as we now know, we are in
12 the middle of the second wave.

13 We have hired five regional infection,
14 prevention, and control consultants to ensure that
15 they can be deployed, if needed, to site-level.
16 And we are reducing, thanks to the government's
17 support, the use of our four bedrooms. Out of our
18 600 rooms, we are down to close to half of that
19 capacity.

20 And the last one is around
21 communication. Commissioner Kitts, you talked
22 about how we're keeping team members informed. So,
23 you know, I mentioned the app we recently launched.

24 In addition, we're sending regular
25 communication to families because we want them to

1 know from us first directly when things go into an
2 outbreak and to also know good news when things are
3 coming into outbreak or visitation rights and
4 communications to other stakeholders such as
5 government and health partners so they know if we
6 need help far in advance before we get into a
7 difficult situation.

8 COMMISSIONER JACK KITTS: Just a
9 question about your staffing: You described a
10 fairly horrendous time where 50 were off and then
11 another 99 or some went off in a certain home. But
12 you're feeling better about the staffing, not
13 completely where you'd like to be, but you're
14 feeling better.

15 Can you tell me how you increased your
16 staffing so significantly over this time and
17 particularly whether you were able to bring back
18 those that left during the height of the crisis
19 from either fear or other jobs?

20 NITIN JAIN: Commissioner, so as you
21 mentioned, we hired close to 2,500 staff members.
22 And it was only made possible because of the change
23 in regulation in long-term care where we --
24 majority of them, or I would say 800 of them were
25 this new role of CSA, which is care service

1 attendants, which did not exist before, where they
2 can be a support to PSW. They need less training
3 than PSW, so, you know, you do not have to have the
4 PSW certificate. So that went a long way in us
5 ensuring that staff members -- and that has opened
6 a -- potentially, another resource for -- not only
7 for Sienna, but for our sector in general.

8 The second, you know, during this time,
9 a lot of family health offices and others were
10 closing, so we were able to hire some staff from
11 there. So that has been the big focus to really go
12 out and, you know, rely on -- and a lot of
13 people -- in a lot of cases, we ended up hiring a
14 lot of agency staff because that was really the
15 only option at that point. We ensured that they
16 were certified, and if we had any nurses, that they
17 were registered nurses before we hired them.

18 The number of staff members who did go
19 on leave initially, that number was close to 500,
20 Commissioner Kitts. That number has not changed
21 even though the people have changed, but there's
22 still people who are on leave of absence initially,
23 and they're on leave of absence today.

24 The single site continues to be in
25 effect, so those people have not come back. So we

1 had 500 people who left on leave of absence for
2 other reasons and a thousand who left for single
3 site. Those thousand have not changed in any way,
4 shape, or form so far.

5 COMMISSIONER JACK KITTS: And what
6 would your typical care service assistant, what
7 would be their background, their age, their
8 education? Any prototypical type of a person they
9 are?

10 NITIN JAIN: You know, I had an
11 opportunity to meet many of them, and in most
12 cases, if you go into a long-term care home, that
13 might be the first person you meet because many of
14 them are doing work such as screening. And I have
15 seen people who are going to school, like, in going
16 to university. And I have seen seniors who are
17 doing this because, you know, they're looking to
18 give back or do something back.

19 So it really, I would say they come in
20 all different forms, is what I have seen. There's
21 not a lot of specific training to be provided for
22 it. There is some limited training that they do
23 provide. And we are hoping there's an opportunity
24 for them because our sector has had a lot of
25 challenge in attracting PSWs to this sector because

1 there was a change made in the last government
2 where they first had to go to school for six months
3 full time before they can become PSW. And if
4 there's a way where part of their studying is
5 actual work where they can be paid for, I think
6 there is a better opportunity for us to resolve
7 some of the human resources issue that we have seen
8 in our sector.

9 COMMISSIONER JACK KITTS: Thank you.

10 NITIN JAIN: The next item I would like
11 to cover is really --

12 COMMISSIONER FRANK MARROCCO (CHAIR): I
13 don't -- I don't know if this is convenient,
14 Mr. Jain, but I was thinking -- oh, well, no. I
15 guess I'll wait a bit. Sorry. Go ahead.

16 NITIN JAIN: Okay. Thank you,
17 Commissioner.

18 The next item I would like to cover is
19 really what do we need as a sector, as a province,
20 as a country, to ensure we keep our team members
21 and our residents safe from COVID-19.

22 And I know that in the last weeks, you
23 have heard from many of our peers, from people such
24 as Allison McGeer and then also from the Ontario
25 Long-Term Care Association as to what is needed for

1 the sector to be successful as you go into the
2 second wave.

3 I know you have also heard from experts
4 where they talk about fixing the system. And I
5 would say, you know, our recommendations would be
6 more in line with Ontario Long-Term Care. There's
7 really not one fix, but there's a lot of work we
8 need to do together if you want long-term care to
9 be sustainable and safe for residents and team
10 members as we get into the second wave and the --
11 potentially the third wave as, Commissioner, you
12 mentioned.

13 The first one is really finding the
14 right balance. There is significant difference in
15 long-term care in hospital. And, in fact, when one
16 of the hospitals came to help us, the first thing
17 they said is, you have to now remember that you are
18 no longer a long-term care home. You are in acute
19 care settings because you have a lot of residents
20 who need health -- their health issues are from --
21 are from an acute standpoint.

22 And that is a significant change
23 because long-term care is a person's home. There
24 was -- for example, there is not cohorting policy
25 for residents because when you live in an

1 apartment, there's no policy that you will be asked
2 to move into someone else's apartment. That is
3 your room, and you stay in that room because that
4 is your home. And that all had to change as we
5 went into the first wave.

6 So, you know, we -- and our infection
7 prevention and control expertise is different.
8 Unlike hospitals, people bring their own furniture;
9 they bring their own blankets. They have, you
10 know, a soft mattress. It's not something that you
11 can easily wipe, you know, and the staff that we
12 have is trained to take care of such things such as
13 wound care or dementia and not the acute care
14 challenges that came with COVID-19.

15 So finding the right balance is going
16 to be a key issue where you do not want hospital to
17 become long-term care, and you don't want hospitals
18 to become -- or long-term care to become hospitals.
19 But when there's a need, there is the ability to do
20 that and dip into that expertise, you know, time to
21 time as homes go into outbreak.

22 The second one, you know, as you
23 mentioned, Commissioner Kitts, in some of your
24 questions, is really the focus on staffing. So
25 this staffing crisis is not new. The only thing

1 which is new and now everyone is talking about it
2 even outside this sector, so we will continue to do
3 our part in ensuring we are hiring people on a
4 regular basis, converting part-time to full-time
5 wherever it would make sense.

6 Now, because of our 24/7 work, there is
7 really no opportunity to have hundred percent
8 full-time people because you need people on
9 weekends and to cover shifts. So you always would
10 have a contingent of part-time workers.

11 And as you saw in Dr. Sweetman's
12 testimony, he talked about on an average long-term
13 care, in fact, has lower number of part-time team
14 members than it would be in other sectors.

15 Having said so, we are still focused on
16 ensuring that we are hiring more and more part-time
17 worker -- full-time workers wherever we can.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Mr. Jain, do you have a sense of what the
20 proportion should be or how -- how that works?

21 NITIN JAIN: Commissioner, today we
22 have around two-thirds of our Ontario Long-Term
23 Care PSW to be full-time, you know, and previously,
24 we have 50%. I don't know the answer as if -- I
25 know 50% might not be the right number. I'm not

1 sure if 67% is the right number.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Yeah.

4 NITIN JAIN: It also depends on the
5 size of the buildings. So for some homes which are
6 256 beds and different work areas, you know, after
7 COVID-19, there might be an opportunity for those
8 team members to have, you know, work in different
9 work areas and still be part-time for one work area
10 but really, in fact, be full-time.

11 But we also have smaller residences
12 such as, you know, few, less than 100 homes where
13 that would be difficult to do. So it really for us
14 is going home by home and ensuring we are finding
15 the right mix of full-time and part-time.

16 So again, as the Commission look at
17 potential recommendations, I think the flexibility
18 around finding the right mix is a key because what
19 might work for us in one city might not work for us
20 in another city because of, you know, the labour
21 pool overall and also the size and the shape of the
22 building [indecipherable] for materially.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Yes, Commissioner Coke.

25 COMMISSIONER COKE: You talked about

1 increasing the mix in terms of full and part-time.
2 Are you looking at increasing the mix in terms of
3 nurses? I know PSWs are an issue, but given the
4 acuity of patients, as you've mentioned, getting
5 higher and higher, are you increasing your mix of
6 nurses?

7 NITIN JAIN: I think overall,
8 Commissioner Coke, there's been a change or
9 increased staffing in all of those areas,
10 especially for the homes which go into outbreak.
11 So what we might do when a home is in outbreak,
12 suddenly their staffing levels could be
13 significantly different, sometimes nearly 50% more
14 stuff in certain roles, and as you come out of
15 outbreak, then you're moving those people, when
16 it's safe to do so, to potential other homes, you
17 know, just the -- just the leadership staff after
18 they've gone through a 14-day isolation period.

19 So there's really not one role that we
20 are focused on, but overall, we have higher -- we
21 have more number of people today than we -- going
22 into the crisis including the turnover that has
23 happened during this time.

24 COMMISSIONER COKE: Okay.

25 NITIN JAIN: The next item I want to

1 just talk about is infection prevention and control
2 expertise. And as I mentioned, this is where we
3 are so thankful to the support from the hospitals
4 because most of them came to our -- to our help in
5 one of the darkest times for us, and they brought
6 some incredible infection prevention control
7 expertise that did not exist in long-term care
8 before this.

9 So being able to dip into that
10 expertise when our home goes into an outbreak is
11 going to be a key factor for us as we go into it.
12 And many of the hospital partners that we have
13 spoken to have been very open to providing help.
14 And they're -- you know, they ask us to ensure that
15 we ask for it early enough.

16 And as we get into the second wave, you
17 know, there's a difference how the hospitals were
18 prepared in the first wave versus second. But it
19 is going to be key for us to be able to rely on
20 that expertise when we go into a significant
21 outbreak in a home because especially for C-homes,
22 the ability to limit infection within a home is
23 going to be limited once you've -- once it reaches
24 a certain number of people who are -- who have that
25 COVID-19. And again, that would depend on the size

1 of the building and where it is located.

2 The second -- the next one is
3 coordination. You know, we do not -- the long-term
4 care does not exist on an island. There has been
5 work we need to do with physicians to ensure those
6 visits continue, and that's a big focus for our
7 chief medical officer, Dr. Moser, in her last three
8 months as she has started work. We are looking at
9 our policies. We are looking at our procedures.
10 We are ensuring that people have a better
11 understanding of what we expect from our medical
12 directors and visiting physicians. And it needs to
13 have the right mix of in-person visits and virtual
14 care because even in an outbreak situation, doing
15 everything by virtual care is not possible. So
16 that focus needs to ensure that we are holding each
17 other accountable during that process.

18 The next one, you know, in the
19 coordination, is, again, the hospital partners. I
20 talked a lot about infection prevention and control
21 and government whether it comes to personal
22 protective equipment or other support as we get
23 into the second wave.

24 The next item is redevelopment.

25 COMMISSIONER JACK KITTS: Mr. Jain,

1 before you go on, just a -- just a question about
2 partners. You said the hospitals were very eager,
3 willing to come in and help when you needed -- when
4 you needed their help.

5 Just wondering if the relationship now
6 between long-term care and hospitals, let's say, in
7 your experience, is a continued relationship, and
8 there will not be the, sort of, get to know each
9 other before we partner.

10 Is that ongoing, and are all of your
11 team -- all of your long-term care homes in
12 Ontario, do they have a buddy hospital that they
13 can call or count on, or is that -- that's beyond
14 the relationship so far?

15 NITIN JAIN: Commissioner Kitts, that
16 was the big focus for me when I took on this role
17 is to first, obviously, meet with the three
18 hospital partners who we had management orders
19 with.

20 But there were others who did not need
21 a management order to help us. For example,
22 Michael Garron Hospital, you know, came to our aid
23 in the City of Scarborough, you know, when there
24 were a lot of people who got sick. And the best
25 way to describe it that, instead of taking the

1 residents to hospital, they brought the hospital to
2 the residents which had a better outcome for many
3 residents in that case. And those partnerships
4 should continue on. And really, when we spoke to
5 many of our hospital partners, even outside of
6 this, our view was that this is -- a time of crisis
7 has ensured that we are speaking to each other, but
8 we are hoping that we can count on each other even
9 regular times, so there's more ideas of
10 collaboration.

11 In fact, one of our hospital partners
12 is Scarborough Health Network, and we recently
13 announced a potential partnership with them to
14 develop a 320-bed long-term care home at our site
15 in Altamont in Scarborough. And, you know, there's
16 still a lot of work needs to be done, but we are
17 aligned that we want to build a state-of-the-art
18 320-bed home. It will benefit from the expertise
19 from both hospitals and long-term care. We want to
20 be partners. It is the right site. You know,
21 that's the area which needs additional beds. So we
22 would be looking for other partnerships whether in
23 that form or others with hospitals and other
24 stakeholders.

25 COMMISSIONER JACK KITTS: And other

1 stakeholders, would that be Public Health? And can
2 you just comment on how well your long-term care
3 homes are working with Public Health, the local
4 Public Health?

5 NITIN JAIN: Yeah, there is a lot of
6 work, you know, we do with Public Health,
7 especially as it relates to testing. So we have --
8 we would have relationships in most of those areas.

9 You know, the other area of
10 partnership, I would just talk about is physicians
11 as well, is having the engaged medical directors
12 and physicians going a long way in wellbeing of the
13 residents. So, you know, having that strong
14 partnership is a key for us, and that's a big focus
15 for Dr. Andrea Moser for us.

16 And again, you know, coming back to
17 Public Health, the big focus right now is really
18 the focus on testing and ability, when directives
19 do come out from Ontario, how they can be a bit
20 better aligned too. For example, even for
21 isolation, you know, one Public Health might take
22 of the view that you have to isolate for 14 days.
23 Another one might say 28 days, and third one might
24 say 14 days plus 72 hours. And it becomes a bit of
25 a challenge as you're rolling those out to your --

1 to your leaders.

2 COMMISSIONER JACK KITTS: Thank you.

3 NITIN JAIN: My next item here really
4 comes down to testing and which is at the centre of
5 everything for us to be able to fight COVID-19.

6 It's been early August since we reached
7 the milestone of having zero of our residents in
8 Ontario with COVID positive. And, in fact, from
9 August to now, we have been fortunate to only have
10 one resident case, and that is in a B.C. retirement
11 home. The rest of our homes have been COVID-free
12 from a resident perspective.

13 But the big reason why we have done
14 that, I would -- I would not count out luck because
15 as Dr. Sweetman talked about and others, there is a
16 lot of luck involved as to who walks into your home
17 and what kind of symptoms did they have and how
18 much infection they might be able to spread into
19 your home.

20 However, testing has been a big focus.
21 So in June, when the directive came that residents
22 and team members get tested twice a month, that's
23 been a huge factor for us. In fact, nine to ten of
24 our homes are in outbreak. As of last evening,
25 there were ten of them. And they have one -- in

1 most cases, they have one team member who tested
2 positive. But because of the testing being done on
3 a regular basis, you found that early enough, that
4 team member has now been isolated, you retest
5 everyone in that home, and the infection is
6 contained.

7 So in those ten homes, we have close to
8 15 team members who are COVID positive. But we
9 have started to see some testings delays, even
10 recently, and that some of our peers have had
11 testing challenges in some areas where it took
12 close to a week even in an outbreak home. And
13 personally, we have seen, you know, testing delays
14 for more than a week. And that is going to become
15 a huge challenge as we get into the second wave to
16 be able to, you know, isolate people who have
17 symptoms worse than others. So, you know, for us,
18 that would be a key focus for us getting into the
19 second wave.

20 COMMISSIONER JACK KITTS: Do you have
21 the infrastructure in your homes to be able to
22 isolate and cohort long-term care patients? You
23 have the capacity?

24 NITIN JAIN: Commissioner Kitts, for
25 A-homes it becomes a bit simpler because when we

1 went into COVID-19, it was a huge challenge because
2 occupancy in long-term care is at 99%. And it's
3 only 99% because it takes a week to get the next
4 person in. Operationally, the occupancy is 100%.
5 There's never a room available in long-term care.

6 So in the first wave of COVID-19, it
7 was practically impossible for space one. The
8 second -- the original public health policy was
9 that you were -- we were not testing residents on a
10 regular basis. And when a home went into an
11 outbreak, you were, in fact, asked that you should
12 not be testing anyone because a home is now in an
13 outbreak.

14 So you had -- you went -- you really
15 went with symptoms. If someone had symptoms, you
16 isolated them. And if someone did not have
17 symptoms, the idea was, well, they are not going to
18 be able to pass on the infection anyway, so there's
19 nothing for you to worry. And that became a huge
20 challenge even for A-homes.

21 Now, C-homes, I walked you through with
22 some of the challenges with the infrastructure in
23 C-homes already. So in the first wave, they were
24 hugely challenging. In the second wave, you know,
25 there is a bit more vacancy than going into the

1 first wave, but not by a lot.

2 So for A-homes, if you have a limited
3 number of cases and testing is done regularly,
4 there is an opportunity to -- for them -- for us to
5 isolate them in an area and also isolate employees,
6 so only the same employee is working with them on a
7 regular basis.

8 However, on C-homes, I would say, you
9 know, there's no magic number, but I'm just going
10 throw one out just for to give you a sense. If
11 there are five or six cases, probably that might be
12 a turning point where you might have to find a way
13 for those residents to be taken to hospital or some
14 other setting because it would practically become
15 impossible for us to provide them an area where
16 they do not infect other people as people are
17 sharing elevators; you know, dining, even though
18 it's in their room, the staff is a lot of times
19 going back and forth from the same kitchen because
20 there's one central place.

21 So I think the answer to your question,
22 Commissioner Kitts, is in newer standard homes, it
23 is simpler or easier, I would say, compared to
24 C-homes. But C-homes are a very difficult task
25 especially after a certain number of cases.

1 COMMISSIONER JACK KITTS: Are you aware
2 of any increased capacity made by -- I don't
3 know -- pop-up tents or other dwellings that you
4 could take advantage of in Wave 2? Are you aware
5 of any of that?

6 NITIN JAIN: Not formally. We heard
7 yesterday about something to be -- being done
8 there, but we are not aware of any, you know, exact
9 details that I -- that I would know of or I can
10 speak knowledgeably about.

11 COMMISSIONER JACK KITTS: Okay. Thank
12 you.

13 NITIN JAIN: Commissioner Marrocco, I'm
14 towards the end of my remarks, and my next item is
15 conclusion. I'm happy to take more questions. I
16 would be happy to take a break, or if you would
17 like, I can take you through the conclusion unless
18 all of you have more questions.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Well, I don't think there are more questions, but
21 if you're going to start on the conclusions, why
22 don't we take the ten minutes now and then come
23 back and hear -- and take the conclusions all at
24 once rather than break it up.

25 NITIN JAIN: Okay. Thank you very

1 much.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 So we'll break for ten minutes. Don't sign off.
4 Just -- you just mute yourself and your camera, but
5 please don't leave.

6 NITIN JAIN: Thank you.

7 (BREAK)

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Mr. Jain, I think we're all back. So actually,
10 before you -- before you start with the
11 conclusions, it occurred to me over the break that
12 I should ask you about this: If you have a patient
13 in a -- or a resident in a long-term care home, and
14 they -- they contract something like COVID-19,
15 they -- I guess they very quickly become an
16 acute -- am I right to assume that they very
17 quickly become an acute care resident in a hospital
18 or an acute care patient. Is that -- is that, in
19 your view, a correct way of looking at it?

20 NITIN JAIN: You know, I think
21 Commissioner Kitts talked about, you know, part --
22 working with hospitals on a regular basis. And to
23 your -- to your point, Commissioner, there is, in
24 fact, a regular partnership with hospitals to begin
25 with because there is this transfer of residents

1 from long-term care to hospitals and hospitals to
2 residence in the normal course of business. But it
3 would happen, you know, very -- so you know, it
4 will happen much less frequently, and you might be
5 talking one person at a time, where you're calling
6 the hospital in advance, telling that someone is
7 coming. You know, the hospital is aligned, yes,
8 that resident makes more sense to be in acute care.

9 And in COVID-19 cases, you know, I --
10 it is -- it is I would say, divided into two. The
11 first one is people who got -- who get very sick
12 with COVID-19. In that case, you know, there is
13 obviously a very immediate and urgent need for them
14 to be in a hospital setting.

15 The second thing we're talking about is
16 even some might not get to -- from a health
17 perspective, they might not become acute, but
18 because you might not be able to isolate them, you
19 might have to transfer them into a hospital.

20 Things like that did not exist before
21 because, you know, flu and other things, because
22 there's a cure, you know, things don't get usually
23 this challenging very fast. There is -- there is
24 not a transfer in those cases to hospitals.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay.

2 COMMISSIONER JACK KITTS: Just to
3 follow up on that, this question is probably unfair
4 for you and probably more for your medical
5 advisors, but we have understood very strongly that
6 it's very important that this is a home, and these
7 are their homes, their last place of residence, and
8 we have to respect that.

9 But I wonder if we're at a time now
10 where part of the long-term care home has an area
11 are where patients who go from well to acute, where
12 the staff comes over to the -- to the long-term
13 care home, treats them like they're in a hospital
14 but doesn't have to move the patient and instead
15 moves the staff.

16 Do you see something like that in the
17 future given the high increase in acuity of
18 patients in the long-term care homes?

19 NITIN JAIN: Again, as you said,
20 Commissioner Kitts, this might be a better question
21 for someone like Dr. Moser. I would -- again, you
22 know, our experience with Michael Garron Hospital
23 was similar to what you mentioned where we got help
24 to deal with some of that acuity. And again, if
25 it's one or two people, you know, those things can

1 be managed.

2 In COVID-19, it becomes a bit more
3 challenging. So maybe there is something to your
4 suggestion that in the new design standard, there's
5 a certain area where you can isolate people a bit
6 more.

7 There is discussion on negative
8 pressure rooms and other things in long-term care
9 design. So I think it's in the same way of
10 understanding to how to fight something like
11 COVID-19 if it -- if it, for some reason, happened
12 again in a few years from now.

13 COMMISSIONER JACK KITTS: Thank you.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 So go ahead, Mr. Jain.

16 NITIN JAIN: Thank you, Commissioner.

17 My conclusion is not, you know, very
18 extensive because I wanted to cover four areas, and
19 thank you for allowing me to do that.

20 I started my remarks today by thanking
21 all of you and for giving me to represent Sienna
22 and our 13,000 team members to have a voice for
23 this commission. So thank you for this opportunity
24 to do that, and also thank you for all of your
25 questions.

1 In conclusion, I just want to revisit
2 four of the key areas that I walked you through in
3 our discussion. The first one is our preparation
4 for COVID-19. So we were working in real time with
5 our partners, with our government, with many of our
6 healthcare partners. And when I mentioned to you
7 many times that Public Health policy said 'X', but
8 you know, it goes different, this is in no way to
9 criticize anyone. I think this is to just
10 underscore that how our understanding has evolved
11 for this COVID-19 from March to now.

12 And what we know today, we know as a
13 country, as a province, as Public Health, we are
14 making better directives than we did in January
15 because we just know a lot more about this virus
16 and just what -- how we interpreted it and the
17 things we were doing in our preparation for
18 COVID-19.

19 The second point is really our
20 experience dealing with COVID-19. And again, I
21 would say that, you know, there are a lot of people
22 who call -- who have called the frontline people
23 heros. People have been very kind to them. But I
24 still don't think there's an understanding of what
25 people have gone through. There's a lot of trauma

1 in long-term care team members. And in addition, a
2 lot of times, you know, there is a blame where they
3 felt that they could have done more potentially for
4 their residents.

5 And the things, you know, in a
6 long-term care home, for example, when -- and in a
7 Sienna home, we have a whole process when one of
8 our residents dies. You know, there's a -- we shut
9 things down. Team members come to say the final
10 good-bye. There's a process how we do that. And
11 team members were not able to do that during
12 COVID-19.

13 And when you go talk to frontline team
14 members, for them, they were the last ones that
15 those residents saw, you know, as they -- as they
16 passed away. And that has been very, very
17 difficult for many of our team members.

18 We have some of our team members who
19 have been with us for 45 years, and I had an
20 opportunity to speak one of them. And you know,
21 again, she works in the kitchen, and her view was
22 that she was doing her part to ensure that everyone
23 was kept safe. She felt that it was her personal
24 responsibility that she showed up to work, and she
25 didn't care that the world was shut down around her

1 because she would never abandon her residents. And
2 that those stories are truly remarkable, and I
3 would be remiss to say that that in any way is an
4 isolated story. That is pretty consistent across
5 most of the team members that I've spoken to.

6 So there's a lot of work that our team
7 members have done. And again, we are thankful to
8 the government for the pandemic pay and the recent
9 announcement for PSW wages. And I hope that
10 continues on for other matter -- roles as well,
11 such as the CSAs, RPNs, and others.

12 The third item I covered is what we
13 have done in preparation for the second wave. To
14 say that the last few months have been challenging,
15 I don't think that would be very accurate because
16 there's really no words to describe them. There
17 has been no playbook as how we would deal with
18 something like that.

19 As I mentioned, we have significantly
20 changed our leadership team. We added some
21 incredible healthcare expertise and an opportunity
22 to work directly with them. And when you get a
23 directive, and you can ask Dr. Allison McGeer,
24 about it, it has a completely different view than
25 what others would have. For example, recently, we

1 were rolling out the directives, you know, for the
2 region of Toronto, for Peel, and for Ottawa where,
3 you know, there have been stricter guidelines put
4 into place for visitations to ensure that people
5 can still visit, such as essential caregivers. But
6 there is limitations because the number of cases
7 are increasing.

8 And our experts and our, you know,
9 people in our company would say, well, about the
10 York region because it has more number of cases now
11 than others? You should be doing the same for York
12 region, which we did proactively before any
13 directive. Because again, that's where having good
14 expertise, having a better understanding of the
15 virus than people in January has helped us in a big
16 way.

17 And I talked about our focus on
18 ensuring we have the right staff members, and we
19 also have enough personal protective equipment.
20 That focus would stay on for our company, you know,
21 until as long as we are in COVID-19 and definitely
22 beyond that.

23 And the last one I covered is really
24 what we continue to need in our fight against
25 COVID-19. As I mentioned, for nearly two months

1 now, we have no resident who has tested positive
2 for COVID-19 in our Ontario Long-Term Care. We do
3 have one case in B.C. retirement, but we also know
4 that can change at any moment. So I do not want to
5 give you an impression that we feel that we should
6 be sitting idle or we should in any way, you know,
7 step away from the work that we're doing. In fact,
8 our focus is increasing again, you know, as we got
9 into the second wave after a bit of a slow August.

10 But there's more needs to be done in
11 working with our partners. I mentioned many of
12 that already. We will continue to advocate to --
13 for investments in this long-term care sector for
14 operational items such as personal protective
15 equipment, additional staffing, you know, expertise
16 such as infection protection and control, and also
17 long-term care investment such as redevelopment.

18 For the last six years, there has been
19 a lot of conversation about rebuilding some of
20 these older homes and also to add additional
21 capacity. But unfortunately, until recently, with
22 the new government program which is going to be
23 viable now to be making new beds once we are out of
24 COVID-19, there have been less than a thousand beds
25 that have been built province-wide. So, you know,

1 this problem of older beds, people have known for
2 quite some time, but because there was no viable
3 program for -- to be able to build those, none of
4 the work has been done so far.

5 And as a company, we have talked about
6 that we want to be part of the solution. We don't
7 take care -- our role of one of the bigger
8 long-term care providers in Ontario for granted.
9 We want to be part of the solution, and we want to
10 be willing partners with anyone who is looking to
11 partner with us as we want to keep our residents
12 and team members safe.

13 Thank you very much.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Well, thank you very much.

16 That's extremely helpful, Mr. Jain,
17 from our perspective. And it helps us get an
18 understanding of the corporate sector and how that
19 aspect of this works. And we're thankful to you
20 for that and we do appreciate it, so thank you very
21 much.

22 We may be back, and so with your
23 permission, we -- as we learn more and we start to
24 deal with this problem in different aspects, we may
25 come back to you for some further assistance, and

1 we hope you are okay with that.

2 From the perspective of us, as I say
3 thank you, and thank you for the time and effort
4 that went into the preparation. It's very much
5 appreciated, and thank you. Bye-bye.

6 NITIN JAIN: Thank you, Commissioner.

7 COMMISSIONER ANGELA COKE: Thank you.

8 -- Adjourned at 11:30 a.m.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

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

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

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

16
17
18 Dated this 13th day of October, 2020.

19
20 

21
22 _____
23 NEESONS, A VERITEXT COMPANY

24 PER: JANET BELMA, CSR

25 CHARTERED SHORTHAND REPORTER

WORD INDEX

< 1 >

1 4:21
10 15:16
10,000 8:2
10:00 1:14 3:1
100 42:12 51:4
11:15 5:9
11:30 1:14 64:8
13,000 8:3 9:12
57:22
13th 65:18
14 48:22, 24
14-day 43:18
15 23:15 50:8
16 23:15
160 24:2, 3, 20

< 2 >

2 4:22 8:21
53:4
2,500 33:11
35:21
2,560 20:14
20 7:3, 12
200 11:20
2019 10:13
2020 1:13 6:16
14:5 65:18
23rd 18:19
24 10:17
24/7 41:6
24-hour 33:14
25 14:8, 9
256 42:6
28 48:23

< 3 >

3 4:23
30 32:23
30,000 23:7
300 18:16
32 24:13, 14, 15
320-bed 47:14,
18
35 9:3
350 24:6

< 4 >

4 9:8
40 33:13
43 9:3
45 59:19

48 8:21

< 5 >

5,000 29:7
50 9:1 18:17
20:18 23:8, 19
24:6 35:10
41:24, 25 43:13
500 17:3 18:5
36:19 37:1

< 6 >

6,000 9:6
60 14:9
600 24:9 34:18
65 14:5
67 42:1

< 7 >

70 9:1
72 48:24
75 21:8
78,000 23:6

< 8 >

8 9:4
800 35:24

< 9 >

90 33:7
98 18:20
99 35:11 51:2, 3
9th 1:13

< A >

a.m 1:14 3:1
64:8
abandon 60:1
ability 25:3
40:19 44:22
48:18
absence 18:18
36:22, 23 37:1
accountable
45:17
accurate 60:15
acquisition
20:11
act 27:8
action 29:22
activity 25:10
actual 38:5
acuity 23:16, 19
30:12 43:4
56:17, 24

acute 12:22
39:18, 21 40:13
54:16, 17, 18
55:8, 17 56:11
add 62:20
added 60:20
addition 28:5
32:24 34:24
59:1
additional 22:4
29:11 31:2
32:24 47:21
62:15, 20
additionally
18:20
adequate 14:24
Adjourned 64:8
advance 35:6
55:6
advantage 53:4
advisors 56:5
advocate 62:12
after 4:12 13:7
17:1 42:6
43:17 52:25
62:9
age 8:11 37:7
agencies 33:13,
24
agency 10:24
13:12 14:8
28:12 36:14
ago 9:20
ahead 6:20
27:19 38:15
57:15
A-home 24:1, 2
A-homes 50:25
51:20 52:2
aid 46:22
airplane 7:13
alcohol 9:23
aligned 47:17
48:20 55:7
Alison 2:3
Allison 12:15
31:12, 23 38:24
60:23
allowed 7:22
allowing 57:19
Alongside 26:9
Altamont 47:15
America 7:11,
14
amount 25:1

Andrea 31:3
48:15
Angela 1:20
64:7
angry 17:9
announced
47:13
announcement
33:5 60:9
anybody 3:15
anyway 51:18
apartment 40:1,
2
app 29:6, 9
34:23
appreciate 9:17
63:20
appreciated
64:5
appreciative
4:20
approach 4:15
April 15:24
18:11, 19
area 5:23 6:2,
5 42:9 47:21
48:9 52:5, 15
56:10 57:5
areas 5:20
22:18 24:13
42:6, 9 43:9
48:8 50:11
57:18 58:2
asked 40:1
51:11
aspect 63:19
aspects 63:24
assistance
63:25
Assistant 2:3
37:6
Association
38:25
assume 54:16
asymptomatic
12:13
attendants 36:1
attending 1:12
attention 28:11
Attorney 30:18
attracting 37:25
August 25:8
29:14 34:9
49:6, 9 62:9

availability
33:19
available 19:3
51:5
average 26:21,
22, 23 41:12
aware 53:1, 4, 8

< B >
B.C 9:4 49:10
62:3
back 3:23 5:5
6:21 7:12
10:18 12:8
16:1, 7 23:8, 15,
19 24:6 25:7,
13, 20 35:17
36:25 37:18
48:16 52:19
53:23 54:9
63:22, 25
background
6:14, 15 26:5
37:7
backup 33:23
balance 39:14
40:15
based 11:6
18:9
basically 5:8
basis 8:4
13:22, 25 21:6
23:1 24:18
27:4, 9 28:16,
22, 25 41:4
50:3 51:10
52:7 54:22
becoming 16:24
25:11 30:7
bedrooms 34:17
beds 9:6 23:6,
8 24:2, 3, 13, 14
42:6 47:21
62:23, 24 63:1
beginning 5:25
26:25 31:11
believe 32:7
believed 12:8,
13
Belma 2:11
65:3, 24
benefit 47:18
benefits 21:1
best 30:11
32:4, 7, 8 46:24

<p>better 8:22 13:8 19:21 25:7 26:19, 20, 21 30:5 31:18 32:9, 21 35:12, 14 38:6 45:10 47:2 48:20 56:20 58:14 61:14 big 7:16 24:19 25:5 27:1 36:11 45:6 46:16 48:14, 17 49:13, 20 61:15 bigger 14:22 23:21 32:17 63:7 biggest 12:12 17:11 bit 6:14 25:21 38:15 48:19, 24 50:25 51:25 57:2, 5 62:9 blame 59:2 blankets 40:9 bleach 9:23 Boniferno 30:18 Boniferno's 30:21 bought 7:13 break 5:9, 11 10:22 53:16, 24 54:3, 7, 11 bring 35:17 40:8, 9 brings 10:2 British 9:2 broadened 30:6 Brooklyn 2:8 brought 44:5 47:1 buddy 46:12 build 47:17 63:3 building 42:22 45:1 buildings 42:5 built 23:8, 18 24:6 62:25 business 6:22 8:25 9:5 55:2 buy 15:7, 17 buying 15:14 Bye-bye 64:5</p>	<p>< C > call 13:6 14:8 46:13 58:22 called 58:22 calling 9:14 55:5 camera 54:4 Canada 8:6 10:22 11:1 15:25 27:3 Canadians 8:9 capacity 13:2 34:19 50:23 53:2 62:21 CARE 1:5 2:4 7:2, 8 8:2, 17 9:3, 7, 9 10:1, 12, 14 12:22 13:3 15:25 16:14 17:17, 21, 24 20:20 21:9 23:7, 9, 11, 13 24:1 26:3, 4, 8, 13 30:9, 10 31:6, 7 33:6 35:23, 25 37:6, 12 38:25 39:6, 8, 15, 18, 19, 23 40:12, 13, 17, 18 41:13, 23 44:7 45:4, 14, 15 46:6, 11 47:14, 19 48:2 50:22 51:2, 5 54:13, 17, 18 55:1, 8 56:10, 13, 18 57:8 59:1, 6, 25 62:2, 13, 17 63:7, 8 care-centred 8:17 career 6:22 8:20 31:5 caregiver 32:3, 5 caregivers 32:9 61:5 case 29:11 30:20 47:3 49:10 55:12 62:3 cases 14:20 15:19 17:8 19:12 21:8, 19 22:24 28:14, 19</p>	<p>34:8 36:13 37:12 50:1 52:3, 11, 25 55:9, 24 61:6, 10 C-class 23:5, 8 central 52:20 centralized 20:10 centre 8:17 49:4 cents 15:16 CEO 5:16 6:16, 19 8:8 16:24 32:12 certain 18:15 23:18 35:11 43:14 44:24 52:25 57:5 certificate 36:4 65:1 certified 36:16 65:3 certify 65:4 chain 14:17 32:20 CHAIR 3:2, 7, 14 27:18 38:12 41:18 42:2, 23 53:19 54:2, 8 55:25 57:14 63:14 challenge 13:4 14:22 20:2 23:22 25:5, 11, 13 30:8 37:25 48:25 50:15 51:1, 20 challenges 6:20 32:20 40:14 50:11 51:22 challenging 51:24 55:23 57:3 60:14 change 24:10 35:22 38:1 39:22 40:4 43:8 62:4 changed 17:5 36:20, 21 37:3 60:20 changes 30:3 charted 11:24 CHARTERED 65:25</p>	<p>Chief 1:24 6:17 12:15 31:4, 14 45:7 choice 18:23 C-home 24:2, 19 25:1 C-homes 44:21 51:21, 23 52:8, 24 CIHI 26:18 City 22:22 42:19, 20 46:23 class 32:4 clear 18:25 clinical 26:10 clinician 26:5 clock 29:4 close 9:1, 6, 12 10:19 11:19 14:5 18:5, 14, 16 20:13, 20 23:7 24:6, 8 25:6, 12 28:13 29:7 33:7, 10, 13 34:18 35:21 36:19 50:7, 12 closing 36:10 cohort 23:22 50:22 cohorting 39:24 Coke 1:20 42:24, 25 43:8, 24 64:7 collaboration 47:10 Columbia 9:2 come 4:23 7:13 8:13 10:18 15:23 18:6, 19 19:20 24:23 32:4 36:25 37:19 43:14 46:3 48:19 53:22 59:9 63:25 comes 3:19 45:21 49:4 56:12 comfort 7:10 coming 3:17 4:18 6:19, 21 14:11 23:17 24:22 35:3 48:16 55:7</p>	<p>commencing 3:1 comment 8:8 48:2 COMMISSION 1:5 2:4 3:21, 22 8:24 10:10 22:12 30:19 42:16 57:23 Commissioner 1:19, 20, 21 3:2, 5, 7, 14 5:15, 20 25:15, 17, 19 26:2 27:18, 21, 25 29:13, 19 34:21 35:8, 20 36:20 37:5 38:9, 12, 17 39:11 40:23 41:18, 21 42:2, 23, 24, 25 43:8, 24 45:25 46:15 47:25 49:2 50:20, 24 52:22 53:1, 11, 13, 19 54:2, 8, 21, 23 55:25 56:2, 20 57:13, 14, 16 63:14 64:6, 7 committed 20:22 29:17 31:25 communication 13:12 34:21, 25 communications 35:4 communities 16:25 company 6:19 8:16, 18, 21, 25 10:19 16:2, 20 21:14, 17 26:3 30:1 32:14 61:9, 20 63:5 65:23 company-wide 30:17 compared 52:23 competing 14:20 completely 16:5 35:13 60:24 comprehensive 30:15</p>
---	---	---	--	--

<p>conclusion 53:15, 17 57:17 58:1</p> <p>conclusions 53:21, 23 54:11</p> <p>conserve 19:25</p> <p>consider 4:14, 15</p> <p>considered 10:24 27:2</p> <p>consistent 60:4</p> <p>consistently 29:9</p> <p>consortium 15:9</p> <p>constructively 4:22</p> <p>consultant 12:16 31:15</p> <p>consultants 34:14</p> <p>contained 50:6</p> <p>context 3:20 4:24 6:15</p> <p>contingent 41:10</p> <p>continue 6:9 9:19 11:22 33:22 41:2 45:6 47:4 61:24 62:12</p> <p>continued 27:22 46:7</p> <p>continues 10:25 11:21 29:12 36:24 60:10</p> <p>contract 54:14</p> <p>control 7:23 12:16 22:3 27:13 30:9 31:14 34:4, 14 40:7 44:1, 6 45:20 62:16</p> <p>convenient 5:11 38:13</p> <p>conversation 19:23 62:19</p> <p>converting 41:4</p> <p>coordination 45:3, 19</p> <p>corporate 11:19 21:22 63:18</p> <p>correct 54:19 65:15</p> <p>correctly 11:25</p>	<p>cost 15:13, 17</p> <p>costs 15:15, 18</p> <p>Counsel 2:6</p> <p>count 46:13 47:8 49:14</p> <p>countries 12:24 14:21 16:12</p> <p>country 8:6, 10 10:5 15:12 38:20 58:13</p> <p>couple 4:2</p> <p>course 17:10 55:2</p> <p>cover 5:19, 24 10:9 16:19 38:11, 18 41:9 57:18</p> <p>covered 60:12 61:23</p> <p>COVID 11:17 16:20 26:19 49:8 50:8</p> <p>COVID-19 1:5 5:24 6:3 7:15, 24 10:11, 21, 23 11:4 15:20 19:15 21:20 22:18 24:14 26:25 27:14 29:24 30:13 34:5 38:21 40:14 42:7 44:25 49:5 51:1, 6 54:14 55:9, 12 57:2, 11 58:4, 11, 18, 20 59:12 61:21, 25 62:2, 24</p> <p>COVID-free 49:11</p> <p>created 4:4 32:25</p> <p>credibility 31:16</p> <p>crisis 10:7 14:12 16:12 30:4 33:15 35:18 40:25 43:22 47:6</p> <p>criteria 27:16</p> <p>criticize 58:9</p> <p>CSA 35:25</p> <p>CSAs 60:11</p> <p>CSR 65:3, 24</p> <p>cure 19:15</p>	<p>55:22</p> <p>current 32:22</p> <p>curriculum 31:7</p> <p>< D ></p> <p>daily 13:25 21:6 27:5 28:6</p> <p>darkest 44:5</p> <p>data 26:17</p> <p>date 28:20, 22</p> <p>Dated 65:18</p> <p>day 1:13 8:1, 12 13:5, 7 27:6 28:14 65:18</p> <p>days 7:18, 19, 20 13:7 25:6 32:23 33:8 48:22, 23, 24</p> <p>day-to-day 8:4</p> <p>deal 6:6 20:13 30:11 56:24 60:17 63:24</p> <p>dealing 6:3 20:7 58:20</p> <p>dealt 19:4</p> <p>decided 18:5, 20, 23 27:7</p> <p>decisively 27:8</p> <p>declared 13:14 15:21</p> <p>deeply 7:23, 25</p> <p>definitely 19:16 25:4 31:24 34:10 61:21</p> <p>delay 3:11</p> <p>delays 50:9, 13</p> <p>dementia 21:10 40:13</p> <p>dental 20:25</p> <p>depend 44:25</p> <p>depends 42:4</p> <p>deployed 34:15</p> <p>Deputy 2:3 30:18</p> <p>describe 46:25 60:16</p> <p>described 35:9</p> <p>deserve 8:10</p> <p>design 23:25 24:11 57:4, 9</p> <p>Despite 13:17</p> <p>details 53:9</p> <p>devastating 16:22</p>	<p>develop 31:7 47:14</p> <p>dialogue 29:10</p> <p>dies 59:8</p> <p>difference 39:14 44:17</p> <p>differences 24:3</p> <p>different 4:3 11:2, 5 23:10 37:20 40:7 42:6, 8 43:13 58:8 60:24 63:24</p> <p>differently 4:23 14:7</p> <p>difficult 19:13 24:25 35:7 42:13 52:24 59:17</p> <p>dignity 8:11</p> <p>dining 24:17, 19, 23 52:17</p> <p>dip 40:20 44:9</p> <p>directive 49:21 60:23 61:13</p> <p>directives 14:2, 6, 7, 10 19:20 26:12 27:9, 17 48:18 58:14 61:1</p> <p>directly 21:4 27:12 28:3 35:1 60:22</p> <p>director 31:8</p> <p>directors 27:23 28:24 45:12 48:11</p> <p>discussion 57:7 58:3</p> <p>disease 31:17</p> <p>divided 55:10</p> <p>division 26:4</p> <p>doing 10:6 22:6 32:18 37:14, 17 45:14 58:17 59:22 61:11 62:7</p> <p>dollar 15:17</p> <p>dramatic 23:2</p> <p>dramatically 20:9</p> <p>drives 22:17</p> <p>driving 15:5</p> <p>Drummond 2:3</p> <p>dwellings 53:3</p>	<p>Dykeman 32:1, 2, 3</p> <p>< E ></p> <p>eager 46:2</p> <p>earlier 11:17 22:21</p> <p>early 7:1 13:11 16:11 18:4 20:1, 11 22:17 25:5 44:15 49:6 50:3</p> <p>easier 52:23</p> <p>easily 40:11</p> <p>EDP 26:4</p> <p>educate 11:4</p> <p>education 27:1 37:8</p> <p>effect 15:23 36:25</p> <p>effective 25:25</p> <p>efficient 5:6</p> <p>effort 64:3</p> <p>efforts 16:2 17:13</p> <p>elder 17:18</p> <p>elevators 24:22 52:17</p> <p>else's 40:2</p> <p>emergency 13:14</p> <p>emphasis 12:20</p> <p>employee 52:6</p> <p>employees 28:22 52:5</p> <p>employment 18:21 19:10 20:17</p> <p>ended 36:13</p> <p>endured 17:15</p> <p>enemy 13:15</p> <p>engaged 32:1, 9, 11 48:11</p> <p>engagement 32:3, 5</p> <p>ensure 5:19 6:9 9:25 10:6 11:21, 23 13:18 14:1, 23, 25 15:12 17:7 19:25 20:6 22:5 26:11 27:6, 12 28:3, 10, 19 29:17 30:2 31:2 32:4</p>
---	---	---	--	--

<p>33:24 34:9, 14 38:20 44:14 45:5, 16 59:22 61:4 ensured 36:15 47:7 ensuring 12:25 15:6 21:11 22:6 28:15 32:18 33:7 36:5 41:3, 16 42:14 45:10 61:18 entirely 16:16 equipment 10:14 14:13, 19, 24 15:8, 11 19:14 20:1, 3 33:2, 8, 20 34:3 45:22 61:19 62:15 equipped 30:11 escalate 27:4 escalated 13:6, 23 escalating 29:16 escalation 13:7 especially 43:10 44:21 48:7 52:25 essential 61:5 estimated 14:16 evening 49:24 evenings 20:5 everybody 3:3, 19 everybody's 3:11 evolved 58:10 exact 53:8 example 24:1, 12 39:24 46:21 48:20 59:6 60:25 examples 18:15 Executive 1:24 27:5 exist 36:1 44:7 45:4 55:20 expect 45:11 experience 6:3 17:4 23:3 46:7 56:22 58:20 expert 32:2</p>	<p>expertise 30:6 31:3 40:7, 20 44:2, 7, 10, 20 47:18 60:21 61:14 62:15 experts 39:3 61:8 explain 3:24 explained 7:6 explaining 4:15 extensive 30:3, 6 57:18 extent 7:11 12:19 13:8, 9 14:4 extraordinary 22:1 extremely 21:25 63:16</p> <p>< F > face 23:20 fact 7:12 8:1 9:16 12:17, 22 15:9 28:25 30:24 39:15 41:13 42:10 47:11 49:8, 23 51:11 54:24 62:7 factor 44:11 49:23 facts 18:10 22:16 fairly 35:10 Faith 2:5, 8 fall 10:13 families 16:18 34:25 family 6:25 8:7 10:4 17:22 32:2, 5 36:9 fast 55:23 father 7:2 fear 19:15 35:19 February 14:18 feed 17:6 feedback 21:2 feel 62:5 feeling 18:18 35:12, 14 feet 24:7, 9 felt 59:3, 23</p>	<p>fight 7:24 49:5 57:10 61:24 final 59:9 finance 6:23 financial 6:18 find 19:13 23:12 26:19 28:21 52:12 finding 20:3 39:13 40:15 42:14, 18 finished 3:10 5:4 fix 39:7 fixing 39:4 flexibility 42:17 flu 10:12 11:5 14:15 19:5, 6 55:21 focus 11:13 12:21, 25 13:2, 3 14:25 16:10 17:11 26:14 36:11 40:24 45:6, 16 46:16 48:14, 17, 18 49:20 50:18 61:17, 20 62:8 focused 4:7 30:1 41:15 43:20 follow 7:7 8:12 56:3 following 26:12 foregoing 65:6, 14 form 37:4 47:23 formal 30:17 formally 53:6 formed 11:7 13:20 15:9 26:24 forms 37:20 for-profit 9:10 forth 52:19 65:8 fortunate 15:16 31:16 49:9 forward 4:9 found 5:5 19:9 21:14 50:3 Frank 1:19 3:2, 7, 14 27:18 38:12 41:18 42:2, 23 53:19</p>	<p>54:2, 8 55:25 57:14 63:14 frequently 55:4 front 25:23 28:9, 10 frontline 9:16 11:15 13:21 17:3 27:23 28:23 31:21 58:22 59:13 full 12:19 38:3 43:1 full-time 20:17, 19, 21 21:15 31:11 41:4, 8, 17, 23 42:10, 15 fully 31:25 furniture 40:8 future 56:17</p> <p>< G > Garron 46:22 56:22 general 4:24 30:18 36:7 generation 8:9 generous 7:6 gifts 9:15 give 14:4 15:14 18:14 37:18 52:10 62:5 given 18:22 43:3 56:17 giving 57:21 global 14:16 15:21 32:19 goal 31:1 Good 3:3, 4, 6, 8 5:15 21:13 35:2 61:13 good-bye 59:10 governance 25:22 government 10:24 12:3 33:5 35:5 38:1 45:21 58:5 60:8 62:22 governments 14:20 government's 34:16 gracious 8:7 gradual 13:7</p>	<p>grandfather 6:25 7:3 granted 63:8 grateful 21:25 great 20:24 21:1 32:13 grew 6:24 8:5 grocery 9:21 Growing 6:24 guess 3:8, 11 38:15 54:15 guidance 22:22 24:5, 8 guide 34:5 guidelines 61:3</p> <p>< H > half 34:18 happen 6:9 11:10 22:24 55:3, 4 happened 3:22, 23, 24 4:14 12:23 15:25 16:12 43:23 57:11 happening 11:9 28:8 happy 8:24 53:15, 16 Health 10:22, 24 12:21 13:12 14:8 19:24 20:25 26:17 32:13 35:5 36:9 39:20 47:12 48:1, 3, 4, 6, 17, 21 51:8 55:16 58:7, 13 healthcare 30:6, 8 31:2 32:17 58:6 60:21 healthy 7:18 10:7 hear 53:23 heard 12:14 23:5 31:19 38:23 39:3 53:6 hearing 27:12 28:3 hearings 4:1 heavily 28:12 height 35:18 Held 1:12 Hellen 2:6</p>
---	--	--	---	---

help 21:24
28:16, 18 35:6
39:16 44:4, 13
46:3, 4, 21 56:23
helped 31:7
61:15
helpful 4:6
63:16
helping 19:21
26:1 32:3, 15, 16
helps 63:17
heroic 17:13
heros 9:14
58:23
high 20:23
26:1 56:17
higher 22:25
43:5, 20
high-rise 24:21
hindered 16:3
hire 31:3 36:10
hired 20:13
33:10 34:13
35:21 36:17
hiring 36:13
41:3, 16
hitting 18:4
holding 34:7
45:16
home 9:9, 24
10:14 15:1, 5, 6
17:18 18:15
21:19, 23 23:13
24:12, 24 25:2
30:10 33:1
35:11 37:12
39:18, 23 40:4
42:14 43:11
44:10, 21, 22
47:14, 18 49:11,
16, 19 50:5, 12
51:10, 12 54:13
56:6, 10, 13
59:6, 7
homes 9:3, 5, 9
10:12 15:4
17:17 19:6
20:6 22:12
23:2, 4, 5, 15, 17
24:5 25:6, 11
26:8 28:6, 10
32:24 34:8
40:21 42:5, 12
43:10, 16 46:11
48:3 49:11, 24

50:7, 21 52:22
56:7, 18 62:20
Honourable 1:19
hope 60:9 64:1
hopeful 33:22
hoping 37:23
47:8
horrendous
35:10
hospital 7:21
9:10 28:18
32:16 39:15
40:16 44:12
45:19 46:12, 18,
22 47:1, 5, 11
52:13 54:17
55:6, 7, 14, 19
56:13, 22
hospitality 6:22
hospitals 12:21
13:1 14:21
16:11 18:21, 22,
23 22:1 39:16
40:8, 17, 18
44:3, 17 46:2, 6
47:19, 23 54:22,
24 55:1, 24
hours 10:17
48:24
housing 15:10
HR 11:20
hubs 32:25
huge 14:22
20:2 25:13
49:23 50:15
51:1, 19
hugely 26:13
51:24
human 38:7
human-to-
human 12:9
humble 7:7
hundred 41:7
hundreds 14:10

< I >

idea 51:17
ideas 47:9
identifying 26:1
idle 62:6
imagine 26:13
imagined 8:1
immediate 55:13
immigrant 8:6

immunocompro-
mised 17:20
18:7
impact 12:12
16:22 23:2
implement 30:22
implemented
30:25
important 8:15
11:18 18:13
28:7 31:22, 23
56:6
importing 15:11
impossible 51:7
52:15
impression 62:5
IMS 25:20, 25
27:22
IMT 26:24
29:12
incident 11:8,
10, 13 13:20, 24
include 27:23
includes 16:15
24:7
including 9:9
18:1 43:22
incorrect 12:7
increase 56:17
increased 20:9
35:15 43:9 53:2
increasing 43:1,
2, 5 61:7 62:8
incredible 44:6
60:21
indecipherable
42:22
India 6:24 8:5
indications
22:17
indicator 26:20
infect 52:16
infection 7:22
12:14, 15 22:2
25:1 27:13
30:8 31:14
34:3, 4, 13 40:6
44:1, 6, 22
45:20 49:18
50:5 51:18
62:16
information
5:22 11:6 12:5
informed 29:18
34:22

infrastructure
50:21 51:22
initially 36:19,
22
in-person 45:13
inquiry 3:22
inspection 26:16
instantaneously
29:10
instinct 16:13
intended 16:16
internal 11:8
26:16 30:16
internally 28:17
interpreted
58:16
interrupt 5:1, 21
introduced 34:5
investigation
3:25 30:17
investment
62:17
investments
62:13
invitation 5:17
involved 49:16
island 45:4
isolate 48:22
50:16, 22 52:5
55:18 57:5
isolated 50:4
51:16 60:4
isolating 16:17
isolation 43:18
48:21
issue 15:18
20:12 38:7
40:16 43:3
issues 7:23
13:9 33:21
39:20
Italy 12:24
item 16:19
29:21, 22 38:10,
18 43:25 45:24
49:3 53:14
60:12
items 27:7
62:14

< J >
Jack 1:21
25:15, 19 27:21
29:19 35:8
37:5 38:9

45:25 47:25
49:2 50:20
53:1, 11 56:2
57:13
Jain 1:24 3:4
5:14, 16 25:16,
17 26:2 27:25
29:20 35:20
37:10 38:10, 14,
16 41:19, 21
42:4 43:7, 25
45:25 46:15
48:5 49:3
50:24 53:6, 13,
25 54:6, 9, 20
56:19 57:15, 16
63:16 64:6
Jane 32:1, 2
Janet 2:11
65:3, 24
January 5:25
10:21 12:3
13:19 26:25
58:14 61:15
job 6:19 18:22
jobs 35:19
Joe 32:12
joined 31:10, 13
joining 31:20
July 25:7
June 6:16
30:14 49:21

< K >
keeping 13:18
28:19 29:18
30:2 34:22
kept 59:23
key 8:15 16:3
20:12 40:16
42:18 44:11, 19
48:14 50:18
58:2
kind 3:16, 17,
20 4:18 23:9
33:20 49:17
58:23
Kirkham 2:8
kitchen 52:19
59:21
Kitts 1:21
25:15, 17, 19
27:21, 25 29:13,
19 34:21 35:8
36:20 37:5

38:9 40:23 45:25 46:15 47:25 49:2 50:20, 24 52:22 53:1, 11 54:21 56:2, 20 57:13 knew 6:19, 20 knowledgeably 53:10 known 16:6 17:24 63:1 < L > labour 42:20 laid 6:20 large 6:25 lastly 32:11 late 3:10 18:11 launched 29:6 30:14, 16 34:23 Lead 1:19 leader 27:11 leaders 11:4 21:18 28:2, 23 49:1 leadership 21:20 28:2 30:4 43:17 60:20 leaned 28:12 learn 8:20, 21 63:23 learned 6:6 16:9 22:16 27:14 29:1 learning 8:19 29:5 leave 18:17 36:19, 22, 23 37:1 54:5 left 35:18 37:1, 2 Legal 2:6 lesson 28:25 lessons 6:5 level 23:20 30:12 levels 22:6 43:12 life 7:1 17:5 limit 14:23 24:15 44:22 limitations 61:6 limited 37:22	44:23 52:2 lines 25:23 live 8:10 39:25 lived 4:20 Living 1:25 2:7 5:17 17:16, 19 LLP 2:5, 8 local 48:3 located 45:1 long 9:20 21:11 33:7 36:4 48:12 61:21 longer 39:18 long-serving 19:8 LONG-TERM 1:5 2:4 9:3, 7, 8, 9 10:11, 14 13:3 15:25 16:14 17:16, 24 20:19 21:9 23:7, 11, 13 24:1 26:3, 4, 8, 13 30:9, 10 31:7 33:6 35:23 37:12 38:25 39:6, 8, 15, 18, 23 40:17, 18 41:12, 22 44:7 45:3 46:6, 11 47:14, 19 48:2 50:22 51:2, 5 54:13 55:1 56:10, 12, 18 57:8 59:1, 6 62:2, 13, 17 63:8 looking 3:23 15:7 30:22 37:17 43:2 45:8, 9 47:22 54:19 63:10 looks 29:15 lost 7:1 18:14 28:13 lot 7:1 9:13 10:5 11:12 12:5, 20 15:2, 3 16:16 17:12 18:8 19:14, 23 20:5 21:2 22:10, 13, 16 24:3 25:9, 10 26:14 31:24 36:9, 12, 13, 14	37:21, 24 39:7, 19 45:20 46:24 47:16 48:5 49:16 52:1, 18 58:15, 21, 25 59:2 60:6 62:19 low 10:25 12:5, 9 13:13 27:2 lower 21:15 41:13 luck 49:14, 16 luxury 4:13 < M > made 18:3 30:3 33:23 35:22 38:1 53:2 65:10 magic 52:9 main 5:20 maintaining 20:23 22:5 majority 21:7 31:5 35:24 making 31:25 58:14 62:23 managed 57:1 management 9:8 11:8, 13 13:20, 24 22:5 25:22 46:18, 21 managers 27:24 mandate 18:12, 13 mandated 10:15 manner 17:1 Mapa 32:12 March 9:20 13:11, 23 14:4, 25 15:20, 23 16:7 18:5 20:14 58:11 Mark 2:5 3:6, 13 Marrocco 1:19 3:2, 7, 14 27:18 38:12 41:18 42:2, 23 53:13, 19 54:2, 8 55:25 57:14 63:14 Mary 32:1, 2 mask 15:15 33:9	masking 15:23 masks 12:10 materially 42:22 matter 60:10 mattress 40:10 McGeer 12:15 22:15 31:12, 23 34:6 38:24 60:23 means 3:25 mechanism 28:17 media 9:13 18:8 medical 31:4, 8 45:7, 11 48:11 56:4 medication 11:23 meet 23:14 37:11, 13 46:17 MEETING 1:5 13:25 27:4, 5 29:14 member 20:17 50:1, 4 members 6:10 8:3 9:12, 13, 16, 25 10:4 11:14 12:1 17:3 18:5, 14, 17 19:8, 19 20:14, 19, 21, 25 21:4 22:8 28:14, 15, 23 29:8 30:3 31:22 33:11 34:22 35:21 36:5, 18 38:20 39:10 41:14 42:8 49:22 50:8 57:22 59:1, 9, 11, 14, 17, 18 60:5, 7 61:18 63:12 mention 8:15 34:2 mentioned 6:12 8:5 9:12 10:4 13:20 14:14 16:21 21:7 27:2 28:13 29:25 33:10 34:23 35:21 39:12 40:23 43:4 44:2	56:23 58:6 60:19 61:25 62:11 mentioning 10:23 mentor 7:4, 9 met 27:5 Michael 46:22 56:22 middle 4:4 6:16 19:1 30:4 34:12 milestone 49:7 mind 4:10 Minister 2:3 4:9, 11 Ministry 19:24 28:20 minutes 3:10 53:22 54:3 mission 8:12 mitigate 26:1 mix 42:15, 18 43:1, 2, 5 45:13 mobile 7:5 mobility 7:2 moment 5:3 62:4 money 7:12 monitoring 13:19 month 7:17 31:11 49:22 months 12:8 16:8 31:10 38:2 45:8 60:14 61:25 morning 3:3, 4, 6, 8 5:15 Moser 31:3, 4, 9 34:6 45:7 48:15 56:21 Mount 32:12 move 21:18, 21 27:8 40:2 56:14 moved 6:23 23:14 moves 56:15 Moving 8:14 43:15 multiple 7:19 19:6 28:19 multiply 14:9 municipality
---	---	--	--	---

<p>9:10 mute 54:4</p> <p>< N > N95 33:9 Nathan 22:11 national 26:22 27:11 28:1 navigate 32:15 nearly 7:3 15:18 20:17 32:6 43:13 61:25 needed 12:1 21:24 27:7 28:9 34:15 38:25 46:3, 4 needs 45:12, 16 47:16, 21 62:10 NEESONS 65:23 negative 57:7 Neither 3:15 Network 47:12 new 14:6 24:1 27:16 34:5 35:25 40:25 41:1 57:4 62:22, 23 newer 52:22 news 10:21 18:9 35:2 Nitin 1:24 3:4 5:14, 16 25:17 26:2 27:25 29:20 35:20 37:10 38:10, 16 41:21 42:4 43:7, 25 46:15 48:5 49:3 50:24 53:6, 13, 25 54:6, 20 56:19 57:16 64:6 normal 15:15 55:2 North 7:11, 14 notes 65:15 notice 29:3 number 20:23 22:24 34:8 36:18, 19, 20 41:13, 25 42:1 43:21 44:24 52:3, 9, 25 61:6, 10</p>	<p>nurses 36:16, 17 43:3, 6</p> <p>< O > occupancy 51:2, 4 occurred 54:11 occurs 5:3 October 1:13 16:8 65:18 offered 20:16 office 11:19 21:22 Officer 1:24 6:18 31:4 45:7 offices 36:9 older 23:4 62:20 63:1 OLTCA 21:7 one-on-one 17:14 ones 21:3 59:14 ongoing 46:10 onset 29:24 Ontario 9:2, 4, 7 13:14 20:19 23:6 30:18 31:8 33:5 38:24 39:6 41:22 46:12 48:19 49:8 62:2 63:8 open 44:13 opened 36:5 opening 25:9 operate 9:2, 7 operational 62:14 Operationally 51:4 operations 26:10 30:1 opportunity 16:25 17:2 32:10 37:11, 23 38:6 41:7 42:7 52:4 57:23 59:20 60:21 option 9:24 36:15 order 22:5 46:21 orders 46:18</p>	<p>organization 8:17, 20 original 51:8 Ottawa 22:23 61:2 outbreak 14:15 15:5 18:16 19:6 21:19 24:15, 25 28:7, 10 33:1 35:2, 3 40:21 43:10, 11, 15 44:10, 21 45:14 49:24 50:12 51:11, 13 outbreaks 15:24 19:5 20:8 outcome 20:24 21:1 47:2 outline 3:16 outside 7:10 25:10 41:2 47:5 overall 32:14 42:21 43:7, 20 overnight 18:13</p> <p>< P > paid 11:22 38:5 pandemic 6:17 9:18 10:20 15:21 16:21 18:2, 3, 4 19:1 20:13, 18 60:8 par 26:22 parent 17:19 part 29:5 30:15 31:1 38:4 41:3 54:21 56:10 59:22 63:6, 9 participants 1:12 2:1 particularly 35:17 partner 27:14 46:9 63:11 partners 16:15 28:18 35:5 44:12 45:19 46:2, 18 47:5, 11, 20 58:5, 6 62:11 63:10 partnership 47:13 48:10, 14 54:24 partnerships 32:16 47:3, 22</p>	<p>part-time 18:22 21:16 41:4, 10, 13, 16 42:9, 15 43:1 pass 12:13 51:18 passed 7:17, 21 59:16 patient 54:12, 18 56:14 patients 31:21 43:4 50:22 56:11, 18 Paul 30:18 pay 60:8 Peel 22:22 61:2 peers 33:17 38:23 50:10 people 9:14, 15, 18, 21, 22 11:12, 20, 22, 23, 25 12:13 13:3, 7 14:1 15:5 17:13, 15, 16 21:10, 21 23:10, 16, 21 24:22, 24 27:15, 17 29:3 33:18, 20, 25 36:13, 21, 22, 25 37:1, 15 38:23 40:8 41:3, 8 43:15, 21 44:24 45:10 46:24 50:16 52:16 55:11 56:25 57:5 58:21, 22, 23, 25 61:4, 9, 15 63:1 percent 41:7 period 14:11 43:18 permission 63:23 person 31:5 37:8, 13 51:4 55:5 personal 7:16, 24, 25 10:13 14:13, 19, 24 15:7, 11 19:14, 25 20:3 23:3 33:2, 8, 19 34:3 45:21 59:23 61:19 62:14</p>	<p>personally 32:15 50:13 person's 30:10 39:23 perspective 21:14 49:12 55:17 63:17 64:2 physician 31:6 physicians 16:15 45:5, 12 48:10, 12 picture 7:20 place 52:20 56:7 61:4 65:7 plan 29:22 30:15, 16 31:1 32:5 33:24 play 14:6 18:12 19:20 playbook 19:2 60:17 plus 48:24 point 5:21 6:8 12:6 13:24 19:17 27:3 36:15 52:12 54:23 58:19 points 5:22 policies 12:21 45:9 policy 19:24 20:22 26:14 39:24 40:1 51:8 58:7 Polley 2:5, 8 3:6, 8, 13 pool 42:21 poorly 13:16 population 12:20 13:10 pop-up 53:3 position 12:4 positive 49:8 50:2, 8 62:1 possible 20:23 35:22 45:15 posted 28:24 potential 6:11 8:23 42:17 43:16 47:13 potentially 11:5, 9 36:6 39:11 59:3</p>
---	--	---	---	--

<p>PPE 19:21 32:19 practically 51:7 52:14 preferences 21:5 preparation 5:24 10:10 11:18 16:1 29:23 58:3, 17 60:13 64:4 prepare 8:22 prepared 6:6 30:5 44:18 preparing 11:1, 11 13:15 PRESENT 2:9 presentation 5:4 PRESENTERS 1:23 President 1:24 5:16 presidents 26:6 pressure 57:8 pretty 6:25 7:1 26:15 60:4 prevention 7:23 12:16 22:3 27:13 30:9 31:14 34:4, 14 40:7 44:1, 6 45:20 previously 6:17 26:5 32:12 41:23 privilege 8:2 proactively 61:12 problem 63:1, 24 procedures 45:9 proceeding 4:25 proceedings 65:6 process 20:11 25:5 26:11, 16 33:12 45:17 59:7, 10 processes 26:15 program 62:22 63:3 properties 9:1 11:14 proportion</p>	<p>41:20 protection 62:16 protective 10:14 14:13, 19, 24 15:7, 11 19:14, 25 20:3 33:2, 8, 20 34:3 45:22 61:19 62:14 prototypical 37:8 provide 9:8 11:20 37:23 52:15 provided 30:19 37:21 providers 15:10 63:8 providing 11:25 33:5 44:13 province 10:15 13:13 38:19 58:13 province-wide 62:25 provincial 26:21, 23 PSW 17:25 36:2, 3, 4 38:3 41:23 60:9 PSWs 37:25 43:3 public 3:24 4:1, 16 8:8 12:20 19:24 24:8 48:1, 3, 4, 6, 17, 21 51:8 58:7, 13 publish 32:6 published 26:18 punch 29:3 pushed 7:10 14:23 put 17:22 61:3 < Q > quality 26:10, 20 question 5:3 25:16 27:20 35:9 46:1 52:21 56:3, 20 questions 5:1 17:6 27:15, 17 29:11 30:20 40:24 53:15, 18,</p>	<p>20 57:25 quick 33:2 34:1 quickly 19:1 25:4 27:8 33:16 54:15, 17 quite 63:2 < R > ran 15:3 20:4 reached 49:6 reaches 44:23 reaching 22:25 reading 29:3 ready 5:13 10:12 13:1 14:15 real 58:4 realize 13:4 16:8 really 6:2 7:9 9:11 10:10 11:4, 13 12:21 13:5 15:23 17:15 19:2, 15 20:5 22:17, 20 23:22 24:17 25:3 30:11 36:11, 14 37:19 38:11, 19 39:7, 13 40:24 41:7 42:10, 13 43:19 47:4 48:17 49:3 51:14 58:19 60:16 61:23 reason 15:14 49:13 57:11 reasons 37:2 rebuilding 62:19 recognize 33:4 recommend 4:22 recommendation s 4:8 8:23 30:23, 24 39:5 42:17 recorded 65:11 redevelopment 45:24 62:17 reduce 25:1 reducing 34:16 region 22:20, 23 61:2, 10, 12 regional 26:6</p>	<p>32:25 34:13 registered 36:17 regular 13:21 23:1 24:18 27:4, 9 28:16, 22, 25 30:9 34:24 41:4 47:9 50:3 51:10 52:7 54:22, 24 regularly 52:3 regulated 26:14 regulation 35:23 reinforce 4:10 relates 25:23 34:4 48:7 relationship 46:5, 7, 14 relationships 48:8 reliance 29:2 rely 36:12 44:19 remarkable 60:2 remarks 53:14 57:20 65:10 remember 15:22 39:17 remiss 60:3 remotely 1:13 replenish 10:18 report 4:1 30:19, 22 Reporter 65:4, 25 REPORTER'S 65:1 represent 57:21 residence 55:2 56:7 residences 42:11 resident 24:5, 7, 9, 12 32:10 49:10, 12 54:13, 17 55:8 62:1 residents 6:10 10:1, 3 12:2 16:17 17:6, 22 21:1, 3, 9 22:7 23:9, 14, 20 24:18, 20 30:2 38:21 39:9, 19, 25 47:1, 2, 3 48:13 49:7, 21</p>	<p>51:9 52:13 54:25 59:4, 8, 15 60:1 63:11 resolve 38:6 resolved 32:21 resource 32:13 36:6 resources 38:7 respect 8:11 56:8 response 16:20 responsibility 17:21 59:24 responsible 26:7 rest 9:4 49:11 restrictions 15:22 results 25:4, 6, 12 retest 50:4 retirement 9:5 49:10 62:3 retrospect 13:15 review 30:17 reviewed 30:21 34:6 revisit 58:1 rightfully 19:11 rights 35:3 rigorous 26:15 risk 10:23, 25 12:4, 9 13:12 17:23 26:1 27:2 role 35:25 43:19 46:16 63:7 roles 21:15 43:14 60:10 rolled 27:15, 16 rolling 14:2 27:9 48:25 61:1 room 23:21 24:17, 20, 23 29:4 40:3 51:5 52:18 rooms 34:18 57:8 roots 6:21 RPNs 60:11 run 17:20 running 3:10 11:23 < S ></p>
---	---	---	---	--

safe 6:10 10:7
13:18 17:1
22:8 30:3
38:21 39:9
43:16 59:23
63:12
safety 18:8
19:11
Scarborough
46:23 47:12, 15
scared 9:21
scenes 11:17
15:4
scheduling
11:24
school 37:15
38:2
schools 25:9
screening 27:16
37:14
season 10:13
19:7
Secretariat 2:4
section 10:9
sector 12:12
14:14 16:2, 17
19:4 20:4 29:1
30:7 32:8 36:7
37:24, 25 38:8,
19 39:1 41:2
62:13 63:18
sectors 18:24
41:14
seminars 34:7
send 33:1
sending 34:24
Senior 1:25
2:7 5:17 7:18
15:10
seniors 8:3
31:6 37:16
sense 3:17
4:19 15:14
17:15 41:5, 19
52:10 55:8
separate 24:16
September 14:5
20:14 25:8
service 35:25
37:6
set 3:20 6:14
25:25 65:7
setting 25:20
52:14 55:14

settings 12:22
39:19
shape 37:4
42:21
share 8:24
sharing 16:23
52:17
shifts 41:9
shoring 14:18
short 14:11
shortages
17:25 18:1
Shorthand 65:4,
15, 25
shortlist 33:12
shortly 22:24
showed 59:24
shut 11:19
14:17 59:8, 25
shutting 19:12
shuttling 15:6
sick 6:25 21:21
24:13 46:24
55:11
Sienna 1:25
2:6 3:12 4:20
5:16 6:15, 16
8:14 26:19
32:7 36:7
57:21 59:7
sign 54:3
signed 29:8
significant
12:11 17:25
24:10 39:14, 22
44:20
significantly
35:16 43:13
60:19
similar 56:23
simpler 50:25
52:23
Sinai 32:13
single 17:4
28:14 36:24
37:2
single-site 18:12
singularly 29:25
Sir 29:20
site 11:4 36:24
37:3 47:14, 20
site-level 28:2
34:15
sitting 62:6

situation 4:3
13:19 19:7
35:7 45:14
situations 12:23
18:15
Siwanowicz 2:6
six-point 30:15,
16 31:1
size 21:17 24:4
42:5, 21 44:25
slow 62:9
slowed 29:13
smaller 42:11
soft 40:10
solution 63:6, 9
somebody's 5:2
Sorry 3:10
38:15
sort 3:18 5:1
21:9 46:8
sorts 9:15
sound 4:16
space 24:4, 8
51:7
speak 5:18
17:2, 14 53:10
59:20
speaking 47:7
specific 37:21
spend 17:7
spent 22:10
31:5
spoke 47:4
spoken 21:3
22:15 23:25
31:13 44:13
60:5
spread 49:18
square 24:7, 9
staff 18:16
19:8 20:19
22:4 28:12
29:4 35:21
36:5, 10, 14, 18
40:11 43:17
52:18 56:12, 15
61:18
staffing 17:25
20:10 22:6
24:16 28:9, 17
33:15, 21, 25
35:9, 12, 16
40:24, 25 43:9,
12 62:15

stages 16:11
20:1
stakeholder
10:3
stakeholders
35:4 47:24 48:1
Stall 22:11
standard 32:22
52:22 57:4
standards 24:12
standpoint
39:21
start 3:12 5:9
11:10 53:21
54:10 63:23
started 6:21
10:12, 22 11:1
12:18 13:7, 19,
21 14:18 15:10
18:4 19:18, 19
25:7 27:3, 4
45:8 50:9 57:20
state 13:14
state-of-the-art
47:17
stay 16:14
40:3 61:20
staying 9:23
Stenographer/Tra
nscriptionist
2:11
stenographically
65:11
step 62:7
steps 13:17
stop 15:14
stopped 9:15
store 9:22
stories 17:12
18:8 60:2
story 7:23 60:4
stricter 61:3
strong 48:13
strongly 56:5
structure 25:22
26:24 29:12
struggling 20:6
studies 22:10
studying 38:4
stuff 43:14
successful 39:1
suddenly 43:12
suggestion 57:4
supplier 10:18

supply 10:16,
19, 20 14:15, 16
15:1, 6 20:7
32:20, 23, 25
33:6, 8
support 11:20,
21 12:1 21:22
22:1 34:17
36:2 44:3 45:22
surge 13:1
surgical 15:15
surprise 16:22
sustainable 39:9
Sweetman 49:15
Sweetman's
41:11
symptoms
49:17 50:17
51:15, 17
System 32:13
39:4
systems 11:22

< T >
takes 51:3
talent 20:10
talk 10:3 11:12
27:14 28:6
29:9 39:4 44:1
48:10 59:13
talked 22:11
34:21 41:12
42:25 45:20
49:15 54:21
61:17 63:5
talking 8:14, 23
13:21 41:1
55:5, 15
target 15:2
task 52:24
team 6:10 8:3
9:11, 13, 16, 25
11:8, 13, 14
12:1 13:20, 24
17:3 18:5, 14
19:19 20:14, 17,
21, 25 21:4
22:7 27:5 28:2,
6, 13, 15, 23
29:8 30:2, 4
31:21 33:11
34:22 38:20
39:9 41:13
42:8 46:11
49:22 50:1, 4, 8

<p>57:22 59:1, 9, 11, 13, 17, 18 60:5, 6, 20 63:12 tended 5:1 tents 53:3 terms 4:25 33:14 43:1, 2 test 25:4, 12 tested 17:1 49:22 50:1 62:1 testimony 41:12 testing 25:10 48:7, 18 49:4, 20 50:2, 11, 13 51:9, 12 52:3 testings 50:9 thankful 44:3 60:7 63:19 thanking 57:20 thanks 34:16 thing 9:11 11:7 20:16 23:24 31:20 32:7, 8, 18 39:16 40:25 55:15 things 4:6 6:8 8:15 11:3 13:5 14:12 16:3 25:7 35:1, 2 40:12 55:20, 21, 22 56:25 57:8 58:17 59:5, 9 thinking 38:14 third 6:5, 11 29:22 39:11 48:23 60:12 third-party 9:8 thousand 18:14 28:13 37:2, 3 62:24 threat 12:19 three-day 10:16 throw 52:10 ticket 7:13 time 4:14 5:10 6:4 7:4, 5 9:14 11:6 14:11 17:8, 17 18:13 19:3, 22 22:2, 9 35:10, 16 36:8 38:3 40:20, 21 43:23 47:6 55:5 56:9 58:4 63:2 64:3 65:7,</p>	<p>10 timeframe 23:19 times 11:12 14:1 15:2, 15, 18 19:5 27:6, 10 29:15 44:5 47:9 52:18 58:7 59:2 timing 33:14 today 5:18 6:7 7:7 19:16 20:20 23:13, 16, 20 24:8 29:13 36:23 41:21 43:21 57:20 58:12 toll 7:16 topic 34:2 Toronto 22:22 61:2 touched 9:23 traditional 4:5 trained 33:25 40:12 training 19:18 36:2 37:21, 22 transcribed 65:12 transcript 65:15 transfer 54:25 55:19, 24 transmission 12:9 trauma 58:25 treats 56:13 true 12:17 65:14 truly 9:17 60:2 trust 21:11 trying 3:24 turnaround 33:3, 14 34:1 turned 12:6 20:12 turning 52:12 turnover 21:14 43:22 two-thirds 20:20 41:22 two-way 29:10 type 37:8 typical 37:6 Typically 3:21</p>	<p>< U > uncle 7:17 uncommon 23:12 underestimated 13:16 underestimating 16:4 underscore 58:10 understand 11:8 12:14 13:8 19:21 21:5 25:21 28:8 31:12 32:16 33:18 understandable 16:10 understanding 4:17 16:4 31:17 45:11 57:10 58:10, 24 61:14 63:18 understood 13:16 14:7 19:17 22:14 56:5 unfair 56:3 unfortunately 62:21 university 37:16 updated 14:2 updating 19:18 urgent 55:13</p> <p>< V > vacancy 51:25 values 7:6 ventilator 7:19 ventilators 13:2 VERITEXT 65:23 versus 44:18 viable 62:23 63:2 vice 26:6 view 10:25 47:6 48:22 54:19 59:21 60:24 viewpoint 32:17 views 4:20 virtual 45:13, 15 virus 12:6, 18 13:8 16:5, 6 18:9 33:19</p>	<p>34:10 58:15 61:15 visit 16:25 61:5 visitation 35:3 visitations 61:4 visiting 15:22 45:12 visits 45:6, 13 voice 57:22 VP 26:10 28:6 31:20</p> <p>< W > wages 60:9 wait 38:15 waited 25:6, 12 waiting 3:15 5:4 walk 29:21 walked 19:9 23:10 51:21 58:2 walking 19:19 walks 49:16 wanted 57:18 Wave 4:21, 22, 23 5:25 6:7, 11 8:21, 22 9:18 10:8 16:21 25:14 29:6, 17, 23 30:5 33:21 34:12 39:2, 10, 11 40:5 44:16, 18 45:23 50:15, 19 51:6, 23, 24 52:1 53:4 60:13 62:9 wearing 12:10 webinar 27:11 28:1 webinars 13:25 31:20 week 14:1 20:7 22:21 25:12 27:10 29:15 50:12, 14 51:3 weekends 41:9 weekly 34:7 weeks 13:13 15:1 17:2, 17 29:7 33:6 38:22 week's 10:20 weight 31:24 wellbeing 32:10</p>	<p>48:12 well-being 21:12 willing 46:3 63:10 wipe 40:11 wiping 9:22 woke 18:20 wonder 56:9 wondering 46:5 words 9:17 60:16 work 8:13 9:25 11:16, 21 15:4 18:6, 19, 23 19:9 27:23, 24 37:14 38:5 39:7 41:6 42:6, 8, 9, 19 45:5, 8 47:16 48:6 59:24 60:6, 22 62:7 63:4 worker 41:17 workers 41:10, 17 working 8:3 21:4 31:9 48:3 52:6 54:22 58:4 62:11 works 5:6 41:20 59:21 63:19 world 15:8 19:12 59:25 worried 18:7 19:10 worry 51:19 worse 18:4 22:18 50:17 wound 40:13</p> <p>< Y > Yeah 42:3 48:5 year 6:1 9:20 10:11 15:24 20:12, 15 26:11, 16 30:14 years 4:2 6:18 7:3, 12 8:21 9:1 18:1 23:8, 15, 19 24:6 57:12 59:19 62:18 yesterday 53:7 York 22:23, 24</p>
---	---	---	---	---

61:10, 11

< Z >

zero 34:9 49:7

zone 7:10

Zoom 1:12