Long Term Care Covid-19 Commission Mtg.

Meeting with Commissioners and York Region
on Friday, January 29, 2021

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

neesonsreporting.com | 416.413.7755

1
2
3
4
5
6
7 MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION
8
9
10
11
12 --------
13 --- Held via Zoom, with all participants attending
14 remotely, on the 29th day of January, 2021,
15 3:29 p.m. to 4:48 p.m.
16 --------
17
18
19
20
21
22
23
24
25

1 BEFORE:
2
3 The Honourable Frank N. Marrocco, Lead
4 Commissioner;
5 Angela Coke, Commissioner;
6 Dr. Jack Kitts, Commissioner.
7
8 PRESENTERS:
9 Lisa Gonsalves, General Manager, Paramedic and
10 Seniors Services, Paramedic and Seniors Services,
11 Community and Health Services;
12 Katherine Chislett, Commissioner, Community and
13 Health Services;
14 Gino Rosati, City of Vaughan Regional Councillor
15 and Chair of Community and Health Services, York
16 Regional Council;
17 Enza Barbieri, Executive Assistant, Regional
18 Councillor Gino Rosati;
19 Dr. Catherine Meunier, Medical Director, Paramedic
20 and Seniors Services, Community and Health
21 Services;
22 Julie Casaert, Director, Seniors Services Paramedic
23 and Senior Services, Community and Health Services;
24 Mark Rovere, Director, Operational Planning,
25 Paramedic and Seniors Services, Community and

1 Health Services;
2 Lisa Cramarossa, Program Manager, Strategic
3 Engagement and Emergency Management, Strategies and
4 Partnerships, Community and Health Services;
5 Tricia Wretham, Communications Associate, Strategic
6 Engagement and Emergency Management, Strategies and
7 Partnerships, Community and Health Services;
8 Hanna Samater, Senior Policy Analyst, Strategies
9 and Partnerships, Community and Health Services;
10 Janet Rurak, Program Manager, York Region Seniors
11 Strategy, Paramedic and Seniors Services, Community
12 and Health Services;
13 Joanne Mitchell, Senior Counsel, York Region, Legal
14 & Court Services.
15
16 PARTICIPANTS:
17
18 Alison Drummond, Assistant Deputy Minister,
19 Long-Term Care Commission Secretariat;
20 Jessica Franklin, Policy Lead, Policy Unit,
21 Long-Term Care Commission Secretariat;
22 Derek Lett, Policy Director, Long-Term Care
23 Commission Secretariat;
24 Alain Daoust, Team Lead, Long-Term Care Commission
25 Secretariat;

1 Lynn Mahoney, Counsel to the Ministry of Health and
2 Long-Term Care;
3 John Callaghan, Counsel, Long-Term Care Commission
4 Secretariat;
5 Rose Bianchini, Senior Policy Analyst, Long-Term
6 Care Commission Secretariat;
7 Angela Walwyn, Senior Policy Analyst; Long-Term
8 Care Commission Secretariat.
9
10 ALSO PRESENT:
11
12 McKaya McDonald, Stenographer/Transcriptionist.
13
14
15
16
17
18
19
20
21
22
23
24
25

1 -- Upon commencing at 3:29 p.m.
2
3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Good afternoon.
5 LYNN MAHONEY: Hi, commissioner. Hello
6 to everybody.
7 GINO ROSATI: Good afternoon.
8 COMMISSIONER JACK KITTS: Good
9 afternoon, everybody.
10 LISA GONSALVES: Good afternoon.
11 DR. CATHERINE MEUNIER: Hi, everybody.
12 LYNN MAHONEY: I think we have -- oh,
13 there's Katherine.
14 Do we have everybody on your side,
15 Lisa, who will be participating?
16 LISA GONSALVES: We do.
17 LYNN MAHONEY: Okay. Terrific. So,
18 commissioners -- Commissioner Marrocco,
19 Commissioner Coke, and Commissioner Kitts -- this
20 is a panel from York Region. And they have asked
21 to make a presentation, and I have had a
22 preliminary meeting with them as well, and they're
23 here to talk about the two homes that York Region
24 runs and how they have fared during the pandemic
25 Wave 1 and Wave 2 and some of the issues that they

1 have encountered.
2 So they have a presentation, and I
3 believe somebody on our end is going to operate
4 that deck. I think Rose is going to do that for
5 us.
6 So with that -- Commissioner Marrocco,
7 I just wanted to give you that introduction.
8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Well, good afternoon. Nice to -- thank
10 you for coming. We're quite interested in local
11 the experience because of the -- some of the
12 evidence that we've heard which -- I think you
13 appreciate what it was in terms of how they fared
14 generally during the pandemic, and so we're all
15 ears.
16 There's a transcript. We have a court
17 reporter, and we will post the transcript on the
18 website. We do that so that people who are
19 interested in what we're doing can keep an eye on
20 us. And so with that, we're ready when you are.
21 GINO ROSATI: Okay. Well, good
22 afternoon, commissioners. On behalf of York
23 Regional Council and York Regional Chairman,
24 Wayne Emmerson, thank you to the Ontario Long-Term
25 Care COVID-19 Commission for the opportunity to

1 meet with you today.
2 I'm the City of Vaughan Regional
3 Councillor, Gino Rosati, member of the York
4 Regional Council and the chair of the Regional
5 Community and Health Services Committee.
6 Joining me today from York Region, we
7 have Katherine Chislett, Commissioner of Community
8 and York Services; Lisa Gonsalves, General Manager
9 of Paramedic and Senior Services; and Dr. Catherine
10 Meunier, Medical Director of both Newmarket and
11 Maple Health Centre; and we also have other
12 observers that will be introduced by Commissioner
13 Katherine Chislett.
14 York Region is home to 28 long-term
15 care homes, two of which are operated by the
16 Regional Municipality of York.
17 Newmarket Health Centre and Maple
18 Health Centre provide a total of 232 long-term care
19 beds. York Region's homes are placed where
20 residents live and receive assistance with daily
21 activities, have access to 24 hours of nursing and
22 personal care, and receive on-site supervision to
23 ensure their safety and well-being.
24 Despite funding and operating these
25 homes, York Region has a limited role in the key

1 decision that impacts residents in long-term care.
2 Yesterday, Regional Council unanimously
3 approved York Region's submissions to the Ontario
4 Long-Term Care Commission. While Regional Council
5 stands behind the 28 recommendations outlined in
6 York Region's submission, we recognize there is an
7 immediate urgency to act now to support the
8 well-being and safety of residents and staff in the
9 long-term care.
10 York Region supports the steps needed
11 and, at the same time, remains committed to ongoing
12 discussion and the critical long-term care issues
13 that require changes. We look forward to future
14 discussion and being a leadership voice as we
15 continue to work with our provincial partners.
16 LYNN MAHONEY: So, Rose --
17 GINO ROSATI: And I will now turn
18 things over to Commissioner Chislett, Lisa
19 Gonsalves, and Dr. Meunier.
20 KATHERINE CHISLETT: I've got it from
21 here.
22 Lynn, do you need anything before I get
23 into it?
24 LYNN MAHONEY: No, I'm just trying to
25 get your deck put on the screen.

1 So, Rose, I believe you're dealing with
2 the deck?
3 I don't know if Rose is even --
4 Yeah, here we go. Perfect. Thank you.
5 KATHERINE CHISLETT: Yeah, it's just
6 opening. Okay. Thank you very much, Rose.
7 And thank you. We're really pleased to
8 be here. Thank you very much Councillor Rosati,
9 our chair, for introducing.
10 I'll start with a really brief overview
11 of our municipality and the role that we play in
12 our community, and it's just to give you a bit of
13 our context before we talk about our COVID-19
14 experience in our two long-term care homes.
15 Next slide, Rose, and then the one
16 after that. Thank you.
17 Now, you know, York Region, it's just
18 north of Toronto, and we've got nine local
19 municipalities. Our population -- we're currently
20 about 1.2 million people, and we're projected to
21 grow to 1.5 million in ten years.
22 The map shows the 28 long-term care
23 homes in York Region, as Councillor Rosati
24 mentioned, and those 28 homes have over 3,700
25 long-term care beds.

1 Now, we just operate two of the homes,
2 and they're shown on the map with blue. We have
3 one called Newmarket Health Centre in Newmarket,
4 and we have Maple Health Centre in the city of
5 Vaughan. The Region is only responsible for our
6 two homes we operate.
7 Now, we do -- as a municipality, an
8 upper-tier municipality, we do have a role for
9 services like childcare, affordable housing,
10 serving people who are homeless where the regional
11 government is the service system manager, and
12 that's done by law by the Province.
13 And that means that we're responsible
14 for managing the whole system of that whole area --
15 whether it's child care, homelessness services, or
16 housing -- regardless of who actually provides the
17 service. Some, we provide; some we contract out;
18 some, we influence.
19 But in long-term care, that role
20 doesn't fall to municipalities. It belongs to the
21 Province should the Ministry of Long-Term Care,
22 Ministry of Health, and all of those different
23 ministries that are involved in this issue --
24 LYNN MAHONEY: Could I -- commissioner,
25 could I just interject for a minute?

1 KATHERINE CHISLETT: Sure.
2 LYNN MAHONEY: Just in terms of your
3 role in York Region, the local medical officer of
4 health -- who's the local medical officer of
5 health?
6 KATHERINE CHISLETT: Our medical
7 officer of health is Dr. Karim Kurji.
8 LYNN MAHONEY: Okay.
9 KATHERINE CHISLETT: And Karim --
10 Dr. Kurji will be giving a presentation here at a
11 later date. He wasn't --
12 LYNN MAHONEY: Yes.
13 KATHERINE CHISLETT: -- able to do
14 that.
15 LYNN MAHONEY: Thank you for that.
16 Yes, I've been coordinating with your team about
17 that but just wanted to confirm. So Dr. Kurji --
18 what's the reporting role? And, I guess,
19 Dr. Kurji, within his purview would have -- all of
20 the long-term care homes would be part of his
21 jurisdiction. And Dr. Kurji, does he report
22 through you, commissioner?
23 KATHERINE CHISLETT: He does. And how
24 about we go to the next slide. That's a beautiful
25 segue.

1 LYNN MAHONEY: Okay.
2 KATHERINE CHISLETT: We didn't even
3 plan that. Yes, he does. So this is really,
4 actually, my department. So you're going to see
5 all the services here that York Region provides,
6 and it gives you a sense of all the regional
7 services.
8 So when you see the red stars there,
9 those are the ones that report directly to me as
10 commissioner. And the little baby there, that's
11 public health, and that's with the medical officer
12 of health.
13 We really -- as a department function,
14 our role is really to provide the administrative
15 services and oversight. It's the medical officer
16 of health -- although he reports directly to me for
17 administrative purposes, really reports to the --
18 directly to the Board of Health.
19 And in York Region, the Board of Health
20 is our council. So that's where he goes on issues
21 of public health concerns and programs. But a big
22 part of the department -- we try very hard to work
23 together on things like the social determinants of
24 health and how our various programs can support
25 getting good public health in our community. So

1 that's why he'll come later on.
2 What we're seeing right now through
3 COVID is that Karim is really responsible for the
4 COVID response which includes long-term care homes.
5 On a usual basis, pre-COVID, generally, the role of
6 long-term -- I'm sorry, of public health is
7 inspections for food. They don't have much of a
8 greater role than that. But, again, Dr. Kurji can
9 talk to you in more detail about how that works.
10 LYNN MAHONEY: And could I just ask
11 you, as well, just to close that off --
12 KATHERINE CHISLETT: Yeah.
13 LYNN MAHONEY: And, Councillor Rosati,
14 I'm just wondering whether or not you are part of
15 the Board of Health that Dr. Kurji reports to?
16 Sorry, you're on mute.
17 GINO ROSATI: Yes, yes, I am. In fact,
18 all the members of Regional Council are the Board
19 of Health for York Region --
20 LYNN MAHONEY: Okay.
21 GINO ROSATI: -- through which
22 Dr. Kurji reports to.
23 LYNN MAHONEY: Okay. Thank you very
24 much.
25 KATHERINE CHISLETT: Thank you. So,

1 again, as you can see from that, our two homes are
2 really well integrated into the municipal
3 structure, and they don't work in isolation. We
4 try to really support them through our other
5 services.
6 And I know you'll have heard before
7 that municipal homes tend to have more resources
8 than non-profits or privates because we benefit
9 from supports like the corporate program areas:
10 things like information technology, legal, finance,
11 procurement, property services, communications,
12 emergency management, and human resources.
13 We also -- particularly, though, our
14 municipal homes benefit from the additional funding
15 that we can provide through the property tax base,
16 and Lisa will talk to that shortly.
17 You know, there's so many partnerships
18 and connections and services and supports that we
19 can leverage for our homes. And because of this,
20 our municipal homes really are better places for
21 seniors. We're able to do a bit more for them.
22 So we're really at the top of the food
23 chain when you think about it in terms of what we
24 should be able to do, particularly in COVID. And
25 we're considered to be the best resource in

1 Ontario, municipal homes are, because of that
2 additional municipal funding and those resources.
3 But you know what? We're in an
4 outbreak. We're currently in outbreak in both our
5 homes. So even with all the extra that we are able
6 to get, we still struggle to respond to all those
7 demands.
8 So that's why I really -- one of the
9 reasons we really wanted to talk to you is that
10 even when we have all of the additional supports
11 and resources that we do have, that's still not
12 enough.
13 And I can't even imagine what it's like
14 for the others in the long-term care sector who
15 don't have the good fortune that we have as a
16 municipal home.
17 You know, again, you've heard -- I've
18 seen from the transcripts I had a chance to look at
19 that you've already heard about the longstanding
20 issues that have led homes to the place we're in
21 now with COVID.
22 And I really, really do believe it's
23 time for us to raise the bar in long-term care to
24 ensure that seniors across the sector are
25 experiencing and receiving appropriate, respectful,

1 and compassionate care that they deserve. It's one
2 of the reasons we want to be here. Because we do
3 believe this commission is an important opportunity
4 to get that change that the sector so desperately
5 needs.
6 So to help in that mission, that's why
7 we're here today. We want to tell you about our
8 experiences as probably the best-resourced type of
9 homes in Ontario and tell you about recommendations
10 that we feel will help raise the bar.
11 Again, we have a written submission.
12 The written submission was approved by York
13 Regional Council.
14 And now I'm going to turn it over to
15 the really smart people, and that would be
16 Lisa Gonsalves, our general manager of paramedic
17 and senior services -- the two are combined; and
18 Dr. Catherine Meunier, our medical director, who's
19 been such a hero throughout this whole process.
20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Before you do that, one of the things
22 we've heard -- and it doesn't seem to be
23 disputed -- is that there's a shortage of beds in
24 the long-term care sector and a waiting list and so
25 on.

1 And I was wondering whether you thought
2 or York Region thought that an expansion of the
3 number of beds is better dealt with by the
4 Municipality. Obviously the Municipality can't
5 fund the expansion.
6 But it would be better to see an
7 expansion of municipal participation in long-term
8 care homes as opposed to other kinds of expansion.
9 Do you have a view on that?
10 KATHERINE CHISLETT: Sure. Shall I
11 jump in Councillor Rosati?
12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Oh, I'm sorry. I didn't mean to
14 misdirect the question. It was really directed at
15 the most appropriate person, so...
16 GINO ROSATI: Well, what I can say,
17 from my point of view, I think we have better
18 control and a greater level of care for the
19 municipal, regional level.
20 But having said that, it doesn't mean
21 that the private sector can not work the job. It's
22 a matter of proper screening, proper supervision,
23 proper inspection, and adequate regulation by which
24 they have to abide. And then I think that can
25 work.

1 But from our point of view, yes, I
2 think we're probably better equipped to look after
3 our seniors if we are given the opportunity to do
4 so. And obviously the --
5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 The resources.
7 GINO ROSATI: -- the (indiscernible)
8 guideline, but the financial support for that goes
9 a long way.
10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Thank you.
12 KATHERINE CHISLETT: And I think from
13 my perspective, I raised that issue of a service
14 system manager because it's a very important
15 concept.
16 This came about about 20 years ago when
17 provincial government downloaded a whole bunch of
18 social services onto regional municipalities --
19 onto municipality -- municipal governments.
20 And what we've seen over that time is
21 that maturities -- that because we're the level of
22 government closest to people, we can move fast, and
23 we're very minimal. So we're really good at all
24 those upstream things that are needed.
25 So if you were to look at seniors

1 housing, helping people to live well in their
2 communities, age well in place, we're very good at
3 that even though we're not the service manager and
4 don't have a responsibility.
5 But where it's more the challenge from
6 the municipalities is to get into healthcare
7 services. And, truly, over the -- you know, you've
8 heard that over the last 10-15 years, 20 years,
9 people have become much sicker in long-term care
10 homes. Their needs are greater. It's really more
11 of a healthcare service than municipal service, and
12 that isn't an area where municipalities have
13 expertise.
14 So I think you need kind of a
15 partnership, but it's really a healthcare system,
16 hospital base, whatever the Ministry is, for people
17 who are in long-term care and perhaps even some
18 retirement. So municipalities are really good when
19 it comes to housing seniors.
20 I'm also president of Housing York. We
21 house a lot of seniors, and we do very well at it
22 and, also, in terms of developing communities to
23 help them. So I -- that's kind of my opinion.
24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Thank you.

1 KATHERINE CHISLETT: Thank you. So
2 over to you, Lisa. Give them a break from me.
3 LISA GONSALVES: Thank you. Thank you,
4 Katherine.
5 And so I'm going to just walk you
6 through -- provide you a little bit of context
7 about our two homes, if that's okay.
8 So next slide, Rose. Next slide --
9 there we go.
10 So our two homes -- we have two homes,
11 as Katherine mentioned, one in Newmarket and one in
12 Maple. Combined, we have 232 beds, and we serve
13 about 530 residents annually.
14 The one -- the Newmarket home, which is
15 on the top of the screen there -- you can see we
16 began operating it in 1991. It's a fairly old
17 building, but we did some major renovations and
18 upgrades in 2004. So it's a Class A, new home.
19 Maple Health Centre, a little younger.
20 We've been operating it since 1998, 100 beds, and
21 it's also Class A home. So both of our homes -- we
22 don't have three and four-ward -- bed wards in
23 either home.
24 Next slide.
25 So this -- I want to spend a little bit

1 of time on the funding piece because I know, in
2 speaking to Lynn, this was an area of interest for
3 the commissioners.
4 So like many other municipalities, we
5 rely very heavily on our property tax to fill gaps
6 in funding. Under normal, pre-COVID conditions, we
7 spend about 17.9 million of our total operating
8 which is about 46.6 percent covered by the tax levy
9 for the full costs of our operations.
10 You know, it's interesting. We have
11 never ever received any funding to cover things
12 like IPAC or PPE either. We also -- in terms of
13 our funding envelopes, where we have some
14 discretion under our "other accommodations," we
15 allocate 100 percent of our "other accommodations"
16 envelope right back into "operations and resident
17 care."
18 Same goes for our "global level of
19 care" funding as well. All of that money goes back
20 into the "nurse and personal care envelope." So we
21 use any additional funds to enhance direct care to
22 residents.
23 LYNN MAHONEY: Can I just -- so just so
24 I'm clear, York Region contributes to the two
25 municipal homes that we've talked about -- the two

1 homes that we've talked about, those 235 beds?
2 LISA GONSALVES: 232 beds.
3 LYNN MAHONEY: 232 beds. You
4 contribute annually 17.9 million?
5 LISA GONSALVES: 17.9 million, correct.
6 LYNN MAHONEY: 17.9 million --
7 LISA GONSALVES: Yes.
8 LYNN MAHONEY: -- in addition --
9 LISA GONSALVES: That was before COVID,
10 m-hm.
11 LYNN MAHONEY: Before COVID. Okay.
12 Thank you.
13 LISA GONSALVES: Yes, yeah. And so
14 just to add to that -- so during COVID, we've
15 actually invested about -- it's costing about
16 7.3 million in addition that was unbudgeted to
17 support COVID.
18 And of that 7.3 million, we've actually
19 funded about 46.6 percent of that from our own tax
20 base, and the rest of it has come from the
21 containment funding from the Province. We actually
22 received some today which is welcomed news, so I
23 have factored in that number.
24 Prior to this, we were at about 60 of
25 those costs. So as a municipality, because you've

1 had access to additional funds, primarily the
2 property tax, we were able to do some things that
3 probably other homes couldn't. So I did want to
4 make a point of that as well.
5 You know, to go along with this, the
6 investment in our homes, you know, and the
7 additional resources has allowed us to provide --
8 and I think Katherine mentioned as well our level
9 of care is higher.
10 As an example, when we look at the "raw
11 food" envelope, we get funded about $9.54 per
12 residence per day from the Province. We've topped
13 that up another 1.50. So that allows us to provide
14 more fresh food, juices, more -- better cuts of
15 meat.
16 We also have, also, invested in our
17 human resources, so all of our chefs are red seal
18 qualified as well. So those are just some of the
19 things that maybe set a municipal home apart from
20 another home.
21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Can I just -- can I just --
23 LISA GONSALVES: M-hm. Sure.
24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 -- make sure I understand?

1 LISA GONSALVES: Sure.
2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 So in addition to the contribution --
4 for example, the "other accommodation" funds which
5 are contributed back to the maintenance of the
6 home -- there's an additional 1.50 that you're
7 contributing on top of that?
8 LISA GONSALVES: Correct.
9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Okay.
11 LISA GONSALVES: Correct.
12 KATHERINE CHISLETT: Yeah. But, Lisa,
13 just for the food, right?
14 LISA GONSALVES: Just for the food.
15 KATHERINE CHISLETT: Yeah.
16 LISA GONSALVES: That's just for the
17 raw food part of the budget -- envelope.
18 KATHERINE CHISLETT: Yeah.
19 LYNN MAHONEY: So what you're saying is
20 in addition to the four funding envelopes that you
21 receive from the Province which you fully invest in
22 the home -- you don't return anything back, and
23 it's no distribution of anything back to the
24 regional tax base in any way -- you use -- fully
25 use those four envelopes, and, in addition to that,

1 you top up those different components of those
2 envelopes?
3 LISA GONSALVES: Correct.
4 LYNN MAHONEY: Okay. And one example
5 that you provided was raw food?
6 LISA GONSALVES: Correct.
7 LYNN MAHONEY: Okay.
8 LISA GONSALVES: You got it. Okay. So
9 just -- so simply put, one of the things we are
10 asking from the province is funding -- a funding
11 arrangement that is sustainable.
12 You know, I think a lot of -- and as
13 Councillor Rosati said, you know, many
14 municipalities have continued to talk about the
15 fact that we cannot continue to subsidize
16 healthcare through property tax.
17 So we've continuously advocated through
18 associations like AMO, AdvantAge Ontario, and
19 others for sustainable funding from the Province.
20 So that's just an example of the funding gap and
21 how we've been able to try and close that gap, but
22 it's not sustainable.
23 Can I have the next slide, please?
24 So this is --
25 LYNN MAHONEY: Can I ask you -- can I

1 ask you --
2 LISA GONSALVES: Sure, of course.
3 LYNN MAHONEY: -- what percentage of
4 the tax base, for example -- and I don't know if
5 that was covered on the previous slide. I don't
6 think it was. What percentage would long-term care
7 be of your -- like, of the tax base? You get the
8 money from the tax base --
9 LISA GONSALVES: M-hm.
10 LYNN MAHONEY: -- and how much of the
11 tax base is going towards long-term care?
12 LISA GONSALVES: I --
13 KATHERINE CHISLETT: Lisa, do you want
14 me to try?
15 LISA GONSALVES: Sure. Go ahead,
16 Katherine.
17 KATHERINE CHISLETT: Yeah.
18 LYNN MAHONEY: I just want it as a
19 percentage. Like, is it --
20 KATHERINE CHISLETT: Yeah. An easy way
21 to think about it is usually a 1 percent property
22 tax increase is about 11 million, 11-12 million.
23 So with council putting in 17 million a
24 year -- and then with the COVID, what was it?
25 Another -- close to 7 million? Something like

1 that.
2 Like, we're talking points on the tax
3 base. So people are actually seeing it in the
4 envelopes. So that's probably the easiest way to
5 do it. We can find exact numbers with that, but we
6 have, obviously, a massive budget as a region --
7 LYNN MAHONEY: Yes.
8 KATHERINE CHISLETT: -- and one of that
9 is provincial. But when you think if it, if we
10 were to turn around today and say "here's how much
11 money we need," we'd probably have to pass through
12 probably about a 1.5 percent tax increase.
13 LYNN MAHONEY: Okay. Thank you.
14 KATHERINE CHISLETT: Yes.
15 LISA GONSALVES: Does that help? Thank
16 you --
17 LYNN MAHONEY: Yes.
18 LISA GONSALVES: -- Katherine.
19 Okay. So on this next slide here, we
20 wanted to show you a bit of the trend lines
21 around -- and I know you probably are well aware of
22 the increasing cases, but just to put it in
23 perspective for York Region, we have -- this graph
24 really shows -- we've got 28 homes in York Region.
25 So as you can see -- in Wave 1, you can

1 see that the number of -- the number of homes in
2 outbreak was just over half of the homes in York
3 Region. But, again, you can see here that we
4 were -- we were not hard-hit in our own homes.
5 You will see here that we did not
6 experience an outbreak until November, and this was
7 closely correlated to the significant increases in
8 the community that we are seeing.
9 In York Region, actually, we've had
10 close to 443 deaths as of January 27, 2021. And
11 within long-term care homes in York Region that
12 represents about half of that is about -- is for --
13 is our own homes. So 224 deaths, which is quite
14 tragic.
15 But, again, I guess the -- we knew that
16 we were -- we felt we were in a good place, but we
17 knew it was inevitable, I guess, is the message on
18 this slide.
19 LYNN MAHONEY: So can you just clarify
20 for me, Lisa, when you say "our own homes," it's
21 not the two municipal homes. It's all of your 27
22 or 28 --
23 LISA GONSALVES: Yeah. It's all of our
24 28, but I would say our municipal homes -- you can
25 see in Wave 1, they were not in any outbreak. It

1 was in Wave 2.
2 LYNN MAHONEY: Correct.
3 LISA GONSALVES: And it was closely
4 aligned -- it was actually directly aligned to the
5 community outbreaks --
6 LYNN MAHONEY: Okay.
7 LISA GONSALVES: -- in York Region.
8 KATHERINE CHISLETT: Yeah. And, Lynn,
9 with our homes going into outbreak in November, I
10 believe we had four resident deaths, if I'm
11 correct, Lisa.
12 LISA GONSALVES: We've actually had six
13 resident deaths altogether, yes, yeah. And there's
14 only one home -- and I know, Lynn, you mentioned
15 you were going to be reaching out to that home.
16 There's only one home in York Region that has not
17 had an outbreak.
18 LYNN MAHONEY: Yes, we've already
19 spoken with that home.
20 LISA GONSALVES: Okay.
21 LYNN MAHONEY: The commissioners have
22 already heard from that home.
23 LISA GONSALVES: Okay. All right.
24 So the next slide, please.
25 So this slide, really, is a high-level

1 picture of the timeline of some of the things that
2 we did in preparing and responding. So you can see
3 that in -- and I'll speak in more detail on the
4 following slides.
5 But in Wave 1, you can see that we were
6 primarily focussed on preparation. We're doing a
7 lot of work to ensure that our IPAC measures and
8 health and safety measures were in place.
9 And we also held webinars, one of our
10 first webinars with families. And Dr. Meunier
11 headed up that. We had town halls with staff. But
12 in Wave 2, the real focus was outbreak management
13 because that's when both of our homes were hit in
14 November.
15 I did want to note that the first
16 outbreak happened at Maple. And it was declared on
17 November 7th, and it was only one staff case, and
18 it was declared over by November 15th. So we
19 managed to -- there was no spread.
20 However, Newmarket, it was actually
21 declared in and around the same time, actually, and
22 they've been in outbreak since November 7th. We're
23 still in outbreak, so I think we're heading into
24 12 weeks of this.
25 So it's been quite a challenge, and I'm

1 going to talk about what those challenges look like
2 in the next couple of slides.
3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Before you do that --
5 LISA GONSALVES: Sure.
6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 -- you start preparing -- according to
8 the slide, you start preparing for COVID-19 in
9 January 2020. What causes you to do that?
10 LISA GONSALVES: So because we are part
11 of the region -- so remember -- so Public Health --
12 so under Katherine, Katherine has Public Health
13 under her department.
14 And so as a department of leadership
15 team, we hear what's happening. And so we were
16 getting information through Public Health, and we
17 had also -- Public Health had opened their health
18 emergency operating centre on the third week of
19 January.
20 So we were already getting information,
21 so we were taking that back to the long-term care
22 management team. And we were starting to pull up
23 our plans, look at our PPE supply; mask fit testing
24 started as well. So that really was the real
25 impetus as well as Dr. Meunier, and she was

1 watching everything.
2 And so she was, at the same time, also
3 telling us "people, we need to meet. We need to
4 talk about this. It's coming". So that was the
5 real trigger.
6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Okay. Thank you.
8 LISA GONSALVES: Does that help? Okay.
9 So if you can go to the next slide,
10 Rose.
11 So Dr. Meunier and I are going to walk
12 through the next set of key challenges. Our
13 submission has a lot more information, but we
14 thought we would focus on these key areas.
15 And I'm going to speak a little bit
16 about -- Dr. Meunier will talk a little bit about
17 the leadership piece. I'll talk about the planning
18 and preparedness. And then we're going to talk
19 about the key challenges we faced when it came to
20 testing, outbreak management -- staffing was
21 huge -- and the communications and the multitude of
22 directive and directions we were getting from the
23 Province and some of the challenges.
24 And then we'll end with some of the --
25 a summary of some of our key immediate and medium

1 to long-term actions.
2 Can you go to the next slide, please?
3 All right. So this is --
4 LYNN MAHONEY: I like the way this
5 slide is set up. And, commissioners, you'll note
6 that the dates compares the date that York Region
7 implemented some of these actions compared with
8 dates when they -- the direction came from the
9 Province.
10 LISA GONSALVES: Yes. So you can see
11 here, again, our planning and preparedness -- there
12 was a significant amount happening. We actually --
13 we have a regional emergency plan. We have a
14 public health response plan as well. We also had
15 our business continuity plans.
16 We take an all-hazards approach in our
17 planning, so we plan for all sorts of emergencies
18 including loss of staff. So there's lots of
19 scenarios around loss of staff which would include
20 labour relations and strikes, illness; pandemic,
21 would also be part of those plans as well.
22 For our homes, we also have a pandemic
23 plan as well. And, again, it's -- it was -- and we
24 were using that to prepare. And we were -- we
25 thought we were ready to face what was coming, but

1 the execution of the plan was where the challenge
2 lied.
3 And, you know, I think we were really
4 prepared theoretically. We weren't prepared for
5 something that was going to last this long, most
6 definitely. But we were ahead of the game when it
7 came to planning and preparedness.
8 As I mentioned before, Commissioner
9 Marrocco, we had -- we had started planning in
10 January and February and primarily looking at our
11 PPE supplies. We had started to look at our -- we
12 were also doing the mask fit testing, and we were
13 participating regularly --
14 AdvantAge Ontario was our sector
15 association which I know you have heard from. They
16 were quite proactive as well, and we knew that
17 COVID could be an issue for congregate living,
18 especially long-term care. We -- but we started to
19 put measures in place in March.
20 So in my branch, we actually set up a
21 senior services response group in March, and that
22 included members from our leadership team in
23 long-term care for both homes.
24 We also have an operational planning
25 division within my branch because we're combined

1 with the paramedic services, and that includes a
2 team of policy and data and procurement staff. We
3 also used our finance team within our department
4 and our partners, some of which are on the phone
5 today, from legal services, HR, employee health and
6 safety as well.
7 So we were proactively planning, and we
8 had about -- we did about 15 preventative measures,
9 and there are 11 of them shown on the screen. One
10 of the most important ones or the one to highlight
11 is that we restricted frontline staff from working
12 between our homes. So they used to be able to
13 cross over in our two homes, so we restricted that
14 on March 13th.
15 And then we went further, and then we
16 told staff they needed to choose one -- to work for
17 only one employer on March 25th. And so you can
18 see on the slide here we were several weeks ahead
19 of when the province made the directive. And I --
20 LYNN MAHONEY: Can I ask you about
21 that, Lisa?
22 LISA GONSALVES: M-hm.
23 LYNN MAHONEY: What measures did you
24 implement to assist workers financially to the
25 extent it was -- it was required given the

1 single-site directive that York Region --
2 LISA GONSALVES: Right.
3 LYNN MAHONEY: -- implemented?
4 LISA GONSALVES: So we -- the staff who
5 chose their other employer, most times it was
6 because that was their -- they had more hours with
7 their other employer.
8 We did offer them a leave of absence,
9 so they are still at -- they still have their job
10 should and when they come back. But also for staff
11 who stayed with us, any part-time or casual staff,
12 we also provided them with sick benefits. So when
13 they're self-isolating, if they had to --
14 So we did offer some better benefits
15 for those who were part-time and casual, and the
16 leave of absence also allows them to have their
17 job. So we provided some job security. We haven't
18 given their job away. Put it that way.
19 LYNN MAHONEY: And what about the
20 impact that that may have had on your staffing
21 levels?
22 LISA GONSALVES: Yes, so -- and I will
23 get to it, but I can -- I can briefly say to you
24 that -- there is a whole slide on it, Lynn. Did
25 you want me to talk about that now?

1 LYNN MAHONEY: No, that's fine.
2 LISA GONSALVES: Okay. Okay.
3 LYNN MAHONEY: You can get to it then.
4 LISA GONSALVES: Okay.
5 LYNN MAHONEY: Thank you.
6 LISA GONSALVES: Okay. Yeah, there's a
7 lot on that one as well. So just around
8 communications, again, another key area for our
9 planning -- our planning and preparedness and
10 webinars.
11 I know that families were --
12 Dr. Meunier actually had brought the concept of a
13 webinar. We have never done -- we had never done a
14 family webinar until this happened, and a lot of
15 homes were starting to venture into this world of
16 webinars and using technology.
17 So we had a family webinar. That
18 turned into -- we had a couple of staff town halls.
19 Then we started really ramping up our
20 communications, and we had -- we actually -- we
21 deployed a team from within the corporation to help
22 us -- within my branch, actually -- to do all of
23 our communications. And we had regular weekly
24 reports, daily reports to staff and to residents.
25 So the communications was key, a very key piece, of

1 our preparedness and response.
2 In terms of PPE, I did want to mention
3 that as well because I think our process for
4 enhancing our supply of PPE was a very good one.
5 And, again, because we're positioned within the
6 region and most -- and paramedic services is
7 combined with seniors, we actually -- our paramedic
8 services logistics team, they actually procure all
9 of our PPE for public health as well and for
10 long-term care.
11 And through COVID, regionally, they're
12 now procuring for our corporate partners as well.
13 So we've created automated systems, dashboards. We
14 monitor our burn rates, daily run rates.
15 So we are quite ahead in terms of
16 knowing what's -- where we're short or where we
17 need build our supply base, and we actually
18 diversified our supplier base as well. But we did
19 it with other people. Like, other people helped us
20 to do this. And --
21 LYNN MAHONEY: What was your
22 stockpile -- what was your stock pile of PPE like
23 at the outset of the pandemic.
24 LISA GONSALVES: Yeah, so we are -- we
25 were about three months. We always have about a

1 three-month stockpile. But, you know, we thought
2 about what would happen if we were in outbreak, and
3 when you do the math, it was quite evident that we
4 would run out quickly. So we --
5 LYNN MAHONEY: So even your three-month
6 stockpile wasn't going to be enough?
7 LISA GONSALVES: No.
8 LYNN MAHONEY: And you realized that
9 very early on?
10 LISA GONSALVES: Very early on because
11 we --
12 LYNN MAHONEY: Okay.
13 LISA GONSALVES: -- have a logistics
14 team that does that computing for us.
15 LYNN MAHONEY: Okay.
16 LISA GONSALVES: So that was very
17 helpful. Just to put it in perspective, when we
18 went into outbreak in November, we were looking at
19 the numbers for both homes on a daily basis.
20 We were -- we burned through 12,325
21 gloves each day and 2,225 gowns each day during the
22 outbreak.
23 LYNN MAHONEY: Wow.
24 LISA GONSALVES: That hopefully puts it
25 into perspective for you.

1 LYNN MAHONEY: That does.
2 LISA GONSALVES: And --
3 LYNN MAHONEY: And so that's for --
4 that's for the combination, the two homes?
5 LISA GONSALVES: The two homes. The
6 two homes.
7 LYNN MAHONEY: Okay. Yeah.
8 LISA GONSALVES: And then, also, we --
9 and even though we have the supplier base, we did
10 access the provincial stockpile as well because we
11 were burning through it so quickly.
12 And there's a reason for why we were
13 burning through it so quickly. I know Dr. Meunier
14 has some thoughts on that as well. But I would say
15 that the -- there was a lot of changing direction
16 around use of PPE and when to use it, how to use
17 it. So that contributed to probably a lot more --
18 a higher burn rate in our opinion.
19 The other --
20 LYNN MAHONEY: This is the direction
21 that you were getting from whom?
22 LISA GONSALVES: We were getting that
23 through Public Health Ontario, but it was
24 inconsistent. I think across all the health units,
25 there were different interpretation of when to use

1 PPE and how to use it. So it all depended on how
2 you would interpret it.
3 LYNN MAHONEY: Okay.
4 LISA GONSALVES: So that's -- and,
5 again, that's, again, the confusion between how
6 to -- interpreting directives and guidelines.
7 There's a little bit of subjectivity to it
8 sometimes.
9 The other thing I want to mention is
10 that although we didn't have, you know, trouble
11 procuring PPE like others may have, one of the
12 major issues for us was the appropriate use of PPE,
13 and it still remains a challenge particularly
14 around communicating to our frontline staff about
15 the proper use of PPE.
16 And I think, again, that, we can --
17 we'll discuss that a bit more when we talk about
18 the outbreak experience.
19 And then around IPAC, which --
20 infection prevention and control, and we did a lot
21 to enhance our IPAC measures. We ramped up our
22 infection and prevention control processes. We
23 looked at our design and layout. We put up -- you
24 know, a lot of people put up Plexiglas and other
25 things.

1 So we did a whole walk through. We
2 have -- our occupational health and safety team did
3 a whole safe space plan for both homes, and so we
4 were able to use that knowledge, expertise to put
5 in place a lot of pandemic resilient infrastructure
6 measures.
7 LYNN MAHONEY: And when was that done?
8 When was that done, Lisa?
9 LISA GONSALVES: That would have --
10 that was done -- if you look at our chart here,
11 that started --
12 LYNN MAHONEY: Yes.
13 LISA GONSALVES: -- to be done --
14 actually, starting in March, we started doing that
15 walk-around, looking at our safe plan. And then
16 throughout the rest of the summer --
17 LYNN MAHONEY: Okay.
18 LISA GONSALVES: -- we've been
19 implementing those changes.
20 LYNN MAHONEY: Okay.
21 LISA GONSALVES: When we look at
22 visitors -- you remember when they opened up back
23 the visitors which was in the summertime? As an
24 example, we actually had already procured fencing.
25 We had already procured specific tables to put

1 outside. We had already set up a process to do
2 enhanced infection and -- cleaning in those -- in
3 our parking lot. We had fences in our parking lot,
4 actually, for the visits. So that -- a lot of
5 those things were done well in advance.
6 LYNN MAHONEY: Okay.
7 LISA GONSALVES: And, also, we did --
8 we were -- we put in place a process for the weekly
9 spot -- the enhanced swabbing and surveillance
10 testing. It went from biweekly to weekly very
11 quickly when we got into the grey zone.
12 And just to give you an example, we've
13 completed, to date, over 1,500 swab tests for
14 residents -- and that's not because of
15 surveillance, necessarily -- but over 7,000 for
16 staff alone in both homes.
17 So somebody has to do it, so it's been
18 a combination of our own staff doing the swab
19 testing as well as our paramedics. So we've been
20 able to use some of our paramedics to help us with
21 those swabbing clinics.
22 So I'm now going to turn it over to
23 Dr. Meunier who is going to talk about leadership.
24 And I have to also stress that she's been
25 invaluable in this whole experience and in our

1 response, and she's going to talk about her -- some
2 of her challenges as a medical director.
3 Over to you, Catherine.
4 DR. CATHERINE MEUNIER: Thank you.
5 Thank you very much for giving me a voice and talk
6 about my experience as medical director, and I will
7 try to answer the two questions that were posed.
8 So in starting, one of the reasons --
9 in January, at one of our PAC (ph) meeting where we
10 have a multidisciplinary approach with the
11 physicians -- and I presented it to that team on
12 January 22nd that through the readings and the
13 information I was collecting in international
14 literature, I could see that something was coming
15 on and that we needed to prepare.
16 I'd be looking at the trends in China
17 and Korea, Singapore, Taiwan, looking at what was
18 going on and then seeing the first cases come in BC
19 and also the first case in Washington State in the
20 United States.
21 Through my readings and the research of
22 the literature and because of what was happening
23 internationally, I kind of made it my mission to
24 try and be proactive and be at the forefront of the
25 information that I was providing to York Region so

1 that I could be ahead of the game and prepare the
2 whole team because it was obvious that it was going
3 to come.
4 And I think at the beginning, the
5 long-term care sector did not really grasp the
6 COVID threat to the long-term care facility as it
7 was more of an interpretation that, you know, we're
8 used to managing outbreaks, and --
9 But if you really looked at what was
10 going on, it was quite obvious that we were going
11 to be running into issues.
12 I started contacting medical directors
13 of the first home in BC. I spoke to that medical
14 director. I spoke to the medical director in the
15 United States. I was trying to understand their
16 lesson learned. Like, what should they have done
17 better to contain their outbreaks. And I was
18 collecting a lot of data, collecting a lot of data.
19 I, then, quickly, was able to identify
20 that there were three major points that we needed
21 to address.
22 Number one would be the staffing. Over
23 and over again when I spoke to people in Europe,
24 spoke to people, like, internationally, that was
25 their one -- their biggest issue to deal with.

1 Number two, obvious that you needed to
2 test and test, and the swabbing were so critical in
3 being able to be ahead of the game, be proactive,
4 and also be able to manage the outbreak.
5 And the third component that we really
6 saw, you know, throughout the newspaper and
7 everything here in Ontario is the communication
8 part, being transparent, being able to tell people
9 "we've thought about this. This is our plan of
10 action. Let me tell you how I'm going to protect
11 your mom inside our long-term care facility."
12 So I tried to identify what would be
13 the best practices based on all the reading and the
14 one-to-one discussion and all the webinars that
15 were being organized internationally and try and
16 put some directive for York Region to put the
17 parameters in place so that we'd be ready to react.
18 To answer one of the questions -- so
19 when you're asking about the municipal home, were
20 we in a different place than other homes? So I
21 joined a lot of community of practice groups or
22 association and things like that where I would be
23 able to collaborate with other medical directors in
24 Ontario either through the OLTCC, with the Canadian
25 medical directors as well.

1 And to answer your question, I do think
2 that because I was part of a municipal home sector,
3 that -- by trying to prepare our team, that team
4 was able, then, to go back and get the support that
5 we needed which, what I was hearing on all of these
6 calls and exchanges, is that, "well, oh, yes,
7 Catherine, you can do that because you have the
8 support of the paramedics or because you have the
9 support of the corporate whatever." So I do think
10 that we are in a -- at an advantage because of
11 where we are at.
12 So I was trying to be proactive. Also
13 try to establish very clear communication,
14 communication with staff and communication with the
15 substitute decision-makers and the resident.
16 And to me, wanted to reassure everybody
17 that I was making the right connections at the
18 right place. So I approached our local hospitals,
19 spoke to the internists, the emergency room
20 physicians, palliative care ahead of the
21 government, you know, finally saying "oh, you know,
22 you need to start partnering with your hospital."
23 I did that way back in March. Making
24 sure that, you know, the seven physicians who work
25 with me at the two homes would have access to the

1 support they needed if we went into outbreak as I
2 knew that we wouldn't be able to transfer our
3 residents and that we needed to bring the tools
4 inside our long-term care facility or the
5 professional support or the extra, special support
6 that we would need from outside inside our own
7 facility.
8 So establish -- I tried to establish
9 all of those links and keep all of our physicians
10 ahead of the game. Communicate with the
11 pharmacist. Making sure that everything was in
12 place. Making sure that all the medication -- that
13 the physician knew what to use when. I tried to
14 collect all the statistical epidemiology data to
15 try and show -- you know, have approved and best
16 practice and what was working, what should be
17 avoided.
18 You know, there were a lot of talks on
19 antivirals, a lot of talks on (indiscernible) or,
20 you know, all different forms of supportive
21 treatment for the resident. Wanted to make sure
22 that we had the supply in place as well.
23 So made it my mission to be proactive
24 and try to be ahead of the game, and I think that
25 we had prepared -- the whole team had prepared York

1 Region extremely well to -- if, ever, we went into
2 outbreak.
3 LYNN MAHONEY: So, Dr. Meunier, can I
4 ask you a question, please?
5 DR. CATHERINE MEUNIER: Sure.
6 LYNN MAHONEY: So you're medical
7 director at the two municipal homes of York Region?
8 DR. CATHERINE MEUNIER: Yeah.
9 LYNN MAHONEY: Is that your
10 full-time --
11 DR. CATHERINE MEUNIER: No.
12 LYNN MAHONEY: -- job?
13 DR. CATHERINE MEUNIER: No, which is --
14 okay. I will lead into that if you want right
15 away.
16 So I've been medical director for York
17 Region for over 20 years on and off overseeing both
18 of those long-term care facilities. I've made sure
19 that I had very strong medical teams for both of
20 those. I have four physicians, basically, on both
21 sides. One cross-covers. Hand picked those
22 physicians.
23 I usually dedicate one day a week to my
24 long-term care work. Always -- I've always tried
25 to make myself available. I have a -- I do

1 addiction medicine as a -- my private practice.
2 And as you know, both the long-term care sector and
3 the homeless addiction -- those are both the
4 vulnerable sectors, and I basically work on both of
5 those sectors.
6 What happened is basically since -- I
7 can tell you, January 22nd, at that meeting, the
8 demand on my time, my expertise -- and I chose. I
9 chose to give that kind of support.
10 But I've basically been on call 24/7
11 since January 22nd trying to put myself out there
12 for the seven physicians that I support, for all
13 the staff, for the DOCs at both homes, for the
14 management team as I think that I was able to --
15 because of my background and my interest in
16 research, be able to understand the literature and
17 be able to translate it into direct steps that
18 could -- concrete steps that could be taken for our
19 long-term care facilities.
20 LYNN MAHONEY: Okay. Thank you.
21 DR. CATHERINE MEUNIER: Okay. So --
22 LYNN MAHONEY: You must be tired.
23 DR. CATHERINE MEUNIER: Burnt.
24 LYNN MAHONEY: Yeah.
25 DR. CATHERINE MEUNIER: I'm better now.

1 If you had spoken to me back in May and June, I
2 just couldn't -- it was -- and that's something
3 that the commission needs to learn -- to hear.
4 The emotional toll in trying to deal
5 with an outbreak -- for myself, supervising the
6 physician -- for the physicians that I had to put
7 in there on the front line, the constant demand on
8 the DOC, the nursing, the frontline staff is
9 unbearable.
10 And we don't really talk at all -- we
11 don't talk about the mental well-being as a
12 support, but I don't think people realize that it's
13 not just your worksite. It's your whole family,
14 your whole practice, your whole environment that
15 changes. And, yes, it's -- I would say for me, the
16 intellectual drain is what really got to me.
17 LYNN MAHONEY: M-hm.
18 DR. CATHERINE MEUNIER: That's the
19 difficult part that I have to deal with. So I try
20 to make myself available to everybody. I try to
21 provide virtual support because we were asked to
22 work from the home, and I tried to be there all the
23 time for the people.
24 And when we had our first case, I
25 called on the floor and said "you know what? I

1 know we've just told you we have our first case.
2 We've drilled to you what to do. You know what to
3 do. You have the -- you have the ability to
4 conduct that." Because there was a lot of stress,
5 and I -- anyways, I tried to be there. I hope I
6 was there for everybody.
7 Also difficult, also, to try and
8 mitigate the risk with the pool of physicians that
9 we have because that's something else that we don't
10 talk about.
11 As physicians, we work at multiple
12 sites. We're asking the staff to pick one place.
13 I can't tell my physician "pick only my home"
14 because then there will be nobody at the other
15 home. And so physicians have been pulled right,
16 left, and centre to try and provide support.
17 And with the directives that are
18 coming, you know, at the 11th hour and that we have
19 to change and very quickly -- very difficult, also,
20 to manage that whole aspect of preparing for a
21 pandemic and making sure that you have the best
22 medical support 24/7, all the time.
23 And what I did is when there was
24 specific issues -- so I went in on the floor, and I
25 tried to be there for people to ask the questions.

1 And I think trying to be an ear for the
2 people -- because we hear different things, and
3 it's -- and one thing that I will have learned from
4 all of this is how I think that, "oh, you know,
5 I've sent you a memo. You should understand." It
6 doesn't work that way. It really doesn't.
7 And we are going to have to change the
8 way we try to pass our message and adapt to make it
9 culturally appropriate, educational level, all
10 sorts of things. So this is what I tried to work
11 on. This has been extremely challenging.
12 Do you want me to go into the testing
13 process?
14 LYNN MAHONEY: Yes, please. I think
15 that's the --
16 LISA GONSALVES: That's important.
17 DR. CATHERINE MEUNIER: Okay. So the
18 staff was a huge problem, and your question was
19 very astute.
20 So, yes, when you -- or when we had the
21 directive where, you know, you need to pick and
22 choose where you're going to work and we lose 95
23 staff like this, obviously this is a challenge.
24 I think we try to, really quickly, you
25 know, fill in those gaps, and people were extremely

1 good at stepping up and saying "you know what?
2 I'll do my double shift. I'll work more."
3 People who work in long-term care want
4 to be working there, okay? Those are difficult
5 jobs to have, and I think that -- I would say as a
6 whole, at both of our homes, people stepped up. So
7 that was the staffing challenge.
8 But it's all very nice to lose, you
9 know, 95 percent of your people when you start
10 looking at the infectiousness and the risk of the
11 contagiousness between the different units in a
12 long-term care facility. Not only do you need to
13 have the staff, but you also need to cohort your
14 staff to try and --
15 LYNN MAHONEY: M-hm.
16 DR. CATHERINE MEUNIER: -- be able to
17 mitigate that risk.
18 LYNN MAHONEY: Yeah.
19 DR. CATHERINE MEUNIER: This is where
20 is the huge challenge between, in theory, what you
21 need -- you know needs to happen but, in practice,
22 it's just not feasible and non-sustainable.
23 So the poor person who was in charge of
24 our staffing -- what's the word that I'm looking
25 for?

1 LYNN MAHONEY: HR?
2 DR. CATHERINE MEUNIER: -- master
3 schedule, doing all of this --
4 KATHERINE CHISLETT: Sorry. Lynn,
5 could I interrupt? We have a slide on that. Would
6 it be better if we just jumped to the slide on
7 staffing, or do you want us to stick to talking
8 about testing right now?
9 DR. CATHERINE MEUNIER: I could go back
10 to testing. Sorry. Okay. This is my number --
11 KATHERINE CHISLETT: Yeah, if we could
12 just put that up. It might make it easier.
13 DR. CATHERINE MEUNIER: -- my number
14 two point for the swabbing -- so I knew that that
15 was going to be so incredibly important that, if
16 you want to be ahead of the game, if you wanted --
17 you --
18 I knew from talking to all of the
19 medical directors that as soon as you have your
20 first case, you have probably ten percent more that
21 are asymptomatic sitting on your floor, okay?
22 So my -- the way I was looking at it
23 for York Region is "let's be proactive. Let's
24 start swabbing right away to try and detect our
25 asymptomatic carriers."

1 And Lisa has alluded to the fact that
2 my views and the directives were not always really
3 aligned. And I think because I was trying to read
4 so much and I was trying to speak to so many
5 people, I knew that we needed to do this. And one
6 of the challenges as medical director is that I may
7 have the title and potentially I have the medical
8 knowledge and the expertise, but I don't have the
9 authority to execute what I have learned and my
10 knowledge.
11 And when I've worked so incredibly hard
12 in educating myself on COVID -- and things were
13 changing so, so, so quickly in March and April and
14 May, you know, going from only droplet to what kind
15 of droplet to may be airborne and what about the
16 (indiscernible) and all of this. And it was
17 changing and changing all the time.
18 I think that I was able to provide the
19 education and the information to our team, but it
20 didn't always align to what was supposed to be
21 done.
22 So when you look at the swabbing and
23 when we finally got the directive that we were
24 allowed to start swabbing, then there's a whole
25 process that is a problem. We were -- it was very

1 rigid, what we were allowed to do. And in that
2 rigidity, we were missing opportunities.
3 When I asked way back in April or May,
4 "let's start doing some serial swabbing" -- and
5 what I wanted to do was do -- you know, if you have
6 background in epidemiology statistic, you know that
7 you can do samples here and there to try and
8 increase your odds. So this is what I wanted to do
9 at both of our facilities, but I wasn't able to do
10 that.
11 And then when we started swabbing
12 people, then the delay -- and I knew because I had
13 spoken to so many medical directors that that was
14 going to be an issue.
15 And beforehand -- well, during the
16 Wave 1, I automatically connected with Dynacare,
17 Lifeline, all the managers and said "you know what?
18 I'm hearing this is an issue. We want to -- York
19 Region wants to partner with you to make sure that
20 we can have a turnaround time 24-48 hours."
21 And we did secure those things. After
22 a while, I finally understood how the whole
23 swabbing thing worked through the public health and
24 that our swabs at York Region were big dispersed
25 any which way around in the -- in Ontario.

1 And then I learned that SickKid was one
2 of the main point where they were doing testing. I
3 reached out to the microbiology -- microbiologist
4 that's head of the SickKid and had an agreement
5 with him that they would take our swab from York
6 Region.
7 York Region was kind enough to back up
8 all of that plan and, you know, secure a special,
9 private courier so that we could send our swabs.
10 And SickKid was going to have a turnaround of 10 to
11 12 hours.
12 When I finally understood the process
13 and why it was taking five, seven, eight days for
14 us to get back our swabbing results, it was all
15 because we swab in one silo. Then there's the
16 whole transport that is a different silo. Then
17 there's a lab that's a different silo. Then
18 there's the lab reporting to the other silo who has
19 to put it into the OLIS system. And then as
20 medical director, I didn't even have access to
21 those results.
22 So it was extremely -- it is and it
23 still is extremely frustrating that I know what
24 needs to be done. I think I -- we, at York Region,
25 secure the tools to do that, but we were not able

1 to do it. It was never delivered to us.
2 So our first outbreak at Newmarket
3 Health Centre -- I won't exaggerate. The
4 turnaround time for the swabs was probably four or
5 five days at the best, and we were looking at seven
6 and eight days.
7 If you have a positive case, you know
8 you've got asymptomatic residents. I don't know
9 how many I have. I don't have the swab results. I
10 don't know. I can't be proactive. I can't move
11 the residents. I can't protect the other resident,
12 and I cannot protect the staff. So this is a huge
13 problem and something that needs to be addressed
14 and improved in my opinion.
15 And then the --
16 KATHERINE CHISLETT: Catherine, I'm
17 going to jump in.
18 Lynn, I just want to check how we are
19 for time because we've got some -- I know we've got
20 a bit, and I want to make sure we get through this.
21 Do we have enough -- how are we for time?
22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Well, we can take a little bit more
24 time.
25 KATHERINE CHISLETT: Yes.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 We want to hear your presentation. But
3 I take your point that maybe we should move on a
4 little bit.
5 DR. CATHERINE MEUNIER: Yeah.
6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 So fine.
8 DR. CATHERINE MEUNIER: So the
9 swabbing, very, very important --
10 KATHERINE CHISLETT: And if I --
11 DR. CATHERINE MEUNIER: And now, as
12 we're going into the rapid testing, we're always --
13 we're also going to be facing some challenges from
14 an organizational point because how are we going to
15 get the staff to be able to run those swabbing
16 clinics waiting 15 minutes?
17 So there's a lot of challenges here.
18 And, yes, we're getting all these directive to
19 change, but there seems to be a -- maybe a lack of
20 understanding on the forefront what needs to be
21 given to the long-term care sector to be able to
22 execute those changes in a timely manner.
23 KATHERINE CHISLETT: Yeah. And if I
24 could just summarize really quickly on the testing
25 one -- and you're the expert, but I know the one

1 that really struck me in a big way on the testing
2 is that I can tell you that one of my -- one of my
3 branches in my own department is getting all of the
4 data on test results, but they can't give that data
5 over to people like Dr. Meunier to manage her
6 homes.
7 So that OLIS system that's mentioned
8 there -- I know you've heard from the people at the
9 Province who do testing. We are recommending that
10 the medical directors should have the right and
11 ability to find out what the test results are.
12 We've heard stories of test results
13 being mailed to people who give consents, and so
14 it's not only the delay in testing. But even when
15 the result is known, it doesn't come forward.
16 And on the point with respect to the
17 rapid testing, when it comes in, you'll have heard
18 from others that our staffing is so tight on the
19 amount of time on a shift. So when you add on two
20 or three days a week that people have to devote
21 20 minutes of their time waiting for a rapid test
22 plus all of the resources to implement the test, it
23 really cuts in, added to the time it takes to don
24 and doff the PPE.
25 So it's not just the numbers of staff,

1 but the amount of time that they can spend with the
2 residents is really limited. And, again, we're in
3 homes that have a lot of resources. So that was
4 just -- sorry, just a quick summary there, and
5 heres's the more interesting one.
6 LISA GONSALVES: So I guess -- so thank
7 you, both K(C)atherines.
8 And so in terms of the outbreak
9 itself -- and I just want to cover off a couple of
10 things that we wanted to make sure that we
11 emphasized. It's that, as you know, we've had 38
12 residents, 6 deaths, and 47 staff who have tested
13 positive.
14 And during all of this, I think one of
15 the things that was a bit of a -- maybe a bit of a
16 surprise, I know for me, was the heightened and
17 intense scrutiny and oversight in terms of the fact
18 that many, many agencies and ministries -- as soon
19 as an outbreak was declared, they all came to help,
20 we thought -- or it felt, but it was happening --
21 they were often happening -- speaking to us and
22 working to us in isolation of the other.
23 So the home and the leadership team was
24 being pulled in so many different directions. And
25 the request placed a lot of demands on staff and

1 the leadership teams, and there was increased
2 meetings and reports and surveys and questionnaires
3 which I understand is very important to have the
4 data. However, it was coming -- it comes all at
5 once.
6 And as you've heard from Dr. Meunier
7 and Katherine that the pressures are immense
8 especially due to an outbreak. So it did
9 contribute to high levels of anxiety and stress
10 amongst the staff. As well, you know, inspections
11 would occur at any time, any moment. And I
12 understand that the Ministry would have to come in
13 and inspect, but it was very, very -- it was
14 pulling away staff from more central duties when we
15 had the inspections.
16 The inspections were also, again,
17 compliance-based, and there was, all of a sudden, a
18 feeling of fear of repercussion and reprisal. And
19 we feel that collaboration would have been -- we
20 desperately needed more collaboration.
21 There was also, you know, gaps in IPAC
22 knowledge as -- sorry, I did talk about that as
23 well. So that was, I think, the main areas I
24 wanted to identify there.
25 The other thing I wanted to mention was

1 that in terms of staffing -- so the -- and if you
2 go to the next slide, please.
3 So in terms of our staffing -- so I
4 wanted to talk about our staffing as it relates to
5 Wave 1 and 2 because there were different things
6 that happened. And as Dr. Meunier mentioned, we
7 lost about 25 percent of our staff when we issued
8 the one-employee order.
9 And we also had to rely on a number of
10 staff to -- the staff who were left to do double
11 shifts and to do lots of overtime. We had it -- we
12 actually developed a -- what we called at the time
13 a COVID master schedule.
14 And so in Wave 1, because of all of the
15 staff departures, we had to actually upstaff. And
16 so we spent quite a bit of time working with HR.
17 So we had our HR department --
18 LYNN MAHONEY: So this is your regional
19 HR.
20 LISA GONSALVES: Yes, correct.
21 LYNN MAHONEY: You were able to reach
22 out, and that's another reason why we've heard that
23 the municipal homes had fared better us because the
24 surge capacity -- you were able to reach out to
25 other parts of the region to get staff --

1 LISA GONSALVES: Exactly.
2 LYNN MAHONEY: -- to assist in the
3 homes?
4 LISA GONSALVES: Exactly. And we were
5 also able to redeploy from across the corporation.
6 So we had about 40 in the Wave 1. We upstaffed by
7 about 40 redeployed staff which --
8 Again, as I may have mentioned, some of
9 our programs had closed, and so we were able to
10 use, for example, our early intervention workers
11 within our social services area to support us.
12 We were also able to use our adult day
13 program workers as well to support the nursing
14 teams. The one major gap, though, was that we
15 didn't have a lot of clinical staff, right? So we
16 had nonclinical staff helping us, which was
17 fantastic, but we were still -- a major gap around
18 the more specialized skill sets that our nursing
19 teams would have.
20 And, again, this was significant --
21 presented some significant challenges from a mental
22 health perspective for staff who were starting to
23 work very long hours and very long shifts.
24 And then we get to Wave 2. And in
25 Wave 2, the staffing perspective really, really

1 changes. I think we thought that we had done a
2 fairly -- pretty good job in, you know, covering
3 some gaps and upstaffing. But when we went into
4 outbreak, I think almost immediately, we lost quite
5 a few staff who had to self-isolate. And what we
6 realized was that --
7 And then we also learned about
8 cohorting. I think cohorting is -- has been
9 something that we knew about, but it became a
10 requirement. And that was, again -- and we hadn't
11 ever planned to have a cohort on every home area.
12 So if I take Newmarket as an example,
13 we have five home areas. And we used to have a
14 practice where we could use our full-time and
15 casual staff to cover -- to backfill, cover
16 vacations, and so they may work across different
17 home areas.
18 When COVID -- when we had the outbreak,
19 we now -- we couldn't use that model anymore, so we
20 basically created, like, five separate teams on
21 every home area which means you almost have to
22 double your staff to be able to provide coverage
23 and backup and give people a break and also plan --
24 you know, incorporate and anticipate people being
25 off because they may be sick.

1 So that costs severe services for us,
2 and we're still in that place where we're madly
3 recruiting. And we're grateful for the -- you
4 know, the help. But as an example, we've had to
5 bring in about 100 agency staff. So we've -- we
6 quickly mobilized. We have agencies about -- I
7 think we have seven or eight contracts with agency
8 staff primarily RNs, RPNs, and PSWs. But I want to
9 note that when I say 100, it doesn't mean they're
10 available all the time. So they kind of cycle in
11 and cycle out.
12 We've also had partnerships are Red
13 Cross, and Red Cross has been fantastic, and
14 they've actually been on site at both homes and
15 more predominantly at the Maple Health Centre as
16 well.
17 We also -- the Province also has their
18 PSW program as well. And, you know, while it
19 sounds like a great program, which it's not a bad
20 program. But, you know, out of all -- there was a
21 lot of work to actually apply and be part of the
22 program, and we've only on boarded 12 PSWs, you
23 know, in that whole effort.
24 In the MEST teams, you know, the teams
25 that were set up by the Province and the hospitals

1 and the LHINs, we've only gotten two PSWs from the
2 MEST teams. So there's a lot of churn, and, you
3 know, I think the real issue is that there isn't a
4 market. The market is -- it's so highly
5 competitive that we're unable to get the resources
6 we need now.
7 So, again, recruitment continues to be
8 a huge challenge for us. The other thing that I
9 also want to mention is that, you know, we're
10 really pleased to see that, you know, there's work
11 underway. We see that the Province is doing -- is
12 looking at their -- you know, providing more direct
13 hours of care, looking at enhancing the -- you
14 know, the long-term care staffing complements, but
15 it's a bit late in the game.
16 And I did also want to stress -- and I
17 know that for the commission, not to forget that
18 long-term care is part of a continuum. And so we
19 cannot forget the implications of -- you know, if
20 we only focus on one part of that continuum, there
21 will be upstream implications for the rest of the
22 sector, and I primarily mean the home and community
23 care sector.
24 We rely on them to keep our seniors
25 safe and in their homes so that when they come to

1 long-term care, they really need it.
2 And I think, Lynn, you may have been
3 asking earlier about -- or maybe it was Chief
4 Justice Marrocco. You may have been asking about
5 whether or not we need more beds and where
6 municipalities should be.
7 I would say, yes, you need more beds,
8 generally, in York Region. We did a study not too
9 long ago. We're short about 15,000 beds by 2041
10 based on our analysis. So we know we'll never
11 build enough. So we need to make sure that our
12 home and community care sector is also resourced
13 adequately. So I would argue -- or we would argue
14 that the whole health and human resource strategy
15 needs to look at that fuller picture.
16 So that's the staffing piece of it. I
17 don't know if we answered your questions there,
18 Lynn. I know you had questions earlier --
19 LYNN MAHONEY: Yes.
20 LISA GONSALVES: -- around staffing.
21 Okay.
22 LYNN MAHONEY: Yes, you did. Thank you
23 very much.
24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 I did have one question, but it wasn't

1 related to staffing. It had to do with the
2 reference to the arrangement that had been made
3 with SickKids to analyze the swabs and turn them
4 around within a day.
5 And so my question was did that
6 arrangement occur, and did it work like that?
7 DR. CATHERINE MEUNIER: No.
8 Unfortunately, so -- and I don't want to take the
9 time. So the bottom line of all this is despite
10 everything we had organized, at the last minute, I
11 finally -- or we finally realized that Public
12 Health was going to be the manager of the outbreak.
13 So at that point, then -- and that
14 alludes to the fact that I think I had the
15 knowledge. I think I have the frontline, having
16 worked in the sector for a long time, knowledge.
17 But at that point, my ability to
18 execute the plan that we had worked so hard to put
19 was taken away from -- I'm going to say from me but
20 from us as a group.
21 So part of it was, no. When we went in
22 outbreak, it was very -- it was made extremely
23 clear to me that all the swabs were directed by
24 Public Health who was deciding who I was allowed to
25 swab, when I was allowed to swab -- when we were,

1 we were -- and note that I was not going to be
2 allowed to use the -- my partnership that I had
3 established with SickKids, that it had to be all
4 pooled within the Public Health.
5 And that's where the whole delay
6 happens into the inputting of the data, the
7 reporting of the data. Because they're managing
8 22 homes in outbreak. I have, well, two homes that
9 I have interest in --
10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 I understand.
12 DR. CATHERINE MEUNIER: Yeah.
13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 I've got it.
15 LISA GONSALVES: So does that answer --
16 you've got anymore questions on the --
17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 No, that answers that.
19 LISA GONSALVES: That's it? Okay.
20 Okay. So can you go to the next slide, Rose? I'm
21 conscious of time.
22 So, again, you know, our recommendation
23 when it comes to staffing is just, you know, we
24 need a comprehensive health and human resources
25 strategy. We need to have immediate access to a

1 team. I think a team of two wasn't -- certainly
2 isn't enough.
3 And you can understand that, again,
4 being able to get the resources and the staffing
5 groups needs to be planned way ahead of time to
6 make that -- to make that a reality. And, again,
7 addressing precarity continues to be top of mind as
8 well.
9 And one of the things I didn't mention
10 and I should have is that we also -- to try and
11 stabilize and to support the cohorting, we actually
12 made all of our part-time and casual staff -- we
13 offered them temporary full-time hours. So that
14 was another thing that we did, and that has been
15 very helpful for us. But it's come at a very big
16 cost, and that's being covered primarily through
17 the property tax base as well.
18 So if we can go to the next slide,
19 Rose.
20 So I just -- so this is probably our
21 sort of final challenge we wanted to highlight for
22 you today, and that's really around the constant
23 monitoring of provincial directions and
24 communications.
25 So we did a tally of the numbers of --

1 and this is probably growing as we speak because it
2 is Friday and lots of announcements come out on
3 Fridays. But since the start of the pandemic, we
4 have received over 470 documents from the Province
5 including directives, policy guidance documents,
6 Qs and As, and memos.
7 And each of them required a very
8 thorough review, and it required us to really -- to
9 look at -- to determine what we would do in the
10 best interest of our residents.
11 As an example, when the visitor
12 directives came out, there's been so many of them
13 that we had to -- you know, we relied very
14 heavily -- we have a legal services group as well
15 who's been -- and a policy group. So they've been
16 able to dive deep, and we found many complicating
17 directives when it came to visitors and then
18 corrections and updates. And so it's been
19 challenging for us to maintain and keep up with all
20 of these changes.
21 We're also having to constantly -- and
22 a lot of these directives, you have to communicate
23 them to staff, right? So you're -- you have to
24 take that information. You've got a distill it,
25 interpret it, and then you have to communicate and,

1 oftentimes, more than once, to your staff teams.
2 So that's another challenge and struggle for us as
3 well.
4 There was also a lot of judgment
5 required because the directives were conflicting,
6 as I mentioned. And in some -- and in different
7 health units, different jurisdictions, the
8 interpretation was different.
9 So even when you had communities of
10 practice, I know that many of us found it sometimes
11 confusing because, you know, they were getting --
12 different homes were getting different advice and
13 different interpretation. So that has probably led
14 to quite a bit of confusion across the sector.
15 And like anything, education -- you
16 know, we have a group of staff who have been
17 working tirelessly for months and months. So
18 our -- educating them in a time of crisis is very
19 difficult. So I think one of the things that, you
20 know, we are also advocating for is that there
21 needs to be, coming out of this, you know, some
22 real education around how to manage and what to do
23 during a pandemic so that our staff, the ones that
24 are the most important, keeping our residents safe,
25 understand what it is they're supposed to do.

1 And this is going to require lots of
2 coordination across the various ministries to
3 ensure that we have clear and consistent direction
4 and also engagement with the sector because a lot
5 of the directions that are coming down -- some of
6 them just aren't operational. You know, all of our
7 homes have different sizes, different structures.
8 I think of rapid testing as one quick
9 example. You know, it makes sense you have to have
10 a waiting room when you have a test, but some homes
11 don't even have space for that. So, you know,
12 where are people going to go? And I've heard
13 people say "well, then they can wait in their
14 cars." A lot of frontline workers/staff at this --
15 don't have cars.
16 So these are just some of the
17 challenges that we're trying to grapple with at the
18 operational level. And I know that the intention
19 is the right one, but in terms of execution, there
20 really needs to be more engagement with the
21 operation -- with the management teams and medical
22 directors.
23 So, finally, next slide, this is just
24 really -- I'm not going to walk through it, but we
25 thought we would highlight for you some of the more

1 immediate and medium to long-term actions. And I
2 think it's great that the commission has already
3 come out with a lot of interim directions, and many
4 of them are aligned with the directions you've
5 already provided to the Province.
6 Next slide.
7 LYNN MAHONEY: And we have your --
8 we'll have your --
9 LISA GONSALVES: The submission.
10 LYNN MAHONEY: -- submission as well,
11 and it will contain this information so the
12 commissioners will --
13 LISA GONSALVES: Correct.
14 LYNN MAHONEY: -- have that as well.
15 LISA GONSALVES: Correct. And, again,
16 you know, just to conclude, you know, as Katherine
17 started at the beginning of this, that, you know,
18 these are long-standing issues that cannot go
19 unaddressed any longer.
20 On this slide, this is what we hope
21 will result if the Province implements and acts on
22 our 28 recommendations that are included in our
23 submission. We also hope that they these
24 recommendations will help to raise the bar in
25 long-term care as Katherine mentioned earlier.

1 And, again, these are the outcomes that
2 we feel, if we can make these system changes. And
3 I think -- more than anything, I think it's
4 important that we think about the residents and
5 what this will mean for their improved quality of
6 life and care and also creating a culture around
7 long-term care that's based on collaboration.
8 So that is it. Those are the points we
9 wanted to cover today, commissioners. And, again,
10 if there's any other questions, we'd with be happy
11 to answer. Thank you for your time.
12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 I don't think the other commissioners
14 have any further questions. But I would say to you
15 that I know you were moving along because of the
16 time frame, but if it occurs to you that there's
17 something that you either neglected to say or
18 should have said or whatever, please communicate it
19 to Ms. Mahoney. Ms. Mahoney will make sure that it
20 comes to our attention. So, you know, don't feel
21 like this was the only opportunity for us to
22 communicate. On the contrary, it's just the first
23 opportunity.
24 LISA GONSALVES: Yes.
25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 And thank you very much for the --
2 Mr. Rosati?
3 GINO ROSATI: Thank you, sir. And if I
4 can make one -- emphasize one point which was the
5 second-last bullet is the objective should be, I
6 hope, to integrate long-term care into healthcare.
7 That will probably solve most, if not all, of the
8 problems and issues.
9 But I do have a couple of questions.
10 One is your time frame. I don't know when you will
11 be reporting.
12 And, two, are you restricted to just
13 COVID implication, or you can expand into long-term
14 care beyond the COVID-19 matters?
15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 April 30th is -- we will report on
17 April 30th.
18 GINO ROSATI: Okay.
19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 In terms of restrictions, we're
21 naturally concerned with the long-term care sector,
22 but we'll say whatever it occurs to us we ought to
23 say, we'll find a way to fit that into our terms of
24 reference.
25 GINO ROSATI: Thank you, sir. Well, we

1 appreciate the time that you've given us, and we
2 expect that the work you have to do, I'm sure, is
3 not going to be an easy one. But we look forward
4 to your report and possible implementation
5 thereafter. Thank you again.
6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Well, thank you for your help, and
8 thank you for the presentation.
9 LYNN MAHONEY: Thanks, everybody.
10
11 -- Adjourned at 4:48 p.m.
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 REPORTER'S CERTIFICATE
2
3 I, MCKAYA MCDONALD, Chartered
4 Shorthand Reporter, certify;
5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth, at which time the witness was put under oath
9 by me;
10
11 That the testimony of the witness
12 and all objections made at the time of the
13 examination were recorded stenographically by me
14 and were thereafter transcribed;
15
16 That the foregoing is a true and
17 correct transcript of my shorthand notes so taken.
18
19 Dated this 31st day of January, 2021.
20

21
22 ______________________________
23 NEESONS, A VERITEXT COMPANY
24 PER: MCKAYA MCDONALD, CSR
25 CHARTERED SHORTHAND REPORTER

1 C L A R I F I C A T I O N S:
2
3 Page 7, line 7: Should say "Community and Health
4 Services."
5
6 Page 13, lines 4-9: In addition to inspections
7 related to food, Public Health also conducts IPAC
8 inspections/audits.
9
10 Page 42, lines 15-16: Add date: Completed Safe
11 Space Plans for the LTC homes were in place in
12 November 2020.
13
14 Page 44, line 9: Clarify PAC is Professional
15 Advisory Committee.
16
17 Page 53, line 9: Correct percentage is 25 percent.
18
19 Page 57, line 17: Change "Lifelines" to
20 "Lifelabs."
21
22 Page 66, lines 14-15: Change to: We used to have
23 a practice where we could use our casual staff to
24 provide back-up coverage for full-time staff.
25

1 Page 67, line 1: Change to: This caused sudden
2 and severe staffing shortages, and we are still in
3 that place.
4
5 Page 74, line 5: Change "directives" to
6 "directions."
7
8 Page 56, line 2: Change "directive" to
9 "directions."
10
11 Page 23, line 12: Should say "per resident."
12
13 Page 31, line 4: Should say "departmental
14 leadership team."
15
16
17
18
19
20
21
22
23
24
25

WORD INDEX

< $ >
$9.54 23:11

< 1 >
1 5:25 26:21 27:25 28:25 30:5 57:16 64:5, 14 65:6 82:1
1,500 43:13
1.2 9:20
1.5 9:21 27:12
1.50 23:13 24:6
10 58:10
100 20:20 21:15 67:5, 9
10-15 19:8
11 26:22 35:9
11-12 26:22
11th 52:18
12 30:24 58:11 67:22 82:11
12,325 39:20
13 81:6
13th 35:14
14-15 81:22
15 35:8 60:16
15,000 69:9
15-16 81:10
15th 30:18
17 26:23 81:19
17.9 21:7 22:4, 5, 6
1991 20:16
1998 20:20

< 2 >
2 5:25 29:1 30:12 64:5 65:24, 25 82:8
2,225 39:21
20 18:16 19:8 49:17 61:21
2004 20:18
2020 31:9 81:12
2021 1:14 28:10 80:19
2041 69:9
22 71:8
224 28:13
22nd 44:12 50:7, 11
23 82:11
232 7:18 20:12 22:2, 3
235 22:1
24 7:21
24/7 50:10 52:22
24-48 57:20
25 64:7 81:17
25th 35:17
27 28:10, 21
28 7:14 8:5 9:22, 24 27:24 28:22, 24 76:22
29th 1:14

< 3 >
3,700 9:24
3:29 1:15 5:1
30th 78:16, 17
31 82:13
31st 80:19
38 62:11

< 4 >
4 82:13
4:48 1:15 79:11
40 65:6, 7
42 81:10
44 81:14
443 28:10
46.6 21:8 22:19
47 62:12
470 73:4
4-9 81:6

< 5 >
5 82:5
53 81:17
530 20:13
56 82:8
57 81:19

< 6 >
6 62:12
60 22:24
66 81:22
67 82:1

< 7 >
7 26:25 81:3
7,000 43:15
7.3 22:16, 18
74 82:5
7th 30:17, 22

< 9 >
9 81:14, 17
95 53:22 54:9

< A >
abide 17:24
ability 52:3 61:11 70:17
absence 36:8, 16
access 7:21 23:1 40:10 47:25 58:20 71:25
accommodation 24:4
accommodations 21:14, 15
act 8:7
action 46:10
actions 33:1, 7 76:1
activities 7:21
acts 76:21
adapt 53:8
add 22:14 61:19 81:10
added 61:23
addiction 50:1, 3
addition 22:8, 16 24:3, 20, 25 81:6
additional 14:14 15:2, 10 21:21 23:1, 7 24:6
address 45:21
addressed 59:13
addressing 72:7
adequate 17:23
adequately 69:13
Adjourned 79:11
administrative 12:14, 17
adult 65:12
advance 43:5
AdvantAge 25:18 34:14 47:10
advice 74:12
Advisory 81:15
advocated 25:17
advocating 74:20
affordable 10:9
after 9:16 18:2 57:21
afternoon 5:4, 7, 9, 10 6:9, 22
age 19:2
agencies 62:18 67:6
agency 67:5, 7
ago 18:16 69:9
agreement 58:4
ahead 26:15 34:6 35:18 38:15 45:1 46:3 47:20 48:10, 24 55:16 72:5
airborne 56:15
Alain 3:24
align 56:20
aligned 29:4 56:3 76:4
Alison 3:18
all-hazards 33:16
allocate 21:15
allowed 23:7 56:24 57:1 70:24, 25 71:2
allows 23:13 36:16
alluded 56:1
alludes 70:14
altogether 29:13
AMO 25:18
amount 33:12 61:19 62:1
analysis 69:10
Analyst 3:8 4:5, 7
analyze 70:3
Angela 2:5 4:7
announcements 73:2
annually 20:13 22:4
answered 69:17
answers 71:18
anticipate 66:24
antivirals 48:19
anxiety 63:9
anymore 66:19 71:16
anyways 52:5
apart 23:19
apply 67:21
appreciate 6:13 79:1
approach 33:16 44:10
approached 47:18
appropriate 15:25 17:15 41:12 53:9
approved 8:3 16:12 48:15
April 56:13 57:3 78:16, 17
area 10:14 19:12 21:2 37:8 65:11 66:11, 21
areas 14:9 32:14 63:23 66:13, 17
argue 69:13
arrangement 25:11 70:2, 6
asked 5:20 51:21 57:3
asking 25:10 46:19 52:12 69:3, 4
aspect 52:20
assist 35:24 65:2
assistance 7:20
Assistant 2:17 3:18
Associate 3:5
association 34:15 46:22
associations 25:18
astute 53:19
asymptomatic 55:21, 25 59:8
attending 1:13
attention 77:20
authority 56:9
automated 38:13
automatically 57:16
available 49:25

51:20 67:10
avoided 48:17
aware 27:21

< B >
baby 12:10
back 21:16, 19 24:5, 22, 23 31:21 36:10 42:22 47:4, 23 51:1 55:9 57:3 58:7, 14
backfill 66:15
background 50:15 57:6
backup 66:23
back-up 81:24
bad 67:19
bar 15:23 16:10 76:24
Barbieri 2:17
base 14:15 19:16 22:20 24:24 26:4, 7, 8, 11 27:3 38:17, 18 40:9 72:17
based 46:13 69:10 77:7
basically 49:20 50:4, 6, 10 66:20
basis 13:5 39:19
BC 44:18 45:13
beautiful 11:24
bed 20:22
beds 7:19 9:25 16:23 17:3 20:12, 20 22:1, 2, 3 69:5, 7, 9
began 20:16
beginning 45:4 76:17
behalf 6:22
believe 6:3 9:1 15:22 16:3 29:10
belongs 10:20
benefit 14:8, 14
benefits 36:12, 14
best 14:25 46:13 48:15 52:21 59:5 73:10
best-resourced 16:8
better 14:20 17:3, 6, 17 18:2 23:14 36:14 45:17 50:25 55:6 64:23
Bianchini 4:5
big 12:21 57:24 61:1 72:15
biggest 45:25
bit 9:12 14:21 20:6, 25 27:20 32:15, 16 41:7, 17 59:20, 23 60:4 62:15 64:16 68:15 74:14
biweekly 43:10
blue 10:2
Board 12:18, 19 13:15, 18
boarded 67:22
bottom 70:9
branch 34:20, 25 37:22
branches 61:3
break 20:2 66:23
brief 9:10
briefly 36:23
bring 48:3 67:5
brought 37:12
budget 24:17 27:6
build 38:17 69:11
building 20:17
bullet 78:5
bunch 18:17
burn 38:14 40:18
burned 39:20
burning 40:11, 13
Burnt 50:23
business 33:15

< C >
call 50:10
Callaghan 4:3
called 10:3 51:25 64:12
calls 47:6
Canadian 46:24
capacity 64:24
CARE 1:7 3:19, 21, 22, 24 4:2, 3, 6, 8 6:25 7:15, 18, 22 8:1, 4, 9, 12 9:14, 22, 25 10:15, 19, 21 11:20 13:4 15:14, 23 16:1, 24 17:8, 18 19:9, 17 21:17, 19, 20, 21 23:9 26:6, 11 28:11 31:21 34:18, 23 38:10 45:5, 6 46:11 47:20 48:4 49:18, 24 50:2, 19 54:3, 12 60:21 68:13, 14, 18, 23 69:1, 12 76:25 77:6, 7 78:6, 14, 21
carriers 55:25
cars 75:14, 15
Casaert 2:22
case 30:17 44:19 51:24 52:1 55:20 59:7
cases 27:22 44:18
casual 36:11, 15 66:15 72:12 81:23
Catherine 2:19 5:11 7:9 16:18 44:3, 4 47:7 49:5, 8, 11, 13 50:21, 23, 25 51:18 53:17 54:16, 19 55:2, 9, 13 59:16 60:5, 8, 11 70:7 71:12
caused 82:1
central 63:14
Centre 7:11, 17, 18 10:3, 4 20:19 31:18 52:16 59:3 67:15
certainly 72:1
CERTIFICATE 80:1
certify 80:4
chain 14:23
Chair 2:15 5:3 6:8 7:4 9:9 16:20 17:12 18:5, 10 19:24 23:21, 24 24:2, 9 31:3, 6 32:6 59:22 60:1, 6 69:24 71:10, 13, 17 77:12, 25 78:15, 19 79:6
Chairman 6:23
challenge 19:5 30:25 34:1 41:13 53:23 54:7, 20 68:8 72:21 74:2
challenges 31:1 32:12, 19, 23 44:2 56:6 60:13, 17 65:21 75:17
challenging 53:11 73:19
chance 15:18
change 16:4 52:19 53:7 60:19 81:19, 22 82:1, 5, 8
changes 8:13 42:19 51:15 60:22 66:1 73:20 77:2
changing 40:15 56:13, 17
charge 54:23
chart 42:10
Chartered 80:3, 25
check 59:18
chefs 23:17
Chief 69:3
child 10:15
childcare 10:9
China 44:16
Chislett 2:12 7:7, 13 8:18, 20 9:5 11:1, 6, 9, 13, 23 12:2 13:12, 25 17:10 18:12 20:1 24:12, 15, 18 26:13, 17, 20 27:8, 14 29:8 55:4, 11 59:16, 25 60:10, 23
choose 35:16 53:22
chose 36:5 50:8, 9
churn 68:2
City 2:14 7:2 10:4
clarify 28:19 81:14
Class 20:18, 21
cleaning 43:2
clear 21:24 47:13 70:23 75:3
clinical 65:15
clinics 43:21 60:16
close 13:11 25:21 26:25 28:10
closed 65:9
closely 28:7 29:3
closest 18:22
cohort 54:13 66:11
cohorting 66:8 72:11
Coke 2:5 5:19
collaborate 46:23
collaboration 63:19, 20 77:7
collect 48:14
collecting 44:13 45:18
combination 40:4 43:18
combined 16:17 20:12 34:25 38:7
come 13:1 22:20 36:10 44:18 45:3 61:15 63:12 68:25 72:15 73:2 76:3
comes 19:19 61:17 63:4 71:23 77:20
coming 6:10 32:4 33:25

44:14 52:18
63:4 74:21 75:5
commencing 5:1
COMMISSION 1:7 3:19, 21, 23, 24 4:3, 6, 8 6:25 8:4 16:3 51:3 68:17 76:2
Commissioner 2:4, 5, 6, 12 5:3, 5, 8, 18, 19 6:6, 8 7:7, 12 8:18 10:24 11:22 12:10 16:20 17:12 18:5, 10 19:24 23:21, 24 24:2, 9 31:3, 6 32:6 34:8 59:22 60:1, 6 69:24 71:10, 13, 17 77:12, 25 78:15, 19 79:6
commissioners 5:18 6:22 21:3 29:21 33:5 76:12 77:9, 13
committed 8:11
Committee 7:5 81:15
Communicate 48:10 73:22, 25 77:18, 22
communicating 41:14
communication 46:7 47:13, 14
Communications 3:5 14:11 32:21 37:8, 20, 23, 25 72:24
communities 19:2, 22 74:9
Community 2:11, 12, 15, 20, 23, 25 3:4, 7, 9, 11 7:5, 7 9:12 12:25 28:8 29:5 46:21 68:22 69:12 81:3
COMPANY 80:23
compared 33:7
compares 33:6
compassionate 16:1
competitive 68:5
complements 68:14
completed 43:13 81:10
compliance-based 63:17
complicating 73:16
component 46:5
components 25:1
comprehensive 71:24
computing 39:14
concept 18:15 37:12
concerned 78:21
concerns 12:21
conclude 76:16
concrete 50:18
conditions 21:6
conduct 52:4
conducts 81:7
confirm 11:17
conflicting 74:5
confusing 74:11
confusion 41:5 74:14
congregate 34:17
connected 57:16
connections 14:18 47:17
conscious 71:21
consents 61:13
considered 14:25
consistent 75:3
constant 51:7 72:22
constantly 73:21
contacting 45:12
contagiousness 54:11
contain 45:17 76:11
containment 22:21
context 9:13 20:6
continue 8:15 25:15
continued 25:14
continues 68:7 72:7
continuity 33:15
continuously 25:17
continuum 68:18, 20
contract 10:17
contracts 67:7
contrary 77:22
contribute 22:4 63:9
contributed 24:5 40:17
contributes 21:24
contributing 24:7
contribution 24:3
control 17:18 41:20, 22
coordinating 11:16
coordination 75:2
corporate 14:9 38:12 47:9
corporation 37:21 65:5
correct 22:5 24:8, 11 25:3, 6 29:2, 11 64:20 76:13, 15 80:17 81:17
corrections 73:18
correlated 28:7
cost 72:16
costing 22:15
costs 21:9 22:25 67:1
Council 2:16 6:23 7:4 8:2, 4 12:20 13:18 16:13 26:23
Councillor 2:14, 18 7:3 9:8, 23 13:13 17:11 25:13
Counsel 3:13 4:1, 3
couple 31:2 37:18 62:9 78:9
courier 58:9
course 26:2
Court 3:14 6:16
cover 21:11 62:9 66:15 77:9
coverage 66:22 81:24
covered 21:8 26:5 72:16
covering 66:2
COVID 13:3, 4 14:24 15:21 22:9, 11, 14, 17 26:24 34:17 38:11 45:6 56:12 64:13 66:18 78:13
COVID-19 1:7 6:25 9:13 31:8 78:14
Cramarossa 3:2
created 38:13 66:20
creating 77:6
crisis 74:18
critical 8:12 46:2
cross 35:13 67:13
cross-covers 49:21
CSR 80:24
culturally 53:9
culture 77:6
currently 9:19 15:4
cuts 23:14 61:23
cycle 67:10, 11

< D >
daily 7:20 37:24 38:14 39:19
Daoust 3:24
dashboards 38:13
data 35:2 45:18 48:14 61:4 63:4 71:6, 7
date 11:11 33:6 43:13 81:10
Dated 80:19
dates 33:6, 8
day 1:14 23:12 39:21 49:23 65:12 70:4 80:19
days 58:13 59:5, 6 61:20
deal 45:25 51:4, 19
dealing 9:1
dealt 17:3
deaths 28:10, 13 29:10, 13 62:12
deciding 70:24
decision 8:1
decision-makers 47:15
deck 6:4 8:25 9:2
declared 30:16, 18, 21 62:19
dedicate 49:23
deep 73:16
definitely 34:6
delay 57:12 61:14 71:5
delivered 59:1
demand 50:8 51:7
demands 15:7 62:25
department 12:4, 13, 22 31:13, 14 35:3 61:3 64:17
departmental 82:13
departures 64:15
depended 41:1
deployed 37:21
Deputy 3:18
Derek 3:22
deserve 16:1
design 41:23
desperately 16:4 63:20

Despite 7:24 70:9
detail 13:9 30:3
detect 55:24
determinants 12:23
determine 73:9
developed 64:12
developing 19:22
devote 61:20
different 10:22 25:1 40:25 46:20 48:20 53:2 54:11 58:16, 17 62:24 64:5 66:16 74:6, 7, 8, 12, 13 75:7
difficult 51:19 52:7, 19 54:4 74:19
direct 21:21 50:17 68:12
directed 17:14 70:23
direction 33:8 40:15, 20 75:3
directions 32:22 62:24 72:23 75:5 76:3, 4 82:6, 9
directive 32:22 35:19 36:1 46:16 53:21 56:23 60:18 82:8
directives 41:6 52:17 56:2 73:5, 12, 17, 22 74:5 82:5
directly 12:9, 16, 18 29:4
Director 2:19, 22, 24 3:22 7:10 16:18 44:2, 6 45:14 49:7, 16 56:6 58:20
directors 45:12 46:23, 25 55:19 57:13 61:10 75:22
discretion 21:14
discuss 41:17
discussion 8:12, 14 46:14
dispersed 57:24
disputed 16:23
distill 73:24
distribution 24:23
dive 73:16
diversified 38:18
division 34:25
DOC 51:8
DOCs 50:13
documents 73:4, 5
doff 61:24
doing 6:19 30:6 34:12 42:14 43:18 55:3 57:4 58:2 68:11
don 61:23
double 54:2 64:10 66:22
downloaded 18:17
drain 51:16
drilled 52:2
droplet 56:14, 15
Drummond 3:18
due 63:8
duties 63:14
Dynacare 57:16

< E >
ear 53:1
earlier 69:3, 18 76:25
early 39:9, 10 65:10
ears 6:15
easier 55:12
easiest 27:4
easy 26:20 79:3
educating 56:12 74:18
education 56:19 74:15, 22
educational 53:9
effort 67:23
emergencies 33:17
Emergency 3:3, 6 14:12 31:18 33:13 47:19
Emmerson 6:24
emotional 51:4
emphasize 78:4
emphasized 62:11
employee 35:5
employer 35:17 36:5, 7
encountered 6:1
Engagement 3:3, 6 75:4, 20
enhance 21:21 41:21
enhanced 43:2, 9
enhancing 38:4 68:13
ensure 7:23 15:24 30:7 75:3
envelope 21:16, 20 23:11 24:17
envelopes 21:13 24:20, 25 25:2 27:4
environment 51:14
Enza 2:17
epidemiology 48:14 57:6
equipped 18:2
especially 34:18 63:8
establish 47:13 48:8
established 71:3
Europe 45:23
everybody 5:6, 9, 11, 14 47:16 51:20 52:6 79:9
evidence 6:12
evident 39:3
exact 27:5
Exactly 65:1, 4
exaggerate 59:3
examination 80:13
example 23:10 24:4 25:4, 20 26:4 42:24 43:12 65:10 66:12 67:4 73:11 75:9
exchanges 47:6
execute 56:9 60:22 70:18
execution 34:1 75:19
Executive 2:17
expand 78:13
expansion 17:2, 5, 7, 8
expect 79:2
experience 6:11 9:14 28:6 41:18 43:25 44:6
experiences 16:8
experiencing 15:25
expert 60:25
expertise 19:13 42:4 50:8 56:8
extent 35:25
extra 15:5 48:5
extremely 49:1 53:11, 25 58:22, 23 70:22
eye 6:19

< F >
face 33:25
faced 32:19
facilities 49:18 50:19 57:9
facility 45:6 46:11 48:4, 7 54:12
facing 60:13
fact 13:17 25:15 56:1 62:17 70:14
factored 22:23
fairly 20:16 66:2
fall 10:20
families 30:10 37:11
family 37:14, 17 51:13
fantastic 65:17 67:13
fared 5:24 6:13 64:23
fast 18:22
fear 63:18
feasible 54:22
February 34:10
feel 16:10 63:19 77:2, 20
feeling 63:18
felt 28:16 62:20
fences 43:3
fencing 42:24
fill 21:5 53:25
final 72:21
finally 47:21 56:23 57:22 58:12 70:11 75:23
finance 14:10 35:3
financial 18:8
financially 35:24
find 27:5 61:11 78:23
fine 37:1 60:7
fit 31:23 34:12 78:23
floor 51:25 52:24 55:21
focus 30:12 32:14 68:20
focussed 30:6
following 30:4
food 13:7 14:22 23:11, 14 24:13, 14, 17 25:5 81:7
forefront 44:24 60:20
foregoing 80:6, 16
forget 68:17, 19
forms 48:20
forth 80:8
fortune 15:15
forward 8:13 61:15 79:3
found 73:16 74:10
four-ward 20:22
frame 77:16 78:10
Frank 2:3 5:3 6:8 16:20 17:12 18:5, 10 19:24 23:21, 24 24:2, 9 31:3, 6 32:6 59:22 60:1, 6 69:24 71:10, 13, 17

77:12, 25 78:15, 19 79:6
Franklin 3:20
fresh 23:14
Friday 73:2
Fridays 73:3
front 51:7
frontline 35:11 41:14 51:8 70:15 75:14
frustrating 58:23
full 21:9
fuller 69:15
full-time 49:10 66:14 72:13 81:24
fully 24:21, 24
function 12:13
fund 17:5
funded 22:19 23:11
funding 7:24 14:14 15:2 21:1, 6, 11, 13, 19 22:21 24:20 25:10, 19, 20
funds 21:21 23:1 24:4
future 8:13

< G >
game 34:6 45:1 46:3 48:10, 24 55:16 68:15
gap 25:20, 21 65:14, 17
gaps 21:5 53:25 63:21 66:3
General 2:9 7:8 16:16
generally 6:14 13:5 69:8
Gino 2:14, 18 5:7 6:21 7:3 8:17 13:17, 21 17:16 18:7 78:3, 18, 25
give 6:7 9:12 20:2 43:12 50:9 61:4, 13 66:23
given 18:3 35:25 36:18 60:21 79:1
gives 12:6
giving 11:10 44:5
global 21:18
gloves 39:21
Gonsalves 2:9 5:10, 16 7:8 8:19 16:16 20:3 22:2, 5, 7, 9, 13 23:23 24:1, 8, 11, 14, 16 25:3, 6, 8 26:2, 9, 12, 15 27:15, 18 28:23 29:3, 7, 12, 20, 23 31:5, 10 32:8 33:10 35:22 36:2, 4, 22 37:2, 4, 6 38:24 39:7, 10, 13, 16, 24 40:2, 5, 8, 22 41:4 42:9, 13, 18, 21 43:7 53:16 62:6 64:20 65:1, 4 69:20 71:15, 19 76:9, 13, 15 77:24
Good 5:4, 7, 8, 10 6:9, 21 12:25 15:15 18:23 19:2, 18 28:16 38:4 54:1 66:2
government 10:11 18:17, 22 47:21
governments 18:19
gowns 39:21
graph 27:23
grapple 75:17
grasp 45:5
grateful 67:3
great 67:19 76:2
greater 13:8 17:18 19:10
grey 43:11
group 34:21 70:20 73:14, 15 74:16
groups 46:21 72:5
grow 9:21
growing 73:1
guess 11:18 28:15, 17 62:6
guidance 73:5
guideline 18:8
guidelines 41:6

< H >
half 28:2, 12
halls 30:11 37:18
Hand 49:21
Hanna 3:8
happen 39:2 54:21
happened 30:16 37:14 50:6 64:6
happening 31:15 33:12 44:22 62:20, 21
happens 71:6
happy 77:10
hard 12:22 56:11 70:18
hard-hit 28:4
head 58:4
headed 30:11
heading 30:23
Health 2:11, 13, 15, 20, 23 3:1, 4, 7, 9, 12 4:1 7:5, 11, 17, 18 10:3, 4, 22 11:4, 5, 7 12:11, 12, 16, 18, 19, 21, 24, 25 13:6, 15, 19 20:19 30:8 31:11, 12, 16, 17 33:14 35:5 38:9 40:23, 24 42:2 57:23 59:3 65:22 67:15 69:14 70:12, 24 71:4, 24 74:7 81:3, 7
healthcare 19:6, 11, 15 25:16 78:6
hear 31:15 51:3 53:2 60:2
heard 6:12 14:6 15:17, 19 16:22 19:8 29:22 34:15 61:8, 12, 17 63:6 64:22 75:12
hearing 47:5 57:18
heavily 21:5 73:14
heightened 62:16
Held 1:13 30:9
he'll 13:1
Hello 5:5
help 16:6, 10 19:23 27:15 32:8 37:21 43:20 62:19 67:4 76:24 79:7
helped 38:19
helpful 39:17 72:15
helping 19:1 65:16
heres's 62:5
hero 16:19
Hi 5:5, 11
high 63:9
higher 23:9 40:18
high-level 29:25
highlight 35:10 72:21 75:25
highly 68:4
hit 30:13
home 7:14 15:16 20:14, 18, 21, 23 23:19, 20 24:6, 22 29:14, 15, 16, 19, 22 45:13 46:19 47:2 51:22 52:13, 15 62:23 66:11, 13, 17, 21 68:22 69:12
homeless 10:10 50:3
homelessness 10:15
homes 5:23 7:15, 19, 25 9:14, 23, 24 10:1, 6 11:20 13:4 14:1, 7, 14, 19, 20 15:1, 5, 20 16:9 17:8 19:10 20:7, 10, 21 21:25 22:1 23:3, 6 27:24 28:1, 2, 4, 11, 13, 20, 21, 24 29:9 30:13 33:22 34:23 35:12, 13 37:15 39:19 40:4, 5, 6 42:3 43:16 46:20 47:25 49:7 50:13 54:6 61:6 62:3 64:23 65:3 67:14 68:25 71:8 74:12 75:7, 10 81:11
Honourable 2:3
hope 52:5 76:20, 23 78:6
hopefully 39:24
hospital 19:16 47:22
hospitals 47:18 67:25
hour 52:18
hours 7:21 36:6 57:20 58:11 65:23 68:13 72:13
house 19:21
housing 10:9, 16 19:1, 19, 20
HR 35:5 55:1 64:16, 17, 19
huge 32:21 53:18 54:20 59:12 68:8
human 14:12 23:17 69:14 71:24

< I >
identify 45:19 46:12 63:24
illness 33:20
imagine 15:13
immediate 8:7 32:25 71:25 76:1
immediately 66:4
immense 63:7

impact 36:*20*
impacts 8:*1*
impetus 31:*25*
implement 35:*24* 61:*22*
implementation 79:*4*
implemented 33:*7* 36:*3*
implementing 42:*19*
implements 76:*21*
implication 78:*13*
implications 68:*19*, *21*
important 16:*3* 18:*14* 35:*10* 53:*16* 55:*15* 60:*9* 63:*3* 74:*24* 77:*4*
improved 59:*14* 77:*5*
include 33:*19*
included 34:*22* 76:*22*
includes 13:*4* 35:*1*
including 33:*18* 73:*5*
inconsistent 40:*24*
incorporate 66:*24*
increase 26:*22* 27:*12* 57:*8*
increased 63:*1*
increases 28:*7*
increasing 27:*22*
incredibly 55:*15* 56:*11*
indiscernible 18:*7* 48:*19* 56:*16*
inevitable 28:*17*
infection 41:*20*, *22* 43:*2*
infectiousness 54:*10*
influence 10:*18*
information 14:*10* 31:*16*, *20* 32:*13* 44:*13*, *25* 56:*19* 73:*24* 76:*11*
infrastructure 42:*5*
inputting 71:*6*
inside 46:*11* 48:*4*, *6*
inspect 63:*13*
inspection 17:*23*
inspections 13:*7* 63:*10*, *15*, *16* 81:*6*
inspections/audits 81:*8*
integrate 78:*6*
integrated 14:*2*
intellectual 51:*16*
intense 62:*17*
intention 75:*18*
interest 21:*2* 50:*15* 71:*9* 73:*10*
interested 6:*10*, *19*
interesting 21:*10* 62:*5*
interim 76:*3*
interject 10:*25*
international 44:*13*
internationally 44:*23* 45:*24* 46:*15*
internists 47:*19*
interpret 41:*2* 73:*25*
interpretation 40:*25* 45:*7* 74:*8*, *13*
interpreting 41:*6*
interrupt 55:*5*
intervention 65:*10*
introduced 7:*12*
introducing 9:*9*
introduction 6:*7*
invaluable 43:*25*
invest 24:*21*
invested 22:*15* 23:*16*
investment 23:*6*
involved 10:*23*
IPAC 21:*12* 30:*7* 41:*19*, *21* 63:*21* 81:*7*
isolation 14:*3* 62:*22*
issue 10:*23* 18:*13* 34:*17* 45:*25* 57:*14*, *18* 68:*3*
issued 64:*7*
issues 5:*25* 8:*12* 12:*20* 15:*20* 41:*12* 45:*11* 52:*24* 76:*18* 78:*8*

< J >
Jack 2:*6* 5:*8*
Janet 3:*10*
January 1:*14* 28:*10* 31:*9*, *19* 34:*10* 44:*9*, *12* 50:*7*, *11* 80:*19*
Jessica 3:*20*
Joanne 3:*13*
job 17:*21* 36:*9*, *17*, *18* 49:*12* 66:*2*
jobs 54:*5*
John 4:*3*
joined 46:*21*
Joining 7:*6*
judgment 74:*4*
juices 23:*14*
Julie 2:*22*
jump 17:*11* 59:*17*
jumped 55:*6*
June 51:*1*
jurisdiction 11:*21*
jurisdictions 74:*7*
Justice 69:*4*

< K >
K(C)atherines 62:*7*
Karim 11:*7*, *9* 13:*3*
Katherine 2:*12* 5:*13* 7:*7*, *13* 8:*20* 9:*5* 11:*1*, *6*, *9*, *13*, *23* 12:*2* 13:*12*, *25* 17:*10* 18:*12* 20:*1*, *4*, *11* 23:*8* 24:*12*, *15*, *18* 26:*13*, *16*, *17*, *20* 27:*8*, *14*, *18* 29:*8* 31:*12* 55:*4*, *11* 59:*16*, *25* 60:*10*, *23* 63:*7* 76:*16*, *25*
keeping 74:*24*
key 7:*25* 32:*12*, *14*, *19*, *25* 37:*8*, *25*
kind 19:*14*, *23* 44:*23* 50:*9* 56:*14* 58:*7* 67:*10*
kinds 17:*8*
Kitts 2:*6* 5:*8*, *19*
knew 28:*15*, *17* 34:*16* 48:*2*, *13* 55:*14*, *18* 56:*5* 57:*12* 66:*9*
knowing 38:*16*
knowledge 42:*4* 56:*8*, *10* 63:*22* 70:*15*, *16*
known 61:*15*
Korea 44:*17*
Kurji 11:*7*, *10*, *17*, *19*, *21* 13:*8*, *15*, *22*

< L >
lab 58:*17*, *18*
labour 33:*20*
lack 60:*19*
late 68:*15*
law 10:*12*
layout 41:*23*
Lead 2:*3* 3:*20*, *24* 49:*14*
leadership 8:*14* 31:*14* 32:*17* 34:*22* 43:*23* 62:*23* 63:*1* 82:*14*
learn 51:*3*
learned 45:*16* 53:*3* 56:*9* 58:*1* 66:*7*
leave 36:*8*, *16*
led 15:*20* 74:*13*
left 52:*16* 64:*10*
Legal 3:*13* 14:*10* 35:*5* 73:*14*
lesson 45:*16*
Lett 3:*22*
level 17:*18*, *19* 18:*21* 21:*18* 23:*8* 53:*9* 75:*18*
levels 36:*21* 63:*9*
leverage 14:*19*
levy 21:*8*
LHINs 68:*1*
lied 34:*2*
life 77:*6*
Lifelabs 81:*20*
Lifeline 57:*17*
Lifelines 81:*19*
limited 7:*25* 62:*2*
lines 27:*20* 81:*6*, *10*, *22*
links 48:*9*
Lisa 2:*9* 3:*2* 5:*10*, *15*, *16* 7:*8* 8:*18* 14:*16* 16:*16* 20:*2*, *3* 22:*2*, *5*, *7*, *9*, *13* 23:*23* 24:*1*, *8*, *11*, *12*, *14*, *16* 25:*3*, *6*, *8* 26:*2*, *9*, *12*, *13*, *15* 27:*15*, *18* 28:*20*, *23* 29:*3*, *7*, *11*, *12*, *20*, *23* 31:*5*, *10* 32:*8* 33:*10* 35:*21*, *22* 36:*2*, *4*, *22* 37:*2*, *4*, *6* 38:*24* 39:*7*, *10*, *13*, *16*, *24* 40:*2*, *5*, *8*, *22* 41:*4* 42:*8*, *9*, *13*, *18*, *21* 43:*7* 53:*16* 56:*1* 62:*6* 64:*20* 65:*1*, *4* 69:*20* 71:*15*, *19* 76:*9*, *13*, *15* 77:*24*
literature 44:*14*, *22* 50:*16*
live 7:*20* 19:*1*
living 34:*17*
local 6:*10* 9:*18* 11:*3*, *4* 47:*18*

logistics 38:8 39:13
long 18:9 34:5 65:23 69:9 70:16
longer 76:19
longstanding 15:19
long-standing 76:18
LONG-TERM 1:7 3:19, 21, 22, 24 4:2, 3, 5, 7 6:24 7:14, 18 8:1, 4, 9, 12 9:14, 22, 25 10:19, 21 11:20 13:4, 6 15:14, 23 16:24 17:7 19:9, 17 26:6, 11 28:11 31:21 33:1 34:18, 23 38:10 45:5, 6 46:11 48:4 49:18, 24 50:2, 19 54:3, 12 60:21 68:14, 18 69:1 76:1, 25 77:7 78:6, 13, 21
looked 41:23 45:9
looking 34:10 39:18 42:15 44:16, 17 54:10, 24 55:22 59:5 68:12, 13
lose 53:22 54:8
loss 33:18, 19
lost 64:7 66:4
lot 19:21 25:12 30:7 32:13 37:7, 14 40:15, 17 41:20, 24 42:5 43:3, 4 45:18 46:21 48:18, 19 52:4 60:17 62:3, 25 65:15 67:21 68:2 73:22 74:4 75:4, 14 76:3
lots 33:18 64:11 73:2 75:1
LTC 81:11
Lynn 4:1 5:5, 12, 17 8:16, 22, 24 10:24 11:2, 8, 12, 15 12:1 13:10, 13, 20, 23 21:2, 23 22:3, 6, 8, 11 24:19 25:4, 7, 25 26:3, 10, 18 27:7, 13, 17 28:19 29:2, 6, 8, 14, 18, 21 33:4 35:20, 23 36:3, 19, 24 37:1, 3, 5 38:21 39:5, 8, 12, 15, 23 40:1, 3, 7, 20 41:3 42:7, 12, 17, 20 43:6 49:3, 6, 9, 12 50:20, 22, 24 51:17 53:14 54:15, 18 55:1, 4 59:18 64:18, 21 65:2 69:2, 18, 19, 22 76:7, 10, 14 79:9

< M >
made 35:19 44:23 48:23 49:18 70:2, 22 72:12 80:12
madly 67:2
Mahoney 4:1 5:5, 12, 17 8:16, 24 10:24 11:2, 8, 12, 15 12:1 13:10, 13, 20, 23 21:23 22:3, 6, 8, 11 24:19 25:4, 7, 25 26:3, 10, 18 27:7, 13, 17 28:19 29:2, 6, 18, 21 33:4 35:20, 23 36:3, 19 37:1, 3, 5 38:21 39:5, 8, 12, 15, 23 40:1, 3, 7, 20 41:3 42:7, 12, 17, 20 43:6 49:3, 6, 9, 12 50:20, 22, 24 51:17 53:14 54:15, 18 55:1 64:18, 21 65:2 69:19, 22 76:7, 10, 14 77:19 79:9
mailed 61:13
main 58:2 63:23
maintain 73:19
maintenance 24:5
major 20:17 41:12 45:20 65:14, 17
making 47:17, 23 48:11, 12 52:21
manage 46:4 52:20 61:5 74:22
managed 30:19
Management 3:3, 6 14:12 30:12 31:22 32:20 50:14 75:21
Manager 2:9 3:2, 10 7:8 10:11 16:16 18:14 19:3 70:12
managers 57:17
managing 10:14 45:8 71:7
manner 60:22
map 9:22 10:2
Maple 7:11, 17 10:4 20:12, 19 30:16 67:15
March 34:19, 21 35:14, 17 42:14 47:23 56:13
Mark 2:24
market 68:4
Marrocco 2:3 5:3, 18 6:6, 8 16:20 17:12 18:5, 10 19:24 23:21, 24 24:2, 9 31:3, 6 32:6 34:9 59:22 60:1, 6 69:4, 24 71:10, 13, 17 77:12, 25 78:15, 19 79:6
mask 31:23 34:12
massive 27:6
master 55:2 64:13
math 39:3
matter 17:22
matters 78:14
maturities 18:21
McDonald 4:12 80:3, 24
McKaya 4:12 80:3, 24
means 10:13 66:21
measures 30:7, 8 34:19 35:8, 23 41:21 42:6
meat 23:15
Medical 2:19 7:10 11:3, 4, 6 12:11, 15 16:18 44:2, 6 45:12, 13, 14 46:23, 25 49:6, 16, 19 52:22 55:19 56:6, 7 57:13 58:20 61:10 75:21
medication 48:12
medicine 50:1
medium 32:25 76:1
meet 7:1 32:3
MEETING 1:7 5:22 44:9 50:7
meetings 63:2
member 7:3
members 13:18 34:22
memo 53:5
memos 73:6
mental 51:11 65:21
mention 38:2 41:9 63:25 68:9 72:9
mentioned 9:24 20:11 23:8 29:14 34:8 61:7 64:6 65:8 74:6 76:25
message 28:17 53:8
MEST 67:24 68:2
Meunier 2:19 5:11 7:10 8:19 16:18 30:10 31:25 32:11, 16 37:12 40:13 43:23 44:4 49:3, 5, 8, 11, 13 50:21, 23, 25 51:18 53:17 54:16, 19 55:2, 9, 13 60:5, 8, 11 61:5 63:6 64:6 70:7 71:12
m-hm 22:10 23:23 26:9 35:22 51:17 54:15
microbiologist 58:3
microbiology 58:3
million 9:20, 21 21:7 22:4, 5, 6, 16, 18 26:22, 23, 25
mind 72:7
minimal 18:23
Minister 3:18
ministries 10:23 62:18 75:2
Ministry 4:1 10:21, 22 19:16 63:12
minute 10:25 70:10
minutes 60:16 61:21
misdirect 17:14
missing 57:2
mission 16:6 44:23 48:23
Mitchell 3:13
mitigate 52:8 54:17
mobilized 67:6
model 66:19
mom 46:11
moment 63:11
money 21:19 26:8 27:11
monitor 38:14
monitoring 72:23

months 38:25 74:17
move 18:22 59:10 60:3
moving 77:15
multidisciplinary 44:10
multiple 52:11
multitude 32:21
municipal 14:2, 7, 14, 20 15:1, 2, 16 17:7, 19 18:19 19:11 21:25 23:19 28:21, 24 46:19 47:2 49:7 64:23
municipalities 9:19 10:20 18:18 19:6, 12, 18 21:4 25:14 69:6
Municipality 7:16 9:11 10:7, 8 17:4 18:19 22:25
mute 13:16

< N >
naturally 78:21
necessarily 43:15
needed 8:10 18:24 35:16 44:15 45:20 46:1 47:5 48:1, 3 56:5 63:20
needs 16:5 19:10 51:3 54:21 58:24 59:13 60:20 69:15 72:5 74:21 75:20
NEESONS 80:23
neglected 77:17
new 20:18
Newmarket 7:10, 17 10:3 20:11, 14 30:20 59:2 66:12
news 22:22
newspaper 46:6
Nice 6:9 54:8
nonclinical 65:16
non-profits 14:8
non-sustainable 54:22
normal 21:6
north 9:18
note 30:15 33:5 67:9 71:1
notes 80:17
November 28:6 29:9 30:14, 17, 18, 22 39:18 81:12
number 17:3 22:23 28:1 45:22 46:1 55:10, 13 64:9
numbers 27:5 39:19 61:25 72:25
nurse 21:20
nursing 7:21 51:8 65:13, 18

< O >
objections 80:12
objective 78:5
observers 7:12
obvious 45:2, 10 46:1
occupational 42:2
occur 63:11 70:6
occurs 77:16 78:22
odds 57:8
offer 36:8, 14
offered 72:13
officer 11:3, 4, 7 12:11, 15
oftentimes 74:1
old 20:16
OLIS 58:19 61:7
OLTCC 46:24
one-employee 64:8
ones 12:9 35:10 74:23
one-to-one 46:14
ongoing 8:11
on-site 7:22
Ontario 6:24 8:3 15:1 16:9 25:18 34:14 40:23 46:7, 24 57:25
opened 31:17 42:22
opening 9:6
operate 6:3 10:1, 6
operated 7:15
operating 7:24 20:16, 20 21:7 31:18
operation 75:21
Operational 2:24 34:24 75:6, 18
operations 21:9, 16
opinion 19:23 40:18 59:14
opportunities 57:2
opportunity 6:25 16:3 18:3 77:21, 23
opposed 17:8
order 64:8
organizational 60:14
organized 46:15 70:10
ought 78:22
outbreak 15:4 28:2, 6, 25 29:9, 17 30:12, 16, 22, 23 32:20 39:2, 18, 22 41:18 46:4 48:1 49:2 51:5 59:2 62:8, 19 63:8 66:4, 18 70:12, 22 71:8
outbreaks 29:5 45:8, 17
outcomes 77:1
outlined 8:5
outset 38:23
outside 43:1 48:6
overseeing 49:17
oversight 12:15 62:17
overtime 64:11
overview 9:10

< P >
p.m 1:15 5:1 79:11
PAC 44:9 81:14
palliative 47:20
pandemic 5:24 6:14 33:20, 22 38:23 42:5 52:21 73:3 74:23
panel 5:20
Paramedic 2:9, 10, 19, 22, 25 3:11 7:9 16:16 35:1 38:6, 7
paramedics 43:19, 20 47:8
parameters 46:17
parking 43:3
part 11:20 12:22 13:14 24:17 31:10 33:21 46:8 47:2 51:19 67:21 68:18, 20 70:21
participants 1:13 3:16
participating 5:15 34:13
participation 17:7
particularly 14:13, 24 41:13
partner 57:19
partnering 47:22
partners 8:15 35:4 38:12
partnership 19:15 71:2
Partnerships 3:4, 7, 9 14:17 67:12
parts 64:25
part-time 36:11, 15 72:12
pass 27:11 53:8
people 6:18 9:20 10:10 16:15 18:22 19:1, 9, 16 27:3 32:3 38:19 41:24 45:23, 24 46:8 51:12, 23 52:25 53:2, 25 54:3, 6, 9 56:5 57:12 61:5, 8, 13, 20 66:23, 24 75:12, 13
percent 21:8, 15 22:19 26:21 27:12 54:9 55:20 64:7 81:17
percentage 26:3, 6, 19 81:17
Perfect 9:4
person 17:15 54:23
personal 7:22 21:20
perspective 18:13 27:23 39:17, 25 65:22, 25
ph 44:9
pharmacist 48:11
phone 35:4
physician 48:13 51:6 52:13
physicians 44:11 47:20, 24 48:9 49:20, 22 50:12 51:6 52:8, 11, 15
pick 52:12, 13 53:21
picked 49:21
picture 30:1 69:15
piece 21:1 32:17 37:25 69:16
pile 38:22
place 15:20 19:2 28:16 30:8 34:19 42:5 43:8 46:17, 20 47:18 48:12, 22 52:12 67:2 80:7 81:11 82:3
placed 7:19 62:25
places 14:20

plan 12:3 33:13, 14, 17, 23 34:1 42:3, 15 46:9 58:8 66:23 70:18
planned 66:11 72:5
Planning 2:24 32:17 33:11, 17 34:7, 9, 24 35:7 37:9
plans 31:23 33:15, 21 81:11
play 9:11
pleased 9:7 68:10
Plexiglas 41:24
plus 61:22
point 17:17 18:1 23:4 55:14 58:2 60:3, 14 61:16 70:13, 17 78:4
points 27:2 45:20 77:8
Policy 3:8, 20, 22 4:5, 7 35:2 73:5, 15
pool 52:8
pooled 71:4
poor 54:23
population 9:19
posed 44:7
positioned 38:5
positive 59:7 62:13
possible 79:4
post 6:17
potentially 56:7
PPE 21:12 31:23 34:11 38:2, 4, 9, 22 40:16 41:1, 11, 12, 15 61:24
practice 46:21 48:16 50:1 51:14 54:21 66:14 74:10 81:23
practices 46:13
precarity 72:7
pre-COVID 13:5 21:6
predominantly 67:15
preliminary 5:22
preparation 30:6
prepare 33:24 44:15 45:1 47:3
prepared 34:4 48:25
preparedness 32:18 33:11 34:7 37:9 38:1
preparing 30:2 31:7, 8 52:20
PRESENT 4:10
presentation 5:21 6:2 11:10 60:2 79:8
presented 44:11 65:21
PRESENTERS 2:8
president 19:20
pressures 63:7
pretty 66:2
preventative 35:8
prevention 41:20, 22
previous 26:5
primarily 23:1 30:6 34:10 67:8 68:22 72:16
Prior 22:24
private 17:21 50:1 58:9
privates 14:8
proactive 34:16 44:24 46:3 47:12 48:23 55:23 59:10
proactively 35:7
problem 53:18 56:25 59:13
problems 78:8
proceedings 80:6
process 16:19 38:3 43:1, 8 53:13 56:25 58:12
processes 41:22
procure 38:8
procured 42:24, 25
procurement 14:11 35:2
procuring 38:12 41:11
professional 48:5 81:14
Program 3:2, 10 14:9 65:13 67:18, 19, 20, 22
programs 12:21, 24 65:9
projected 9:20
proper 17:22, 23 41:15
property 14:11, 15 21:5 23:2 25:16 26:21 72:17
protect 46:10 59:11, 12
provide 7:18 10:17 12:14 14:15 20:6 23:7, 13 51:21 52:16 56:18 66:22 81:24
provided 25:5 36:12, 17 76:5
provides 10:16 12:5
providing 44:25 68:12
Province 10:12, 21 22:21 23:12 24:21 25:10, 19 32:23 33:9 35:19 61:9 67:17, 25 68:11 73:4 76:5, 21
provincial 8:15 18:17 27:9 40:10 72:23
PSW 67:18
PSWs 67:8, 22 68:1
public 12:11, 21, 25 13:6 31:11, 12, 16, 17 33:14 38:9 40:23 57:23 70:11, 24 71:4 81:7
pull 31:22
pulled 52:15 62:24
pulling 63:14
purposes 12:17
purview 11:19
put 8:25 25:9 27:22 34:19 36:18 39:17 41:23, 24 42:4, 25 43:8 46:16 50:11 51:6 55:12 58:19 70:18 80:8
puts 39:24
putting 26:23

< Q >
Qs 73:6
qualified 23:18
quality 77:5
question 17:14 47:1 49:4 53:18 69:25 70:5
questionnaires 63:2
questions 44:7 46:18 52:25 69:17, 18 71:16 77:10, 14 78:9
quick 62:4 75:8
quickly 39:4 40:11, 13 43:11 45:19 52:19 53:24 56:13 60:24 67:6
quite 6:10 28:13 30:25 34:16 38:15 39:3 45:10 64:16 66:4 74:14

< R >
raise 15:23 16:10 76:24
raised 18:13
ramped 41:21
ramping 37:19
rapid 60:12 61:17, 21 75:8
rate 40:18
rates 38:14
raw 23:10 24:17 25:5
reach 64:21, 24
reached 58:3
reaching 29:15
react 46:17
read 56:3
reading 46:13
readings 44:12, 21
ready 6:20 33:25 46:17
real 30:12 31:24 32:5 68:3 74:22
reality 72:6
realize 51:12
realized 39:8 66:6 70:11
really 9:7, 10 12:3, 13, 14, 17 13:3 14:2, 4, 20, 22 15:8, 9, 22 16:15 17:14 18:23 19:10, 15, 18 27:24 29:25 31:24 34:3 37:19 45:5, 9 46:5 51:10, 16 53:6, 24 56:2 60:24 61:1, 23 62:2 65:25 68:10 69:1 72:22 73:8 75:20, 24
reason 40:12 64:22
reasons 15:9 16:2 44:8
reassure 47:16
receive 7:20, 22 24:21
received 21:11 22:22 73:4
receiving 15:25
recognize 8:6
recommendation 71:22
recommendations 8:5 16:9 76:22, 24
recommending 61:9
recorded 80:13
recruiting 67:3
recruitment 68:7
red 12:8 23:17

67:12, 13
redeploy 65:5
redeployed 65:7
reference 70:2 78:24
regardless 10:16
Region 3:10, 13 5:20, 23 7:6, 14, 25 8:10 9:17, 23 10:5 11:3 12:5, 19 13:19 17:2 21:24 27:6, 23, 24 28:3, 9, 11 29:7, 16 31:11 33:6 36:1 38:6 44:25 46:16 49:1, 7, 17 55:23 57:19, 24 58:6, 7, 24 64:25 69:8
Regional 2:14, 16, 17 6:23 7:2, 4, 16 8:2, 4 10:10 12:6 13:18 16:13 17:19 18:18 24:24 33:13 64:18
regionally 38:11
Region's 7:19 8:3, 6
regular 37:23
regularly 34:13
regulation 17:23
related 70:1 81:7
relates 64:4
relations 33:20
relied 73:13
rely 21:5 64:9 68:24
remains 8:11 41:13
remember 31:11 42:22
remotely 1:14
renovations 20:17
repercussion 63:18
report 11:21 12:9 78:16 79:4
reporter 6:17 80:4, 25
REPORTER'S 80:1
reporting 11:18 58:18 71:7 78:11
reports 12:16, 17 13:15, 22 37:24 63:2
represents 28:12
reprisal 63:18
request 62:25
require 8:13 75:1
required 35:25 73:7, 8 74:5
requirement 66:10
research 44:21 50:16
residence 23:12
resident 21:16 29:10, 13 47:15 48:21 59:11 82:11
residents 7:20 8:1, 8 20:13 21:22 37:24 43:14 48:3 59:8, 11 62:2, 12 73:10 74:24 77:4
resilient 42:5
resource 14:25 69:14
resourced 69:12
resources 14:7, 12 15:2, 11 18:6 23:7, 17 61:22 62:3 68:5 71:24 72:4
respect 61:16
respectful 15:25
respond 15:6
responding 30:2
response 13:4 33:14 34:21 38:1 44:1
responsibility 19:4
responsible 10:5, 13 13:3
rest 22:20 42:16 68:21
restricted 35:11, 13 78:12
restrictions 78:20
result 61:15 76:21
results 58:14, 21 59:9 61:4, 11, 12
retirement 19:18
return 24:22
review 73:8
rigid 57:1
rigidity 57:2
risk 52:8 54:10, 17
RNs 67:8
role 7:25 9:11 10:8, 19 11:3, 18 12:14 13:5, 8
room 47:19 75:10
Rosati 2:14, 18 5:7 6:21 7:3 8:17 9:8, 23 13:13, 17, 21 17:11, 16 18:7 25:13 78:2, 3, 18, 25
Rose 4:5 6:4 8:16 9:1, 3, 6, 15 20:8 32:10 71:20 72:19
Rovere 2:24
RPNs 67:8
run 38:14 39:4 60:15
running 45:11
runs 5:24
Rurak 3:10

< S >
safe 42:3, 15 68:25 74:24 81:10
safety 7:23 8:8 30:8 35:6 42:2
Samater 3:8
samples 57:7
scenarios 33:19
schedule 55:3 64:13
screen 8:25 20:15 35:9
screening 17:22
scrutiny 62:17
seal 23:17
second-last 78:5
Secretariat 3:19, 21, 23, 25 4:4, 6, 8
sector 15:14, 24 16:4, 24 17:21 34:14 45:5 47:2 50:2 60:21 68:22, 23 69:12 70:16 74:14 75:4 78:21
sectors 50:4, 5
secure 57:21 58:8, 25
security 36:17
segue 11:25
self-isolate 66:5
self-isolating 36:13
send 58:9
Senior 2:23 3:8, 13 4:5, 7 7:9 16:17 34:21
Seniors 2:10, 20, 22, 25 3:10, 11 14:21 15:24 18:3, 25 19:19, 21 38:7 68:24
sense 12:6 75:9
separate 66:20
serial 57:4
serve 20:12
service 10:11, 17 18:13 19:3, 11
Services 2:10, 11, 13, 15, 20, 21, 22, 23, 25 3:1, 4, 7, 9, 11, 12, 14 7:5, 8, 9 10:9, 15 12:5, 7, 15 14:5, 11, 18 16:17 18:18 19:7 34:21 35:1, 5 38:6, 8 65:11 67:1 73:14 81:4
serving 10:10
set 23:19 32:12 33:5 34:20 43:1 67:25 80:7
sets 65:18
severe 67:1 82:2
shift 54:2 61:19
shifts 64:11 65:23
short 38:16 69:9
shortage 16:23
shortages 82:2
Shorthand 80:4, 17, 25
shortly 14:16
show 27:20 48:15
shown 10:2 35:9
shows 9:22 27:24
sick 36:12 66:25
sicker 19:9
SickKid 58:1, 4, 10
SickKids 70:3 71:3
side 5:14
sides 49:21
significant 28:7 33:12 65:20, 21
silo 58:15, 16, 17, 18
simply 25:9
Singapore 44:17
single-site 36:1
sir 78:3, 25
site 67:14
sites 52:12
sitting 55:21
sizes 75:7
skill 65:18
slide 9:15 11:24 20:8, 24 25:23 26:5 27:19 28:18 29:24, 25 31:8 32:9 33:2, 5 35:18 36:24 55:5, 6 64:2 71:20 72:18 75:23 76:6, 20

slides 30:4 31:2
smart 16:15
social 12:23 18:18 65:11
solve 78:7
somebody 6:3 43:17
soon 55:19 62:18
sorry 13:6, 16 17:13 55:4, 10 62:4 63:22
sort 72:21
sorts 33:17 53:10
sounds 67:19
space 42:3 75:11 81:11
speak 30:3 32:15 56:4 73:1
speaking 21:2 62:21
special 48:5 58:8
specialized 65:18
specific 42:25 52:24
spend 20:25 21:7 62:1
spent 64:16
spoke 45:13, 14, 23, 24 47:19
spoken 29:19 51:1 57:13
spot 43:9
spread 30:19
stabilize 72:11
staff 8:8 30:11, 17 33:18, 19 35:2, 11, 16 36:4, 10, 11 37:18, 24 41:14 43:16, 18 47:14 50:13 51:8 52:12 53:18, 23 54:13, 14 59:12 60:15 61:25 62:12, 25 63:10, 14 64:7, 10, 15, 25 65:7, 15, 16, 22 66:5, 15, 22 67:5, 8 72:12 73:23 74:1, 16, 23 81:23, 24
staffing 32:20 36:20 45:22 54:7, 24 55:7 61:18 64:1, 3, 4 65:25 68:14 69:16, 20 70:1 71:23 72:4 82:2
stands 8:5
stars 12:8
start 9:10 31:7, 8 47:22 54:9 55:24 56:24 57:4 73:3
started 31:24 34:9, 11, 18 37:19 42:11, 14 45:12 57:11 76:17
starting 31:22 37:15 42:14 44:8 65:22
State 44:19
States 44:20 45:15
statistic 57:6
statistical 48:14
stayed 36:11
Stenographer/Transcriptionist 4:12
stenographically 80:13
stepped 54:6
stepping 54:1
steps 8:10 50:17, 18
stick 55:7
stock 38:22
stockpile 38:22 39:1, 6 40:10
stories 61:12
Strategic 3:2, 5
Strategies 3:3, 6, 8
Strategy 3:11 69:14 71:25
stress 43:24 52:4 63:9 68:16
strikes 33:20
strong 49:19
struck 61:1
structure 14:3
structures 75:7
struggle 15:6 74:2
study 69:8
subjectivity 41:7
submission 8:6 16:11, 12 32:13 76:9, 10, 23
submissions 8:3
subsidize 25:15
substitute 47:15
sudden 63:17 82:1
summarize 60:24
summary 32:25 62:4
summer 42:16
summertime 42:23
supervising 51:5
supervision 7:22 17:22
supplier 38:18 40:9
supplies 34:11
supply 31:23 38:4, 17 48:22
support 8:7 12:24 14:4 18:8 22:17 47:4, 8, 9 48:1, 5 50:9, 12 51:12, 21 52:16, 22 65:11, 13 72:11
supportive 48:20
supports 8:10 14:9, 18 15:10
supposed 56:20 74:25
surge 64:24
surprise 62:16
surveillance 43:9, 15
surveys 63:2
sustainable 25:11, 19, 22
swab 43:13, 18 58:5, 15 59:9 70:25
swabbing 43:9, 21 46:2 55:14, 24 56:22, 24 57:4, 11, 23 58:14 60:9, 15
swabs 57:24 58:9 59:4 70:3, 23
system 10:11, 14 18:14 19:15 58:19 61:7 77:2
systems 38:13

< T >
tables 42:25
Taiwan 44:17
takes 61:23
talk 5:23 9:13 13:9 14:16 15:9 25:14 31:1 32:4, 16, 17, 18 36:25 41:17 43:23 44:1, 5 51:10, 11 52:10 63:22 64:4
talked 21:25 22:1
talking 27:2 55:7, 18
talks 48:18, 19
tally 72:25
tax 14:15 21:5, 8 22:19 23:2 24:24 25:16 26:4, 7, 8, 11, 22 27:2, 12 72:17
Team 3:24 11:16 31:15, 22 34:22 35:2, 3 37:21 38:8 39:14 42:2 44:11 45:2 47:3 48:25 50:14 56:19 62:23 72:1 82:14
teams 49:19 63:1 65:14, 19 66:20 67:24 68:2 74:1 75:21
technology 14:10 37:16
temporary 72:13
tend 14:7
terms 6:13 11:2 14:23 19:22 21:12 38:2, 15 62:8, 17 64:1, 3 75:19 78:20, 23
Terrific 5:17
test 46:2 61:4, 11, 12, 21, 22 75:10
tested 62:12
testimony 80:11
testing 31:23 32:20 34:12 43:10, 19 53:12 55:8, 10 58:2 60:12, 24 61:1, 9, 14, 17 75:8
tests 43:13
Thanks 79:9
theoretically 34:4
theory 54:20
thing 41:9 53:3 57:23 63:25 68:8 72:14
things 8:18 12:23 14:10 16:21 18:24 21:11 23:2, 19 25:9 30:1 41:25 43:5 46:22 53:2, 10 56:12 57:21 62:10, 15 64:5 72:9 74:19
third 31:18 46:5
thorough 73:8
thought 17:1, 2 32:14 33:25 39:1 46:9 62:20 66:1 75:25
thoughts 40:14
threat 45:6
three-month 39:1, 5
tight 61:18
time 8:11 15:23 18:20 21:1 30:21 32:2 50:8 51:23 52:22 56:17 57:20 59:4, 19, 21, 24 61:19, 21, 23 62:1 63:11 64:12, 16 67:10

70:9, 16 71:21 72:5 74:18 77:11, 16 78:10 79:1 80:7, 8, 12
timeline 30:1
timely 60:22
times 36:5
tired 50:22
tirelessly 74:17
title 56:7
today 7:1, 6 16:7 22:22 27:10 35:5 72:22 77:9
told 35:16 52:1
toll 51:4
tools 48:3 58:25
top 14:22 20:15 24:7 25:1 72:7
topped 23:12
Toronto 9:18
total 7:18 21:7
town 30:11 37:18
tragic 28:14
transcribed 80:14
transcript 6:16, 17 80:17
transcripts 15:18
transfer 48:2
translate 50:17
transparent 46:8
transport 58:16
treatment 48:21
trend 27:20
trends 44:16
Tricia 3:5
trigger 32:5
trouble 41:10
true 80:16
truly 19:7
trying 8:24 45:15 47:3, 12 50:11 51:4 53:1 56:3, 4 75:17
turn 8:17 16:14 27:10 43:22 70:3
turnaround 57:20 58:10 59:4
turned 37:18
type 16:8

< U >
unable 68:5
unaddressed 76:19
unanimously 8:2
unbearable 51:9
unbudgeted 22:16
understand 23:25 45:15 50:16 53:5 63:3, 12 71:11 72:3 74:25
understanding 60:20
understood 57:22 58:12
underway 68:11
Unfortunately 70:8
Unit 3:20
United 44:20 45:15
units 40:24 54:11 74:7
updates 73:18
upgrades 20:18
upper-tier 10:8
upstaff 64:15
upstaffed 65:6
upstaffing 66:3
upstream 18:24 68:21
urgency 8:7
usual 13:5

< V >
vacations 66:16
various 12:24 75:2
Vaughan 2:14 7:2 10:5
venture 37:15
VERITEXT 80:23
view 17:9, 17 18:1
views 56:2
virtual 51:21
visitor 73:11
visitors 42:22, 23 73:17
visits 43:4
voice 8:14 44:5
vulnerable 50:4

< W >
wait 75:13
waiting 16:24 60:16 61:21 75:10
walk 20:5 32:11 42:1 75:24
walk-around 42:15
Walwyn 4:7
wanted 6:7 11:17 15:9 27:20 47:16 48:21 55:16 57:5, 8 62:10 63:24, 25 64:4 72:21 77:9
wants 57:19
wards 20:22
Washington 44:19
watching 32:1
Wave 5:25 27:25 28:25 29:1 30:5, 12 57:16 64:5, 14 65:6, 24, 25
Wayne 6:24
webinar 37:13, 14, 17
webinars 30:9, 10 37:10, 16 46:14
website 6:18
week 31:18 49:23 61:20
weekly 37:23 43:8, 10
weeks 30:24 35:18
welcomed 22:22
well-being 7:23 8:8 51:11
witness 80:8, 11
wondering 13:14 17:1
won't 59:3
word 54:24
work 8:15 12:22 14:3 17:21, 25 30:7 35:16 47:24 49:24 50:4 51:22 52:11 53:6, 10, 22 54:2, 3 65:23 66:16 67:21 68:10 70:6 79:2
worked 56:11 57:23 70:16, 18
workers 35:24 65:10, 13
workers/staff 75:14
working 35:11 48:16 54:4 62:22 64:16 74:17
works 13:9
worksite 51:13
world 37:15
Wow 39:23
Wretham 3:5
written 16:11, 12

< Y >
Yeah 9:4, 5 13:12 22:13 24:12, 15, 18 26:17, 20 28:23 29:8, 13 37:6 38:24 40:7 49:8 50:24 54:18 55:11 60:5, 23 71:12
year 26:24
years 9:21 18:16 19:8 49:17
Yesterday 8:2
York 2:15 3:10, 13 5:20, 23 6:22, 23 7:3, 6, 8, 14, 16, 19, 25 8:3, 6, 10 9:17, 23 11:3 12:5, 19 13:19 16:12 17:2 19:20 21:24 27:23, 24 28:2, 9, 11 29:7, 16 33:6 36:1 44:25 46:16 48:25 49:7, 16 55:23 57:18, 24 58:5, 7, 24 69:8
younger 20:19

< Z >
zone 43:11
Zoom 1:13