Long Term Care Covid-19 Commission Mtg.

Meeting with Current and Past Members of Management and Family Council, Villa Colombo Toronto
on Thursday, January 14, 2021

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

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all participants attending remotely, on the 14th day of January, 2021, 2:30 p.m. to 3:30 p.m.

BEFORE:

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

PRESENTERS:

MEETING WITH CURRENT AND PAST MEMBERS OF MANAGEMENT AND FAMILY COUNCIL, VILLA COLOMBO TORONTO:
Tracey Comeau, Former Executive Director
MaryLynn Pride, Director, Nursing Unit and Risk Management
Julie Perl, Chair, Family Council
Marijane Huliganga, IPAC Lead and Clinical Educator from (Sept 2020 to Jan 15, 2021) and Director, Nursing Unit and IPAC Lead (previously until September 2020)

PARTICIPANTS:
Lynn Mahoney, Counsel, Gowling WLG
Kavi Sivasothy, Counsel, Gowling WLG
Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat
Rose Bianchini, Senior Policy Analyst, Long-Term

Care Commission Secretariat

Jessica Franklin, Policy Lead, Long-Term Care Commission Secretariat

Angela Walwyn, Senior Policy Analyst, Long-Term Care Commission Secretariat

Alain Daoust, Team Lead, Long-Term Care Commission Secretariat

ALSO PRESENT:

Deana Santedicola, Stenographer/Transcriptionist

-- Upon commencing at 2:30 p.m.

LYNN MAHONEY: So, Commissioner Marrocco, we have today a team of people who have at various points in time been involved with Villa Colombo.

So they have spent quite a bit of time actually with us as a Commission team giving us information and sharing their thoughts with us.

So we thought it important that they meet with you, and they will -- they have a very detailed presentation to make to you that I think will assist all three of you in the work that you are doing, and as they proceed with it, I will interject, but their presentation is very well organized, not surprisingly, and they have got -- they have covered all the topics that I think are important.

I'll interject periodically, and Kavi and I will be bringing up some documents that I want to discuss with them.

So other than that, maybe I'll just hand it over to you, Commissioner Marrocco, if you want to start it off.

COMMISSIONER FRANK MARROCCO (CHAIR):

Well, thank you for coming. We do keep a transcript, as you probably know, and we will post it on our website so that people who are interested can follow along with what we are doing.

We have had to follow a somewhat unique procedure because we are acting in the middle of the outbreak as opposed to after it is all over, and we have a deadline of April 30th to produce our report, and we will do that.

But we have, as a result -- our procedures have become a little different from what you would traditionally expect.

But we will -- in addition, Ms. Mahoney, we may have questions as we go along. So with your permission, we'll just interject as it comes up, not because we are rude but because it is hard to go back. It is just easier to stop you and ask you a question than to try to go back and figure out where somebody was and so on.

So thank you, and we are ready to proceed when you are.

LYNN MAHONEY: Tracey, do you have the PowerPoint? Are you able to share it?

TRACEY COMEAU: I am looking at it on the screen, actually. Is that --

LYNN MAHONEY: Can you share your screen?

TRACEY COMEAU: Let's see if I can. Hold on. I have too many things open. Hold on one second.

LYNN MAHONEY: At the bottom of the Zoom screen, there is a share screen.

TRACEY COMEAU: There we go.

LYNN MAHONEY: Awesome. It is coming up.

COMMISSIONER FRANK MARROCCO (CHAIR): We can see it.

TRACEY COMEAU: There you go. Great. Do you just want us to start, Lynn?

LYNN MAHONEY: Yes, please, Tracey.

TRACEY COMEAU: Good afternoon. My name is Tracey Comeau, and I am joined by two former colleagues and as well by the Chair of our Family Council at Villa Colombo.

My role was Executive Director at Villa Colombo. I was there from July of 2014 until July of 2020, and I left July 10th of 2020.

I am joined by Marijane Huliganga, who is the Director -- one of the Directors on a resident home area, fourth floor, and also the IPAC

Lead for Villa Colombo. I'm also joined by MaryLynn Pride, who is the Director on a Nursing Unit home area, fifth floor, and holds a portfolio of risk management as well, and Julie Perl, who is our Family Council Chair.

I'll give you a bit of background about Villa Colombo. It is a not-for-profit charitable organization that is ethno-specific for Italian-Canadians. It opened its doors in 1976, and over the years, it has grown in size.

Up until April, it was 391 beds, and in April we agreed with the LHIN to take an additional four emergency licences during the pandemic, so that brought our total up to 395 beds.

LYNN MAHONEY: Could I just ask you a question about that, please, Tracey. Those four beds that you took, was that when the hospitals were decanting the ALC beds into the homes?

TRACEY COMEAU: That is exactly what it was.

LYNN MAHONEY: Okay.

TRACEY COMEAU: So we had agreed -- up until that time, as well, we had also taken around 22 admissions in about a three and a half week period while hospitals were decanting, and our

partner hospital was Humber River Hospital at that time, and we were a member of their Ontario Health Team, Northwestern Toronto Health Team.

So we did agree to take the four emergency licences. Villa Colombo consists of two buildings really that are joined together, so one is known as the Fusco Wing, which is the oldest wing, and it has 266 beds at the time, and then there were the four additional licences that went there, and that is comprised of Category B and Category C beds. The original building is the Category C that opened in 1976. They put an addition, a north wing on, in 1989. That is what brought it to the 266.

And then in the year 2000, they opened the Fidani Wing, which has 125 beds, and it is a Class A, a Category A bed.

So like most long-term care homes, the building was having, you know, aging infrastructure, particularly HVAC concerns in the Fusco Wing. It has narrow halls, small dining rooms that are only able to handle a capacity of 64 to 68 residents at a time in a dining room because most of them primarily have some form of mobility aid with them.

The tub rooms or spa rooms as they call them, they are newer, but they are in the hallway, and those are communal. They are shared for all residents who are taken there, one bath at a time, so that increases your risk of cross-contamination.

And as I just mentioned earlier, Villa Colombo is also part of the Ontario Health team, northwestern Toronto Health Team, that was led by Humber River Hospital, and we were one of the only nursing homes that were at the table for that -- the beginning of the Health Team. We had been there from day one. We thought it was very important to have the opportunity to be part of a new Ontario Health team, and we were very proud to be there.

LYNN MAHONEY: Can I ask you a question, Tracey. You raise it here with the Fusco Wing, and maybe you are going to address it later in your presentation, but maybe you can just talk about it now in terms of the ventilation system and where the majority of your COVID-positive cases were.

TRACEY COMEAU: Right. So the majority of our COVID-positive were in Fusco Wing, and they started predominantly in what we call the south

corridor. So the south corridor and the west corridor were the original part of the building. The north was the addition that was put on in 1989. So the south and the west have recirculated air, and the north side has less recirculated, more fresh air return.

Fidani Wing, where we had very few cases at all, has a hundred percent fresh air return because that is the class A beds.

LYNN MAHONEY: Okay. Thank you very much.

TRACEY COMEAU: You are welcome. In May of 2019, we received a funding notice, as many nursing homes did, that there were going to be funding changes, as they were called at the time, which really meant funding reductions to our home, and that was based on the high wage transition funding that was being eliminated and the structural compliance funding.

And because of the age of our home, we received both of those funding streams and a significant amount because of the size of our home based on the per diem.

We also were then notified that we -- I think it was the next day, that there was a CMI

reduction that we were going to be receiving, and then of course there was the change to the per diem funding that was going to a one percent global structure.

So that was hitting us --

LYNN MAHONEY: Can I just interject for a moment. I think, if I'm correct, that it fits in chronologically. I believe you told me about a meeting that you had with Minister Fullerton around the time of this -- the funding announcements, and could you please tell the Commissioners about that meeting and what you said to the Minister?

TRACEY COMEAU: Certainly. We received the notice of funding changes in May of 2019. Were very concerned because everything combined was going to hit us at around a $700,000 funding change for us, which is a significant amount of money.

So Family Council became very involved. We partnered heavily with Family Council, and Family Council was also very good at lobbying government when they needed to. And they were writing to their MPP. We brought MPP Robin Martin to the home for a family information session to discuss this at the time.

And by then, I think we were up to the

end of June, probably like the first day that Minister Fullerton was put into the position of Minister of Long-Term Care, and Robin Martin came to attend a meeting, MPP Martin came, and she promised at that meeting that she would arrange a meeting with the new Minister of Long-Term Care, which she did fulfil that promise.

And I was able to go -- I believe it was the 8th of August, around that time -- to Minister Fullerton's office, accompanied by our Assistant Vice President of Finance, Mr. Paul Pass, and we went prepared to discuss with Minister Fullerton how these changes were going to impact our home specifically.

While we were there, we talked about many streams of funding. We talked about antiquated streams of funding. We talked about limited funding, and how these were impacting care.

And at the time, one of the comments that I made to Minister Fullerton was that long-term care is a house of cards, and if one of these cards come out, it is going to crumble. It would only take one major disaster for everything to fall apart , and that if we continued to have all of these funding changes, we were never going

to be able to survive.

So she did understand that. She agreed to look at it, and as I said, she had only been in her position for a number of weeks at that point. And she agreed that they were trying to understand what was happening with these funding changes.

What followed after that was an announcement that they were deferring some of these funding changes. They weren't stopping them, but they were deferring them. And I believe ultimately what happened was the structural compliance funding is now part of the infrastructure funding, and the transition funding, highway transition funding, was ultimately removed.

LYNN MAHONEY: Thank you.

TRACEY COMEAU: So we did say that day that this is a house of cards.

Many of the things we talked about with her were the things that we talked about with Family Council quite regularly, which were the daily shortages of staff that every nursing home across the sector was facing.

We had a rapidly aging work force, high percentage of casual and part-time employees that were working multiple jobs, not just one other job

but sometimes two and three other jobs.

There was wage disparity across the sector, which continues, and our major concern with that is PSWs particularly. We can't compete with municipal homes. We can't compete. When there is such a shortage and people are vying for these employees, you can't compete with those increased wages that other homes are paying.

Now, Villa Colombo does have a HOOPP pension plan, which is a very lucrative pension plan, and that was always a drawing force to attract staff, but in today's world, it is not. You know, younger people coming out, maybe they are not -- you remember yourself being young, and you weren't worried about a pension plan. So it doesn't have the draw that it used to have if a Metro home is paying $6 more an hour. That is what they are interested in at the time.

We never felt that there was an adequate staff mix ratio. There is -- we appreciate every bit of work that the PSW does and there will always be a need for the PSW, but we required more registered staff; particularly on the heels of the inquest that was done and the 92 recommendations that had come forward, many of

those things put forward what you would need more registered staff to do.

We knew that our daily hours of care per resident day were around 2.39 hours a day. So many of our PSWs were caring for one to nine, upwards of one to twelve, on a day shift, and higher throughout evenings and nights.

And we had a heavy reliance on families and volunteers and private companions to meet the needs of residents, particularly with assistance with feeding because some residents can take anywhere from 45 minutes and longer to assist with their meals.

And a major concern as well, not just with frontline, but is with management staff. Directors of Care and other Nursing Unit Directors have large portfolios. So the primary example is infection control. This was carried by Marijane, who is on the line, but she is also the Director for the fourth floor, which has almost 90 residents between the Fusco and Fidani Wing, 67 on one side, 26 on the other, and almost a hundred staff that you would be responsible for.

And on top of that, you are responsible for infection prevention and control. MaryLynn

would be facing the same situation on her floor with numbers, but be responsible for a portfolio of risk management and also falls and restraints and so on.

And this took away as well from direct oversight that you would require on the units.

We knew that there was ongoing issues with complex care needs of residents. People are being admitted to long-term care with a life expectancy of 18 months with multiple co-morbidities and higher needs of care that you just are not able to manage.

A low ratio of registered staff compared to these complexity of needs, and as I have already mentioned, that many residents required enhanced pain management, palliative care, up to 60 minutes for feeding and responsive behaviours requiring one-on-one care.

And the current legislation actually requires one Registered Nurse in the building. So it doesn't even break that down into size.

So one Registered Nurse in a building with a hundred beds or one Registered Nurse in a building with 400 beds. One Registered Nurse cannot manage to be there by herself. We did not

have one. We had nine Registered Nurses over a 24-hour period was our staffing mix that we did have.

And also a big concern is inadequate information technology. So frontline workers in long-term care, many long-term care homes and at Villa Colombo, do not have something as basic as email because there is a cost factor associated with that. So managers and supervisors have email, but to try and do broadcast messaging, to try and contact people individually on shift, it becomes, you know -- it is a paper chase. You are posting memos all the time.

LYNN MAHONEY: Can I ask you about that and maybe you'll get to it later in the presentation, but the inadequate information technology, did that -- was that a factor with these lab results coming back by fax machine? Is that one of the factors with inadequate information technology?

TRACEY COMEAU: Yes, and that is actually on the end of Public Health because every single swab that you do and every single result that comes back, comes back via fax machine.

And when you have 395 residents and 500

staff members being tested, each individual result comes back on a fax machine with a cover page. So you are looking at, you know, 1,000 sheets of paper times 2 coming back, then you have to sort them all into floors and into categories. It was extremely time-consuming. It also creates an area -- you know, a margin for error, and somebody not being at the fax machine when they are coming any time of day or night. And I can tell you that myself and Marijane and MaryLynn -- and I will speak on their behalf because we have all had this conversation, I only have to hear a fax machine to make my blood run cold now.

When you are sitting there at 11 o'clock at night waiting for lab results to come back, and you are hearing a fax machine for an hour printing these off, seeing positive, positive, it is enough to make your blood run cold any time you hear that.

LYNN MAHONEY: Okay. Thank you.

TRACEY COMEAU: You are welcome.

So skilled and -- and I am going to let Marijane speak about this, but we were -- one of the strengths that we had at Villa Colombo is that we had a skilled and experienced IPAC nurse, who

was Marijane Huliganga and still is until this Friday at Villa Colombo, but also she was the Nursing Unit Director on the fourth floor. So Marijane, can you just speak a little bit about that?

MARIJANE HULIGANGA: Yes, absolutely. Thank you, Tracey.

The infection prevention and control portfolio had always been part of the mandatory programs that fall under -- or is being assigned under a Director of a nursing unit. So what Tracey had mentioned, that I have approximately 94 residents and family members, you know, that I care for and our staff. Having the infection prevention and control portfolio under one person this size of a home is actually a challenge.

So I had been the IPAC practitioner for Villa Colombo since 2016. I used to be a Unit Director from a different floor, and the portfolios under me would be medication management, incontinence care and bowel -- improving incontinence care and bowel management programs. So these are programs that are mandatory for long-term cares.

So IPAC will always fall under a

portfolio of a Director of nursing unit, and from 2016, that had been under mine -- my portfolio.

The challenges that I saw was, when this was assigned to me, I did not have any background with epidemiology or infection prevention and control. Yes, there were recommendations from Public Health Ontario that, you know, a long-term care home this size will have an infection control practitioner.

So I took it upon myself. I wanted to learn, and I wanted to, you know, understand what this role means. I went and enrolled -- in 2017, I enrolled into a two-week, you know, very intensive -- it is a course that Centennial College had provided. And I did tell myself, you know, as a Registered Nurse and as a professional, I wanted to become a Certified Infection Control Practitioner.

So I gave myself five years because I need to learn. I need the experience before I can take CIC and become a CIC.

LYNN MAHONEY: Marijane, can I ask you a question.

MARIJANE HULIGANGA: Sure.

LYNN MAHONEY: So this program, it is a

certification that you get?

MARIJANE HULIGANGA: So the program would cover all of the areas on infection prevention and control. So it is not just surveillance, outbreak management, but also buildings and renovations and, you know, antibiotic resistant organisms. So all the areas that would be covered by infection control.

It is not a certification, meaning you become a CIC, which is through APIC. So through, you know, the Canadian certification board. For myself, I took that course. Once I passed the course, it will just show that, yes, I had taken the course.

There are a lot of other courses at Public Health Ontario. There were communities of practice that were provided by Public Health Ontario, an IPAC GTA, which I had attended most of them, but the certification itself, it comes with, you know, understanding the experience. I didn't want to write the exam and be certified without that experience. I was novice, and in the legislation, I think a lot of us are RNs who had been placed into the IPAC role, were grandfathered. So we were given five years, or, you know, up to a

certain point where you can get your certification.

So for me, my goal was to get certified between 2020 and 2021, and the pandemic happened. But during my years between 2016 until 2020, I was able to, you know, get that experience, gain the knowledge, was able to -- usually the main area where an IPAC person is really required is outbreak management. So of course, we know that every flu season we usually will have an influenza outbreak happening in long-term care homes, and, you know, it is just the setting. You know, yes, the program is there. Yes, we do have controls in place. We are able to stop risks, but sometimes it is just -- like the infectious diseases are just hard to contain in congregate settings similar -- like, you know, long-term care homes or retirement homes.

And that is why most of the time would be -- my role as an IPAC person would be to meet what is required by legislation, which would be, you know, leading an infection control committee. There is, you know, a whole committee of, you know, the physician. Our Medical Director is the co-chair of the IPAC committee. We discuss hand hygiene, for sure, audits. Personal protective equipment is something else, but most of that we

liaise with Toronto Public Health.

So if we really need to have a program that is for the long-term care home, you need the experience, you need the qualifications, you need to be certified, and also focus on infection prevention and control, and it cannot be, like, juggling your hours and your time whether to address a performance issue of your staff or making sure that you are able to contain an outbreak on a particular unit.

So that was where we were -- or I was. That was where I was between 2016 until 2020.

LYNN MAHONEY: Thank you.

MARIJANE HULIGANGA: Thank you.

TRACEY COMEAU: So if we talk about the strengths at Villa Colombo, Marijane obviously was one of them from an infection prevention and control perspective, and we had also invested a great deal of time in pandemic planning.

We also had a very strong, skilled leadership team. Marijane is an example; MaryLynn who is also a certified risk manager and a member of the risk management society. We did have a full-time clinical educator on staff, who is also a clinical educator at George Brown College teaching

nursing students and international nursing students.

We had a strong palliative care plan in place. We had a partnership with Temmy Latner Palliative Care Centre at Mount Sinai and Dr. Russell Goldman. We were one of the only long-term care homes I'm aware of -- there may be more, but I wasn't aware of them, where the palliative care team from Temmy Latner was coming into our long-term care home to assist with palliative care -- end of life care for our residents, and they worked very closely with the clinical educator. We had ongoing education. We had end of life order sets in place.

When we knew that the pandemic was here and just prior to us being in outbreak, the clinical educator had arranged with Temmy Latner Centre and our ethicist Bob Parkes and myself and our medical director to discuss what end of life care would look like during COVID-19 and made sure that we had the measures in place, we had the medication on-site, we had the orders in place, all of the stock medication and the training were there as well, because we knew that end of life could look very different from COVID-19 than it did from

some of our other end of life experience.

We had a strong working relationship with the Registered Nurses' Association of Ontario and VIANurse that was in place at the time, so that enabled us to secure extra registered staff, and we had onsite physiotherapy, a contracted company who was there, and they were able also to work with our positive residents.

Villa Colombo is a registered nursing association, best practice spotlight organization. We were in year three of that.

And just in February, so just less than one month prior to the pandemic, Villa Colombo had been accredited with exemplary standing from Accreditation Canada.

LYNN MAHONEY: Can I ask you about that, Tracey. So Accreditation Canada, I understand one of their -- I think they call it their swim lanes that they look at is IPAC.

TRACEY COMEAU: Yes, and we had received one hundred percent on all of the required organizational practices.

LYNN MAHONEY: So would they have given you a report? Did you get a report from them in February, and they ranked you, and they did a

review of your IPAC practices?

TRACEY COMEAU: Yeah, in order to achieve exemplary standing, which is the highest standing that Accreditation Canada has, you have to receive one hundred percent in meeting all of your required organizational practices, which we did.

And that wasn't the first year that we received exemplary standing. We had received full accreditation -- I believe since the '80s they had been accredited with Accreditation Canada, and also I'm a surveyor for Accreditation Canada, so I understand how difficult it is to achieve exemplary standing.

So we were very proud of that.

LYNN MAHONEY: Okay.

TRACEY COMEAU: And it --

COMMISSIONER FRANK MARROCCO (CHAIR): Can I just stop you for a minute.

TRACEY COMEAU: Sure.

COMMISSIONER FRANK MARROCCO (CHAIR): Was there a plan to deal with an outbreak as infectious as -- a very infectious outbreak? I don't want to use the word "pandemic" because I think that might be hindsight, but was there a plan?

TRACEY COMEAU: Yes, the pandemic plan that they have in place and also a business continuity plan, but the pandemic plan addressed areas of infection prevention and control, and I think the best thing -- probably the closest that they would have been looking at would have been H1N1, and SARS, of course, would have been the areas when pandemic plans certainly came to fruition.

And that was something that we reviewed constantly, was our pandemic plan, because just going into accreditation, that is something that they want to look at when the surveyors come, is your pandemic plan, and do you have one in place, and what does it look like.

And that talks about everything from how you are going to manage staffing to how you are going to manage supplies in your pandemic plan. So certainly when we saw what was happening around the world, we were definitely -- although we had just finished reviewing our pandemic plan for accreditation, we were also looking closely at the pandemic plan and that involved as well an incident management system that had defined roles for various people within the organization.

One of those areas was certainly procurement of supplies, and we were --

COMMISSIONER FRANK MARROCCO (CHAIR): And what did the plan say about procurement of supply?

TRACEY COMEAU: It talked about the amount because it identifies your burn rate that you could potentially be going through, and it talks about the amount of supplies.

So when we were seeing what was happening in Italy when we look at this pandemic, because we had 395 Italian residents living there, the first concern that we had was do we have any of our families going back and forth to Italy on vacation right now and did that put us at risk?

So our Procurement, who is a Supervisor, and Finance Department started saying, along with the Clinical Educator, I think we better top up our pandemic supplies. So we refer to it as the "pandemic cage". It is an area in the basement where we separate our pandemic supplies from our regular supplies. So we would always have gowns, gloves and masks available, but we have what we call the pandemic supply. And we use that supply -- it is that first in/first out is how you

use that.

So we were always managing that. We have this amount of supplies in here. They might be getting close to expiry, so they go into the regular supply, and then you re-fill the pandemic supply.

So that they are never expired.

COMMISSIONER FRANK MARROCCO (CHAIR):

What was the supply?

TRACEY COMEAU: I don't know the exact numbers. I do have them --

COMMISSIONER FRANK MARROCCO (CHAIR):

But in terms of one month, two months, one week?

TRACEY COMEAU: Oh, at least -- when we were looking at the pandemic approaching, we had a minimum of three months' supply in there, and in things like gloves, it would have been more. We had a very good supply of N95 masks as well, and we had -- 80 percent of our staff were already mask-fit tested and knew what size, and we had a supply of all of those in our pandemic supply. They weren't utilized until -- you know, if there were staff who had asked for an N95, as long as they were mask fit-tested, we did provide that.

You know any reasonable request was met because some people just felt better having that.

But we were not short of supplies at all at Villa Colombo.

COMMISSIONER FRANK MARROCCO (CHAIR):

And you acquired those supplies yourself?

TRACEY COMEAU: We acquired them before they became hard to get, yes. We --

COMMISSIONER FRANK MARROCCO (CHAIR):

No, I understand, but you took care of that yourself as Villa Colombo?

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

You went out into the marketplace and purchased a stockpile of supplies.

TRACEY COMEAU: Yes, predominantly --

COMMISSIONER FRANK MARROCCO (CHAIR):

Or maintained a stockpile of supplies.

TRACEY COMEAU: We maintained it, and our supplier was -- generally Cardinal Health was the supplier that we used for the majority of our medical supplies, so our Procurement person was always ordering them through Cardinal to make sure that --

COMMISSIONER FRANK MARROCCO (CHAIR):

And if I can just -- when did the light go on for you that you had to re-examine your pandemic supplies and your pandemic plan? Can you fix that approximately when that was?

TRACEY COMEAU: We would say January. I think MaryLynn would probably -- MaryLynn and Marijane would agree with that. We were looking at it in January because we were having an Influenza B outbreak at the time. It had been confirmed Influenza B.

We also saw what was going on in the world. Our Clinical Educator was keeping an eye on that and coming back saying, I think we better start getting prepared, something is going to happen worldwide, and the closer we saw it coming, we knew that we better be ready.

Something that we hadn't mentioned in the beginning when we were talking about Villa Colombo, it is actually a home managed by Extendicare Assist Canada, and it had been managed by Extendicare since 2012 -- or had a management contract. They handled all of the back office for Villa Colombo, and they provided consultants where needed. So there was a nurse consultant and a

regional consultant, and then Extendicare Assist has regional people for infection control, for dietary, for housekeeping, for a variety of things.

We had actually asked them in February, toward the end of February, are you going to start having pandemic meetings in preparation for the pandemic? The following week, they did start to have meetings, and their recommendation was that every home try to get in at least two weeks of pandemic supplies.

And we knew that two weeks of pandemic supplies would certainly not be enough in a home the size of Villa Colombo, and we already had -- way ahead of that. We had at least three months of supplies on hand.

COMMISSIONER FRANK MARROCCO (CHAIR):

And in the middle of February or whenever is too late, I assume.

TRACEY COMEAU: Yeah, people were finding it difficult to get supplies at that point. So we already had them in-house, and we felt comfortable with the amount of supplies that we had.

COMMISSIONER FRANK MARROCCO (CHAIR):

All right. Commissioner Kitts?

COMMISSIONER JACK KITTS: So I gather then that you were able to provide the precautionary principle to your staff, what they felt comfortable with protection, and are you saying that throughout the pandemic, the first wave, you did not have a shortage of PPE for your staff?

TRACEY COMEAU: No, we were never without any PPE. We did start -- when we were in the height of our outbreak, we did start to run low on isolation gowns. And when you say "run low", for a home the size of Villa Colombo, with a burn rate that we would have with the entire home in isolation, we were getting down to around 10,000 isolation gowns and that made us nervous because we could potentially go through 3,000 a day.

So that's when we started reaching -- and then of course you couldn't get any through your supplier, so we did reach out through the channels through the Ministry to obtain additional isolation gowns, which was a very -- a bit of a tedious process because it is a three-step process.

When we did receive the okay that they were going to deliver 10,000 gowns to us, the Procurement Supervisor came to me with a waiver

that came from the --

LYNN MAHONEY: Tracey, could I just interject for a moment? And, Commissioners, it is a good point. I actually have the documents to assist.

So, Tracey, if you could just hold that thought for a minute while Kavi pulls up the documents. There is actually an email from you, Tracey, to -- I am going to get it wrong here. Hold on. There is an email from you on April 24th, and then that follows -- there is a letter from your Board Chair on April 25th with the attached waiver.

So maybe what we can do, Kavi, is we could pull up document 2, the April 24th email.

KAVI SIVASOTHY: Sure. Tracey, do you mind stopping sharing the screen for a second and then I can take over?

TRACEY COMEAU: Oh, sure. I need to see if I can get myself out of it. Hold on now. What do I do to stop that?

Stop share. There we go.

COMMISSIONER FRANK MARROCCO (CHAIR): Thank you.

LYNN MAHONEY: See, Tracey, you are an

expert at this now. See? You just go through it once. So Kavi is going to show you -- and maybe you can go back to your thought about the issue of the gowns and your ability to get gowns and maybe you can walk the Commissioners through this -- your email and then the following letter and the waiver.

TRACEY COMEAU: I have written many emails throughout the course of the -- actually starting before outbreak and before the pandemic, starting with funding cuts, I started to write emails.

But this one was written on April 24th, and I was concerned about the waiver that was sent for us to sign as an organization, and when I say "us", I mean me as the Administrator of the home at the time was required to sign a waiver that indemnified the Ministry for anything that might happen for providing potentially expired PPE.

So the concern that we had -- as you can see, I talk about --

LYNN MAHONEY: So you requested gowns and then you were told -- so you request -- maybe you can just elaborate on the story a bit. You requested them and --

TRACEY COMEAU: Yeah, we requested the

gown. We knew that we were getting down lower in our isolation gowns. The Procurement Department was working through all three steps of the PPE provincial procurement that you had to go through.

As this escalated, we were contacted by the LHIN, and they said that they would deliver 9,000 gowns, but before the delivery, we were required to -- we were required that the isolation gowns on hand at Ontario Health are aged.

So we inquired about what does that mean, they are aged? Not only was it concerning, I was advised that I had to sign the attached agreement for expired PPEs to indemnify the Ministry.

COMMISSIONER FRANK MARROCCO (CHAIR):

So just stop for a second. So you asked for some help because you were concerned you could run out.

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

They are prepared to provide you with aged gowns?

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

And then they ask you for a waiver from

any -- they ask you really to indemnify them against any losses or court costs, damages, anything like that, flowing from the fact that they gave you aged gowns?

TRACEY COMEAU: Yes, correct.

COMMISSIONER FRANK MARROCCO (CHAIR): All right.

TRACEY COMEAU: And every nursing home, other Administrators that I had spoken to through AdvantAge Ontario, weekly meetings that we were having with AdvantAge Ontario, I put the question forward and said, Has anybody else received this, or is it just me? And many of them said, Oh, yes, that comes with any of the stock supply that you are getting, you have to sign this waiver.

I did take it to the Board Chair, and we also took it --

LYNN MAHONEY: Yeah, Kavi, could you go to the next document, which is the Board Chair's letter. So is this the letter that you are talking about?

TRACEY COMEAU: Yes.

LYNN MAHONEY: So this is the letter that your Board Chair wrote to the Premier of Ontario about these expired gowns and the waiver

that had to be signed; is that right?

TRACEY COMEAU: Yes. He also was very concerned about it, but as an organization, you know, the accountability and -- the words that I had used was that the accountability was being downloaded on to already overburdened administration, that, you know, we were very worried about this, but at the same time, we ended up signing it because I had to look at the two evils and say which is worse, if I run out, and I don't have them, or will I take them and take my chance hoping that -- you know, what could really be expired on a gown? Maybe it might be the elastic or something in the wrist, but we needed the gowns, and we didn't want to run out. We weren't able to at that time obtain any re-useable gowns, the washable gowns. They were very hard to come by.

So I went to legal, and I said, What should I do? And they said, Well, if you need the gowns, you need the gowns. And I believe we crossed a couple of things out on it, on the indemnification, and then signed my name and sent it back, and they did deliver the gowns.

And on a go-forward basis, we continued

to receive anything that we needed from them, and it was usually just gowns that we needed to keep up with. So they did continue to provide them, and we continued to sign the waiver.

LYNN MAHONEY: Can I --

COMMISSIONER FRANK MARROCCO (CHAIR): Can I just for a second, Ms. Mahoney, before -- this is in April.

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR): And you say in your email, and the President says in the letter, that you are in outbreak at the same time as this correspondence is going on.

TRACEY COMEAU: Uhm-hmm.

COMMISSIONER FRANK MARROCCO (CHAIR): But what did "in outbreak" mean in April for Villa Colombo?

TRACEY COMEAU: We had just gone -- had been declared an outbreak on April 20th or -- 20th, Marijane? April 20th. We had one staff member who tested positive, which set the alarm bells off, and we began testing. And by the 24th, we had identified that we had nine positive residents and nine positive staff members. So that was the

amount that we had at the time.

COMMISSIONER FRANK MARROCCO (CHAIR):

Okay.

LYNN MAHONEY: So, Commissioner Kitts, I think that was an answer to try to elaborate on the PPE issue in answer to your question.

COMMISSIONER JACK KITTS: Yes. That is excellent. Thank you.

LYNN MAHONEY: Tracey, could you continue? I think you have probably covered most of what is on slide 7. You have talked about the pandemic plan and how you were sort of ready for things to come. You have talked about the supplies that you had and the fit testing that was done.

TRACEY COMEAU: Correct.

LYNN MAHONEY: And also your pandemic plan had clear roles and responsibilities, so that when the pandemic hit, everybody knew what they had to do and what their role was.

TRACEY COMEAU: That's right. Are we able to get to the --

LYNN MAHONEY: Yes. Kavi, can you stop sharing? Yes. Thanks.

COMMISSIONER FRANK MARROCCO (CHAIR):

And can I just follow up before you go

back? Were you satisfied that everybody knew what they were supposed to do when the pandemic hit or when the outbreak hit?

TRACEY COMEAU: Yes, yes. I was very convinced that, you know, we had the evidence to support it, that people knew exactly what their roles were. It wasn't just speculation. They were written down. People were clear what they were responsible for, who they were reporting to.

And we had daily outbreak meetings, and we had a very specific template that we used for outbreak meetings, and we reported on things such as PPEs, daily ratios for staffing, you know, anything that was happening, the number of PUIs, people under investigation, the number of active cases, where we were moving people.

If I just go back. Sorry, I forgot where I had --

LYNN MAHONEY: Slide 7 you were on, I believe.

TRACEY COMEAU: Yes. So that is what I was saying in here, that we did have clear roles and responsibility for managers and other departments.

We had actually at that time already

implemented active screening, and that was -- we started active screening, I believe, in February, Marijane?

MARIJANE HULIGANGA: Yes, during the pandemic. Sorry, during the outbreak.

TRACEY COMEAU: We started active screening then. Nobody had said to do active screening. Some homes were starting to do passive screening, just putting the signage up, asking people if they had any flu-like symptoms.

The day that the pandemic was declared on March 11th, Minister Fullerton was actually at Villa Colombo. She was coming for another meeting just to meet with some of the management team, and we photographed her coming through our active screening at the front door, having her temperature checked, and asking her questions, and again, that goes back to infection control and the Clinical Educator saying, there is something going on in the world. There is an influenza outbreak happening here. Let's see if we can slow this down and see what is happening, and we are going to screen people at the front door coming and going every day.

So that had already happened.

LYNN MAHONEY: Can I just interject for another moment to fill in part of the story as well. Kavi, if you could -- Tracey, could you stop sharing your screen, and we could give it back to Kavi, and he can pull up the first document, Kavi, which is an April 16th, 2020, email from Tracey to Premier Ford, and this is before -- Commissioners, Tracey has indicated this is before they had their first COVID-positive test. She is sending an email to Premier Ford.

And maybe you can speak to the Commissioners about -- it is a fairly lengthy email, and you cover a lot of territory. I think it is safe to say that you are warning the Premier that steps need to be taken because it is going to hit and has hit long-term care, and you are advising him of things that you have done, and you have told him that thankfully you have been spared an outbreak up to that point in time.

So maybe you can just sort of summarize probably a little better than I have what the purpose of this email was and what you said to the Premier.

TRACEY COMEAU: Yes. This was on the 16th of April, so it was just four days shy of when

we actually went into outbreak, and I talk about us being hyper vigilant in the early days.

LYNN MAHONEY: Could you blow it up a little bit, Kavi, please, just a little tiny bit so that people are able to see it. Is that better, Commissioners?

COMMISSIONER FRANK MARROCCO (CHAIR): That is fine.

LYNN MAHONEY: Okay.

TRACEY COMEAU: Great. And I had said that we were currently COVID-free, but we all know that it could change at any moment. We have been hyper vigilant because we had been experiencing an influenza outbreak in February that led us to have heightened surveillance and that included checking temperatures of people coming and going and limiting our visiting hours.

And we considered ourselves to be very lucky at that time.

We gathered data on staff who had multiple employers. We entered into single-site employment before it was a directive as well. We knew that we had many staff in our home who were working in a variety of places. We also knew of some other homes that were already in outbreak, and

we wanted to try and spare our home.

So we had spent a great deal of time going to every single employee, finding out where they worked, and telling them that they needed to only work at Villa Colombo. So when the directive came to restrict visitation to essential visitors only, we stopped that immediately.

One of the concerns that we did have throughout the pandemic -- or throughout outbreak in long-term care is that these directives that were coming were recommendations. You know, it left room for interpretation, and we didn't like that because we were one of the homes that said, absolutely nobody in, no visitors, no volunteers, no private companions. The only people we are letting through the door are employees and family members of anyone who is deemed to be at end of life.

We interpreted the essential visitor to be only end of life, but we knew that we had other organizations throughout the province -- because families would call and tell us this, and Julie can speak to that as a family member on Family Council, that there is other homes that allowed private companions or they allowed volunteers.

So I think that there really needs to be clear -- if you are giving a directive, that directive needs to say "thou shall", not that it recommends.

We knew that -- we knew from the onset, as you see highlighted, that seniors, specifically long-term care homes, would take the highest risk. And we had been watching what was happening in Washington State as well, and there were reports out of Washington State about long-term care homes and that 50 percent of the people who had tested positive in long-term care homes in Washington State were asymptomatic, so we also were aware of that.

We knew that hospitals were trying to prepare for the surge by decanting, and we had been happy to assist in that, but we knew it was really risky for a variety of reasons, to be doing admissions so quickly in long-term care, because an admission in long-term care is not like an admission in a hospital. It doesn't happen, you know, in 15 minutes and bring that in person in. It required all of the people that were coming in to be in isolation for 14 days. These were people who were living with dementia, many of them, and it

was difficult with wandering behaviour. It increased the need for one-to-one staff. It increased the demand on PPEs, because anyone who was in isolation for 14 days, staff had to wear PPEs. It was, you know, hampering our staff pool that we had because you had to put someone one-on-one to keep them in their room.

If you could just scroll for me. Sorry.

And that -- as I mentioned, it depleted PPEs, and these residents were arriving to a place that they had never been before, they hadn't seen. They couldn't have a family member coming in with them. They were afraid. They were experiencing relocation trauma. They couldn't see the face of anyone who was looking after them.

And that increased the responsive behaviours that many people with dementia had. And we also agreed to take four extra licences, as we mentioned in the beginning.

And we had taken at that point 20 admissions since March 11th, the day the pandemic was declared, up until this time of April 16th. And we were very proactive that we had actively limited staff working in multiple sites. There was

a significant amount of legwork that was put into that. And we lost 33 PSWs right off the bat, and we lost dietary aides as well.

If you could scroll just a little bit more.

And the following discussion with each staff member, they were advised that they had to choose where they were going to work, and the following are recommendations for consideration. This is what we were putting forward, that the directive to work in one location, part of that directive must state that full-time position is a primary position, and the employee is required to work at the primary place of employment. We personally experienced full-time employees leaving Villa Colombo to work at their part-time position in other homes with higher wages.

So that takes us back to City of Toronto. Anyone who has part-time employees, we might have had them as a full-time employee, and they were part-time at a City of Toronto home, but they left the full-time position at Villa Colombo, went to the part-time position at the City of Toronto where they would get full-time hours at $6 more an hour. So we were losing not just part-time

and casual, we were losing our full-time employees that had jobs in other locations.

And all part-time employees should be given full-time hours. They should implement one wage for PSWs right across the province.

So it was lovely that they put in the $4 an hour increase for employees, but they needed to make wage parity right throughout the province and say every PSW is going to make 'x' amount of dollars because you can't compete with each other.

And that they needed to repeal Bill 124 because how did they expect health care workers to risk their lives daily for residents during a pandemic and limit wage increases for all to 1 percent for the next three years.

And that they need to implement some form of method of tracking employees and health care workers to enable employers at any time to easily identify risks during an outbreak, and it is always a concern, and staff are unfortunately not always forthcoming with information.

And that there needs to be the implementation of a mandatory PSW registry, so that we would know. If you terminate someone, a PSW, for example, they can go and get a job somewhere

else.

That they needed to address the CMI, that we can't be building budgets around CMIs that we don't know if they are going to increase or decrease. Your facility CMI might increase, but your funded CMI, based on the re-indexing, might come back lower. So I have always said it is like taking your money and going to Casino Rama and trying to figure out how you are going to budget for the following year.

And it is always a year behind, so it is based on the care needs of the residents last year, when you get your CMI this year.

I felt that infrared thermometers became our biggest challenge to get. Thermometers were the biggest problem to source anything, and that all requests for PPE should be through the Command Tables because homes were sourcing PPEs from everywhere.

I also felt that if you were going to use the military to do anything, they are the people who are experts in logistics. Let them do the procurement, the distribution, of PPEs provincially is what we should have been using the military for.

And inspectors from long-term care should have been re-deployed to homes to assist in some way, not just to be on telephone calls without ever having been in the home to understand what was happening.

And then of course we were also lobbying for assisted living, that the employees in assisted living would also have the wage increase.

COMMISSIONER FRANK MARROCCO (CHAIR):

Could I stop you for a second. Did you recommend paid sick leave? Did that come up in any of your recommendations?

TRACEY COMEAU: I don't think I put it in there. We were paying for sick leave, but definitely I didn't put that in writing that I can remember.

COMMISSIONER FRANK MARROCCO (CHAIR):

Do you think that that's important or not?

TRACEY COMEAU: Absolutely it is important, because I think what happens, you know, if people aren't feeling well, and they think they are not going to get paid, they will still come to work sometimes. And if you can pass screening, if you don't have a fever -- that is really the only

thing that you can prove one way or the other is if someone has a fever.

We also knew -- you know, we had a lot of people off with child care issues, so we had agreed to pay people for that while they were off until we could get them back to work.

The initial money that came, that first amount of money, $75,000 that came to all long-term care homes -- and I know it was something that happened very quickly, and we were very appreciative of the $75,000, but every home in Ontario got $75,000. So $75,000 for a 400-bed home and $75,000 for a 60-bed home was a windfall for one and nothing for the other. And going forward, that did change. It was based on per diem, so we were happy about that.

And because they needed to understand as well the additional overtime hours and the additional cost of agency, and the cost of agency was at a much higher premium than what it had been. So an RN, RPN, PSW, from a nursing agency, the prices were raised significantly, and they still are at this point. If you are in outbreak, it is an additional cost to get someone from an agency.

And consideration needed to be given to

wages of all frontline staff or bonuses for hazard pay. That came afterward as well. That is when the $4.00 an hour came in.

And I spoke about us being very proactive, being hypervigilant in the things that we had done ahead of time, and thanked him for the recommendations, and then unfortunately four days later we were also in outbreak.

LYNN MAHONEY: Okay. Thank you. Thanks, Kavi.

Okay. If I can take you back to your slide presentation, Tracey, if I could. I think we are probably finished on slide 7, and now you are moving on to slide 8.

COMMISSIONER JACK KITTS: Can I just ask a question of Tracey. I'm interested in your chain of command. You have lots of notes to the Premier. And I am just wondering, if we look at the Ministry of Long-Term Care, local Public Health, your local hospitals, you are an Ontario Health team, Ontario Health and even the Ministry of Health, can you comment or give me your opinion on how helpful any of those organizations were and which ones you went to and how --

TRACEY COMEAU: I did email everyone.

So as my emails ramped up throughout the outbreak, I started to include everybody into the emails. So it would go to Minister Fullerton's office, the Premier's office, the Minister of Health, Toronto Public Health, Ontario Health.

I never did receive any response from anyone other than the form letter that you receive, Thank you for your email. That is the only response that I did get.

As far as the Ontario Health team went, we had a very good and a very strong relationship with Humber River Hospital. I had Barb Collins available to us any time we needed her and her team. She was aware of what was happening there.

And of course, when hubs were created around the 17th of April, I think it was, we were assigned to Humber River anyway, along with eight other nursing homes, and we met with them twice a week on phone calls. They weren't worried about Villa Colombo. They knew what our leadership looked like. They knew what our staffing was like. They knew how prepared we were because we were at the table of the Health Team. So they didn't have to guess what was happening at Villa Colombo.

As time went on and we were in outbreak

and the numbers were rising, of course we were in these daily meetings with Central LHIN, Toronto Public Health, Humber River Hospital, and the Ministry, so we were having these daily meetings day in and day out.

Humber River was aware of our situation, and we were talking back and forth, and through those conversations, Barb Collins agreed to send us the team that she had had at Downsview, and they were now out of outbreak. So for the 1st of June, she was sending in two nurse practitioners and ten registered staff members that she had to come to our organization to help us, along with a manager.

So there was nothing formal. It was just an agreement between us because we had this partnership already and we had been working collaboratively for, you know, about 18 months, a good year, anyway, at that point, and we all knew each other. And her team arrived. And the registered staff -- not that they were there to do frontline work because we didn't require that. We had lots of staff through the agencies. And our daily staffing ratios were showing that we were running anywhere from 115 percent to 130 percent of

our staff, our pre-COVID numbers, from leadership through to frontline, so we were not short-staffed. But they were there to provide IPAC education, to enhance that education, to have -- I'll call them spotters on the floors. The ten staff were divided up. They were re-educating staff in the moment. They were doing audits of PPEs all day long, and assisting, being mentors and leaders for IPAC on the units.

And that was working quite well.

COMMISSIONER FRANK MARROCCO (CHAIR):

Did I understand you to say that you had -- your staff, you had more people --

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

-- during the pandemic than you had before the pandemic?

TRACEY COMEAU: Yes.

COMMISSIONER FRANK MARROCCO (CHAIR):

And why do you think that was?

TRACEY COMEAU: Well --

COMMISSIONER FRANK MARROCCO (CHAIR):

Because we have heard an awful lot about staffing shortages and 80 percent of the people didn't show up for work and so on, and I

don't mean to disparage that. But I am just curious why your experience was different.

TRACEY COMEAU: So, first of all, some of the people were working overtime. So when you say you are running at 115 percent, it is not perhaps that you have more people; it is that many of those frontline workers were working overtime.

We also have a large community services department. So because community services from the day programs were closed, and those are housed right on-site at Villa Colombo, we were able to re-deploy those PSWs and the recreation aides into our mix on the frontline at Villa Colombo, as well as the Supervisor -- the two Supervisors. They were also added into that mix to help out as well.

And we had secured -- we entered very early into a contract with a nursing agency and guaranteed full-time hours to the nurses that they would send to us, and we also reached out -- when we first went into outbreak on April 20th, around the 24th, we were starting to see some of what you spoke about where staff are scared. They don't want to go to work. So we reached out. I called Doris Grinspun directly and said, I need registered staff. She sent a broadcast email out, and within

an hour, I had about 15 applicants that called us, and we hired most of them.

LYNN MAHONEY: And Tracey -- sorry, I just want to clarify. When you said you had that agreement with the nursing agency -- and I think it is on your next slide -- it is correct that the agreement with the agency is that those -- the commitment was they would only work at Villa Colombo; is that right?

TRACEY COMEAU: Absolutely. We made them guarantee that they would only work with us, and that is why we provided them full-time hours to be doing that.

Some of the challenges -- I think one of the major challenges -- and I am going to let Marijane speak about it from an IPAC perspective, but again, some of those that we were seeing early on was loss of the caregiver support from families, cost of overtime and supplies that was running rampant, staff fears, closed day-cares, and all of the new admissions that we had taken, 22 admissions that we had taken in three and a half weeks, 22 new people we didn't even know, you don't even have time to put a full assessment in of the residents.

So, Marijane, if you would like to

speak about IPAC challenges that we were seeing from the time the pandemic was -- or the outbreak was declared.

MARIJANE HULIGANGA: Okay. Thank you, Tracey.

So Villa Colombo, when the pandemic was declared on March 11th, we had started doing our nasopharyngeal testing. We had been swabbing any resident with symptoms. So if a resident is residing on the Fusco Wing and has a roommate, we also swabbed the roommate.

So we had been testing even from before April 20th or April 21st, and knowing that we would use a lot of swabs because of this new directive, we already had enough, like, you know, swabs in-home, and there were 130 swabs that were available at Villa.

On April 20th, the first staff case was reported to us. It was a staff who had called in. She said that she had symptoms, and she was tested, and her result was positive.

So Villa, we were already organized and prepared to test all of the staff and residents at once. We had registered staff who were on-site at that time, and the requisitions were already

prepared and labelled.

Unfortunately, we only had 130 swabs that were available on-site, so we immediately placed a call to Toronto Public Health, one, to report that we do have a one positive staff case. So the requirement was that whether it is a one positive resident case or one positive staff case, we needed to notify and report, which I did.

When I had tried to reach out to Toronto Public Health, it went to voicemail. I actually reached out to one of our Toronto Public Health liaisons, because she is my go-to person all through the four years that I was the infection control person.

I didn't get to her. I was notified through voicemail that I had to send an email, so I did send an email. It was to lrct@toronto.ca, that was the email address that was provided, and this was done immediately. Unfortunately, there was no response. I tried to call again, and Tracey had been beside me when I had been sending these emails or calling Toronto Public Health to report so that they can, you know, provide us with the next steps immediately.

It took them 26 hours for them to

respond, so it was already the following day when we received a call from Toronto Public Health and an outbreak number was provided and that was also the time that an initial outbreak meeting was booked, so an initial outbreak management team meeting.

The Toronto Public Health liaison was over the phone, and the management staff for Villa Colombo were present so that we are able to assign and delegate responsibilities immediately. But it was more than a day already.

So Villa had started testing staff on the fifth floor, because that was where the positive staff case was working, and we used up our 130 swabs that were available. So we had approximately, what, now 94 residents for both sides, Fusco and Fidani Wing, and we had approximately 100 staff.

So we needed to prioritize the residents first, we tested them first, and all of the staff who were working during those shifts.

Our request for 700 more swabs was submitted to Toronto Public Health, and this was declined, stating that we had requested too many and that the swabs were not available. They had

agreed to send 100 more swabs, which we continued to use to test staff and residents working from the fifth floor.

Villa Colombo continued to lobby Toronto Public Health for more swabs. Eventually on April 22nd, 630 additional swabs were delivered and used to complete testing.

So I had reached out to Toronto Public Health as well and had asked, you know, you are sending us the swabs. Are you able to provide us with some resources, human resources, to assist us with testing our approximately now 500 staff and also our residents, and we have a lot of testing to do.

What they had said was no, they will send the swabs. It will be up to Villa Colombo to do and complete the testing, which we did.

And then of all the tested staff and residents, the results were nine staff and nine residents came back COVID-positive, and all of the 18 were asymptomatic.

LYNN MAHONEY: So, Marijane, can I just emphasize that. So you did all of this testing when you eventually got all of the swabs, and you got back the results, and all the people who were

positive were all asymptomatic?

MARIJANE HULIGANGA: That is correct, yes. All nine residents and all nine staff were all asymptomatic and so --

LYNN MAHONEY: And what was the guidance that was -- the testing guidance that was coming out around this time, if any of you know? I believe it was that testing was only to be done on symptomatic?

MARIJANE HULIGANGA: That's correct. So it was only supposed to be done for symptomatic residents, or symptomatic staff should be excluded from work immediately and should be advised to get tested.

So at this point in time, us nurses -- and I know Tracey and I had several conversations about prevalence testing, because for us, it was important to know who was COVID-positive so that we can immediately put interventions in place.

So as a leadership team, it was decided that, you know, we had tested all of our staff and residents in a span of one week based on the availability of swabs that were provided to us and based on the information that were provided to us by Public Health.

And during that time, we were already notified that the incubation period would be between five to fourteen days or about two weeks. So for this one positive staff case or if there was a positive resident, the viral shedding already had happened, and the infection probably already had happened without us knowing because we were unable to test immediately.

So as all positive cases were asymptomatic, we felt that it was important to identify all asymptomatic cases and remove from home areas to an isolation area. So at Villa Colombo, we were fortunate that we have an area in our ground floor which became our COVID unit, and on that isolation area or the COVID unit, you know, we had approximately 22 -- we were able to accommodate 22 residents.

So this was looking at information as well as what Tracey had shared earlier from Washington State long-term care outbreak that found 50 percent of all positive residents were also asymptomatic.

So the concern was many residents experienced wandering behaviour, and especially because our fifth floor is our Alzheimer's Unit

where there is severe dementia, wandering behaviours, exit-seeking, and although there was an attempt to keep all residents in isolation, there was not sufficient staff -- or not enough staff to ensure that they remain in their rooms, or if in their rooms, that these residents did not touch their roommates. And the Fusco Wings, as we know, are the areas where there is shared accommodation, so two residents per room.

It was impossible then with the staffing levels, where our staff are doing overtime, or if we do get our staff who are coming in from an agency, we do book one-to-one care for our wandering residents.

All positive residents then were relocated to that isolation area that we had called our COVID unit on the ground floor, and they have dedicated staff. So the COVID unit was led by our Clinical Educator, who was also leading our palliative care team at that time, and she did have a group of dedicated staff from RNs, RPNs, and PSWs who took care of our COVID-positive residents.

We were meeting daily with Toronto Public Health after that, Humber Hospital, the Central LHIN, and also the Ministry of Health, so

they were advised, and they were notified of what was going on inside at Villa Colombo.

We were advised prevalence testing could not be done weekly on staff or residents because of a shortage of swabs and continued emails to the Premier, as Tracey had shared, the Central LHIN, the Minister of Long-Term Care, and the Ministry of Health requesting testing.

And on Sunday, May 17th, an urgent email was sent to Toronto Public Health, as well as the Ministry of Long-Term Care, and Tracey's email was also sent to Premier Ford, the Ministry of Health, to advise of rapid spread of disease. So this was already mid-May. We had seen that Villa Colombo Toronto had, you know, predicted that -- this spread on the dementia unit due to the inability to identify asymptomatic residents and isolate them immediately, as we could not do weekly testing. So 45 minutes later, 600 swabs arrived through our front doors. I remember that day when Tracey and I saw the box of 600 swabs arriving.

And we were able to swab the whole building again, and this was already the beginning of a major outbreak that affected most of our Fusco Wings and --

LYNN MAHONEY: Marijane, can I just ask you, though, but the guidance at the time or the direction at the time was only test symptomatic.

MARIJANE HULIGANGA: That is correct. We did receive that guidance, and even Toronto Public Health did tell us to test only symptomatic residents and their roommates.

Unfortunately, though, because knowing what we were seeing and what we understand from COVID-19 and the infection that was happening in other areas or other long-term care homes that were on outbreak, we felt that we needed to test weekly. We knew --

LYNN MAHONEY: Because of what you saw and that you saw that there was -- there -- lots of asymptomatic people were testing positive?

MARIJANE HULIGANGA: That is correct, and the spread was fast, that even though people were not showing symptoms, when we were testing, we were seeing more positives coming back.

LYNN MAHONEY: Right, and you are telling -- through emails, you are telling the Minister of Long-Term Care, Premier Ford, and the Ministry of Health, you are telling them that you are seeing that there is, you know, asymptomatic

spread, and you need swabs, and that is why you are asking for the swabs?

MARIJANE HULIGANGA: Yes, that was the reason why we needed to do weekly prevalence testing because we were seeing a lot of asymptomatic positives.

LYNN MAHONEY: Okay. Thank you.

COMMISSIONER FRANK MARROCCO (CHAIR):

When did it change in terms of testing only symptomatic people?

MARIJANE HULIGANGA: I could not really remember, Commissioner, when the change had happened because even our Medical Director also was -- you know, had the same conversation with us and advised the same, you know, intervention, that if we were going to continue with prevalence testing, we will be able to catch asymptomatic positives, we will be able to isolate them, and do, you know, the proper interventions.

After the rise --

COMMISSIONER FRANK MARROCCO (CHAIR):

I understand that. I am asking you in terms of the directives that you received from Public Health, when did the directive to test only symptomatic people, can you help me with

approximately when that changed?

MARIJANE HULIGANGA: I believe it was already June, Commissioner, when we were seeing this rapid spread, that it seemed like they had stopped questioning our requests for hundreds of swabs, because we were able to prove that yes, there were a lot of asymptomatic positives, but at that point in time, our COVID unit on the ground floor, we were not able to accommodate our residents anymore because our positives went beyond 22.

So the rising number surpassed the capacity of that COVID area, our isolation room, and we work with Toronto Public Health now using floor plans to cohort. So we had started creating isolation wings, and then it became isolation floors.

So I wanted actually to also mention in bold letters here at the bottom of this page where it says:

"Test results had varied arrivals in reporting [...]"

And it is true what Tracey had said, that we would -- you know, at night we would listen to the fax machine or even during daytime we would

hear the fax machine go. There are times that test results came back four days later, five days later, or seven days later, and some of the results we actually never saw. We had to call Public Health lab to locate those results if we were able to identify who those residents were.

So it was a challenge because if we were able to identify a particular resident, a symptomatic positive, we were able to isolate them immediately, but having a result of five days later or seven days later, the spread already happened. The viral shredding already happened. We were unable to place them on droplet contact isolation because we did not have that information.

So when we started doing isolation wings or isolation units, when Tracey had talked about burn rate of PPE, especially the gowns, that was also the time that we were using up so many gowns already, because when we had created a fifth floor -- for example, fifth Fusco became our first isolation unit, that is already 70 residents up there or 70 -- yeah, 70 beds, that when a staff would go in, they have to don and doff, or they have to change their gown before they go in, and they have to leave -- you know, remove that gown,

remove those gloves after they go -- before they go to the next room.

So our test results were really coming in late. The test results, as what Tracey had said, each fax was with a cover page. So if we were expecting 600 results, that is 1200 pages that we would go through. We had to sort them out. We had to identify where they are coming from, whether they are staff or resident, because we did the testing ourselves in-house at Villa Colombo. We tested our residents, and we tested our staff.

So unfortunately, in total, between April 21st to August the 7th, we had 173 residents who tested positive, and we had lost 33 of them because of COVID-19, and 67 staff tested positive between April 21st to August 7th as well, and all except three of the first cases were in Fusco Wing. So when Tracey had shared that the Fuscos are where we had the west wing and the south wing, that is our Fusco building.

LYNN MAHONEY: Thank you. And I think maybe we can -- I know that there is a couple of charts on the next page, and maybe we can just move on, Tracey, if that works, to slide 14, the government response.

TRACEY COMEAU: Yes, and we'll let MaryLynn Pride speak to this.

MARYLYNN PRIDE: Thank you, Tracey. I think Tracey has touched on quite a bit of this in her --

LYNN MAHONEY: Thank you, yes.

MARYLYNN PRIDE: -- speech. I think for us from the government perspective -- and I will touch specifically with the testing. Myself and Marijane, as well as the other Nursing Directors, I sat down with them from a risk management perspective and looked at the risk that was involved not just for the organization but for the staff and for the residents with the testing challenges that we had and did a risk assessment where of course our risk ran high to critical on all three, and that was part of that piece that we provided to the Ministry as well.

I mean, at the end of the day, we knew -- we knew going in prior to COVID -- and Tracey has touched base with it, that it did shine a spotlight on long-term care, and it challenges -- and underlined the challenges that the frontline staff, management, and physicians not only at Villa Colombo but throughout long-term care were facing.

We knew that we had -- we were keeping an eye to what was happening globally and -- with our Procurement Supervisor and with our Nurse Educator, and going back to the Ministry in a lot of these aspects as to what was happening.

We tended to see a redundancy in systems. You know, we were having meetings with the hospital and other long-term care homes, and the LHIN, with Public Health, on a biweekly -- on a twice a week basis, and then daily meetings, and we were getting a lot of information, a lot of conflicting information, from a lot of different sources.

I think that added to, you know, the fear for the staff because a lot of this information was coming very quickly and a lot of it was coming -- different information coming from different sources.

One of the things that really struck me was even though we were having a lot of these meetings, there was still a lack of communication, you know, in terms of we were not aware of this colour-coded alert system that the government had put in place until we reached the red zone and that is when we were notified of that.

So that --

LYNN MAHONEY: MaryLynn, what happened, because we have heard those, and we have seen those documents. So this was the survey, I believe, that each of the homes had to fill in, had to do a self-assessment of?

MARYLYNN PRIDE: Uhm-hmm.

LYNN MAHONEY: And you ranked yourselves sort of red, yellow, or green based on different factors, and then that was reported up, I believe, to -- through the LHIN to Ontario Health, is that right?

MARYLYNN PRIDE: Yes, that's correct, and, you know -- so it was looking at that aspect, but interestingly, we didn't meet those criteria. I mean, the criteria were, you know, less than 75 percent staff ratio, less than three days' supply of PPEs, and management covering frontline work.

So those criteria were put in place, and then we were notified of this alerting system but not having -- not meeting the criteria.

So again, we weren't even sure -- we did do the survey. We provided the information. We did have a high disease spread within the home, but we didn't meet the other criteria. So it put

us in the red because of the disease spread and not meeting the other criteria that was part of the survey.

LYNN MAHONEY: And did you receive -- and this is a question that is still a bit unclear in our minds. What was the result of all of this? This information was rolled up. Your response to the survey was rolled up through the LHIN, I guess, to the Ontario Health -- the Toronto Region would it have been?

MARYLYNN PRIDE: Uhm-hmm.

LYNN MAHONEY: And what happened? Was there any outreach, or did something -- did it trigger something happening, the fact that you were --

MARYLYNN PRIDE: So it -- yes. So we did have the IPAC team that came in from Humber to look at the -- you know, to do an assessment. I guess you could call them the SWOT team to do an assessment.

So they were not IPAC. They were from other departments. So we had the NLOT and GMOT team that came in. So in terms of that, that I think was -- and Tracey could probably provide even more information, that was the beginning of when

the hospitals started to make that determination that they were going to be coming in and supporting us when we reached that red zone. And, Tracey, am I correct in saying that?

TRACEY COMEAU: Yes. I think it is important to remember that there is two different things that occurred at Villa Colombo.

One, we were invited them to come and help us. We asked them for their assistance to come and help us. It wasn't until July that there was a formal voluntary management contract or Voluntary Management Agreement put in place with Humber River. That happened in July. But from June 1st, we had asked Humber River to come and assist us.

Prior to that, they had sent out their SWOT team, and I think that came from the hubs after they were formed. They were going to homes and doing baseline assessments of IPAC, and they didn't have any findings or very minimal findings when they did the assessment for us. Isn't that correct, Marijane?

MARIJANE HULIGANGA: Yes, that's correct, Tracey, and they did send reports of those assessments.

TRACEY COMEAU: Yes, and another point that is very important is that although the Ministry was on those calls every single day, the numbers that were on the website were not accurate. We would look at the website ourself because of course what you tend to do is look to see what other homes are in outbreak and how your colleagues are doing.

And when we were at the number 10, it still said 10 for quite some time. By then, we had already reached our crisis in mid-May, and we were up to around 60 cases. And I actually said -- I contacted the Ministry and said the numbers are not right on the website. So they adjusted the numbers that night, and it went from 10 to about 70. So of course this caused great alarm with people because they thought we went from 10 cases to 70 from April to May. It looked like it happened overnight, but it happened over a period of a few weeks. And that triggered the response of the CEO of Central LHIN or Ontario Health, Donna Cripps, to write an email to the organization saying that she was very concerned about the spread and what could they do to help.

But she didn't actually send it to me.

She sent it to the CEO of Villa Charities, who is the parent organization of Villa Colombo and not a licensed health service provider.

So that triggered a chain of events throughout various boards, because there is five affiliate boards, to the point at which we were identified by the CEO of Villa Charities as being the epicenter of the outbreak in Ontario, which was very alarming to us and to other people.

So that also triggered a board meeting, and Barb Collins on June 10th agreed to attend our board meeting to speak to the affiliate organizations to say, you know, we are already here. We are working with them. We are tight partners. We are providing ten staff. We are providing nurse practitioners. Everything is working as it should be. We are here to assist this organization, to curtail the spread of disease in this home.

So it is not that we were wayward children without asking for help. We had definitely asked Humber River for help, and they definitely were providing the help to us at that time.

COMMISSIONER FRANK MARROCCO (CHAIR):

But in fact, nothing had changed, if I understand you correctly. All that happened was that the numbers that were wrong --

TRACEY COMEAU: That were wrong.

COMMISSIONER FRANK MARROCCO (CHAIR): Not corrected.

TRACEY COMEAU: No, that's right, and we were continuing to rise, but it went from 10 to this astronomical number because they hadn't been updating it regularly.

COMMISSIONER FRANK MARROCCO (CHAIR): Yes. You would think, if you just saw those numbers, that there was something serious going on here.

TRACEY COMEAU: Yes, that's right. Sorry, MaryLynn.

COMMISSIONER FRANK MARROCCO (CHAIR): Well, it was serious. I didn't mean that it wasn't serious, but, you know, your cases increased by 600 percent in one day, that would scare everybody.

TRACEY COMEAU: Yes, exactly. So, MaryLynn, I'll let you continue. Sorry. Communications I think you were at.

MARYLYNN PRIDE: Yes. So, you know,

one of the things I think what we saw was, again, a lot of information coming from a lot of different sources, conflicting information, and that was one of the things -- when I did a risk assessment on the testing, one of the things I noted was that, you know, different Ministry directives had different information regarding testing. So it left a lot up to the discretion of individual homes.

I mean, I think for us here at Villa, we were very fortunate in the fact that we have a very strong IPAC with Marijane, an RN, with Tracey as an RN. Myself, I am not a nurse, but my background was laboratory, so I was able to, you know, look at it from a different perspective and make those decisions that we needed to err on the side of caution. And as much as we would take into consideration the directives of the Ministry, we really needed to be more proactive in getting the testing done and the same applied for staffing levels. We needed to ensure we had the staffing complement to ensure that our residents were getting the hands-on care that they needed immediately.

So when we look to those directives and

just that, you know, a different home is taking the perspective, depending upon how the interpretation of the directives were. Again, you know, a directive needs to be more succinct, so that all the homes are following the same practices, that we are being able to provide that information and provide the proper -- the direction to the frontline staff, because if you can imagine, if the managers were confused, the frontline staff were going to be confused in terms of what was happening, what their support -- what supports that they were getting as the frontline.

You know, even to having our -- and I don't think Marijane had mentioned this, but even to having our Public Health person that Marijane has worked with, her contact for years, being re-assigned, and Public Health providing us with another person who didn't have long-term care experience, that was a risk in itself as well because it came down to that they were supporting us, but at often times we were needing and Marijane was needing to support them and to understand the long-term care sector, to understand just, you know, the living -- of communicable living within long-term care.

So that was another concern that we had and that communication piece back to Public Health in terms of those types of things.

LYNN MAHONEY: So MaryLynn and team, I think, sort of given the time, I want to move through, if we can, for the Commissioners -- and I want to make sure that we hear from Julie Perl regarding the family and resident impact.

The next several slides, Commissioners, deal with the chronology of Villa Colombo entering into a voluntary -- as Tracey has indicated, Humber River was -- she had asked them to come in and to assist in June, which they did, and there was a good relationship.

And then things changed in July, and it seems to have changed, Tracey -- based on the chronology that you have set out, it seems to have changed based on the assessments that were done and the colour coding and the SWOT teams coming in. Humber is in a voluntary management capacity with Villa Colombo; is that correct?

TRACEY COMEAU: Yes. Originally, it was just a voluntary agreement between us.

LYNN MAHONEY: Right.

TRACEY COMEAU: On July 10th, after

them having been there for six weeks, I received a call from the CEO of Humber River, Barb Collins, at 3 o'clock in the afternoon, and she had informed me that the Ministry was pushing for an MMO.

LYNN MAHONEY: Mandatory Management Order.

TRACEY COMEAU: Mandatory Management Order. Our numbers had dropped down to -- I think it was about eight, and we thought we were going to be out of outbreak very soon, and the day before, I think it was around July 8th or 9th, we had done prevalence testing again, and we had 17 new positive cases that we hadn't had before on the floor -- home area that we hadn't had them before.

I received a call from Barb the next day in the afternoon saying that the Ministry is pushing for an MMO, and I had questioned why now and not when we had 90 or 100 cases, but we have 17 cases, plus the eight that were ready to be resolved.

And she said that I -- she recommended that it be a voluntary agreement instead of a mandatory agreement and that they needed an answer that afternoon and that she would tell them that I was on leave and that I should leave the home,

because if I stayed and an agreement was put in place, I would be terminated, and she said that is what had happened at Downsview.

And she suggested that I go on a leave, and I left the building on July 10th, and I have never been back since.

I was never contacted again except by the Board Chair to see how I was. I'm not sure what the conversation was and what happened at that point.

LYNN MAHONEY: Okay.

TRACEY COMEAU: And ultimately, I don't work there anymore, but Julie will talk to what happened after that. It is significant to note, though, I think it is important to know that -- and I can't speak to what happened after the hospital entered into that voluntary agreement, but seven days later, the Ministry released a press release saying that the hospital had enacted a mandatory -- the hospital had gone into a Mandatory Management Order, which was not the case. It was a Voluntary Management Agreement.

The Board did meet with the Ministry after that and asked them to retract the wrong press release that went out, and my understanding

is they apologized for it but did not change that. They left it to state -- and, you know, MaryLynn and Marijane can speak to what happened after that.

But it is significant as well to know that it was July 10th when I was told that the Ministry is pushing for a mandatory order, and when they did replace me with an interim ED, he advised Family Council, which Julie will tell you that he was asked on July 8th to take on the contract of Villa Colombo, so that was two days prior to that conversation.

LYNN MAHONEY: Okay. So just to clarify, there was a Voluntary Management Order, and was there a Mandatory Management Order?

TRACEY COMEAU: I have no idea what happened after I left. I was advised that it was a Voluntary Management Agreement.

LYNN MAHONEY: Right.

TRACEY COMEAU: The Ministry released a press release saying that it was a Mandatory Management Agreement, and I believe that the employees were told that it was voluntary.

LYNN MAHONEY: Okay. Thank you.

TRACEY COMEAU: I don't know if you want to skip to Julie, and then you can come back

to me to talk about what happened.

LYNN MAHONEY: Yes, please. So, Julie, if we could ask you to speak relating to the family and the resident impacts, that would be very helpful.

JULIE PERL: Absolutely. Thank you, and thank you for allowing me to speak. I feel it is very important to hear on behalf of all families and residents who don't have families that our voices are heard with the Commission.

So back when the outbreak first occurred or the pandemic back in March, all the families were locked out. It caused an incredible amount of trauma suddenly where families were cut off from their loved ones and their loved ones were not sure what was going on.

They didn't understand it. They didn't understand what was going on. A lot of them either had severe dementia or Alzheimer's. Many of them are either bedridden or in wheelchairs, some blind, hard of hearing, and they didn't understand. They were frustrated. Their behaviours changed. They didn't want to eat. A lot of them were fed by their loved ones or were bringing home food from their son or daughter or granddaughter or grandson.

There was -- after a number of cries and complaints and emails and advocating that our families be let in, we were allowed one member -- one essential caregiver or visitor to the home.

I myself personally was allowed back in after about six months. My mother had been in her room in isolation from April the 10th to mid-August, and I could see the deterioration in her. You know, she was already deteriorating, being a 96 year old, but when I did come and see her, she had lost weight. She had lost interest, had a really hard time grabbing words. Her vocabulary had diminished unbelievably.

It was separation anxiety. They were in solitude. Even though staff were there and were lovingly caring for our family members, it was unbelievable to see the change in all the residents when we were finally allowed back into the homes after the Directive No. 3 that allowed essential caregivers and visitors back into the home.

There were a number of residents that were missing on my mother's floor because they had unfortunately died of natural causes, not COVID, thankfully.

We were unable to see what was going on

in the homes until we were able to go back in. So we went on the trust and hope from Tracey and her management team that all of our loved ones were being looked after and taken care of.

Tracey was constantly sending photos of what they had done at Villa in terms of the COVID unit, the entry and exit areas and doors, you know, the activation staff in conducting activation programs with the residents.

We couldn't understand what was going on until we physically got back into the homes. So there is one thing about having friends or the staff looking after you, but it is something else having your actual family there. Being Italian, family is one of the most important things in someone's life, especially when they are older in age. That is all they have left. Most of their possessions are in one room or half a room if they are sharing a room, and what they have left is their families, their children, their grandchildren, their great grandchildren. They are not able to see their friends. They are not able to see their families.

As it is now, my mother is one of the lucky few who has two essential visitors and

caregivers that are able to go in. There is four of us in our family, but only myself and one other sibling are allowed in.

It is a shame that all of our residents have to go through this during the beginning of the pandemic and that it continues. We are still fighting. I am constantly sending emails and advocating for all the staff. Our Family Council is a very passionate Family Council.

LYNN MAHONEY: Julie, on that note, maybe I can ask -- and I don't know that I have to turn it up, but we have an email from you on October 9th, 2020, and you wrote to various recipients, including Minister Fullerton, and you are talking to the Minister, and, Commissioners, I'm happy to turn it up if you want, but Tracey -- sorry, Julie, I don't know if you recall writing this email where you are talking about the time it is taking to get the results of the COVID testing back, and you say many of the essential visitors/caregivers are waiting anywhere from between five to seven days for results. And you refer to that as they excruciatingly wait five to seven days for results.

Do you remember writing that email to

the Minister?

JULIE PERL: Absolutely. I have written many emails. I actually have them almost on speed dial in a send button. I do remember that.

The reason why I asked the Minister to look into the results and why it took so long is because we would be able to go in one day, having tested negative, and then by the time we got tested again -- and it was about every two weeks back then -- we would have to wait five to seven days.

So with two caregivers, we were able to almost get in our visits. We had to sort of coordinate between myself and my sister on testing so that we could get our results back.

I found one hospital that was able to get results back a little quicker, so I used to travel downtown to Mount Sinai to get my COVID tests done so that I could get them back in a reasonable amount of time.

LYNN MAHONEY: So in October, just this past fall, so sort of, you know, just at the beginning of the second wave, you are still experiencing these excruciating wait times of five to seven days?

JULIE PERL: Yes. My sister does as well. So there will be two or three days that my mother goes without a visitor. In her deteriorated state, her being blind, in a wheelchair, going one day without a family member physically there has caused so much deterioration and damage to her soul, to her feelings. She -- I mean, I was even there yesterday, and she just looked so -- like she wanted to give up.

And I honestly feel that there are a lot of residents there that just gave up because they couldn't see their loved ones. My mother's neighbour across the hall was a beautiful woman. Sadly, she passed away -- not from COVID -- last year in June. She was 109, and she was still so vibrant and still talked about her life growing up in Milan with her husband and being a nurse in her younger years.

All of our residents had full lives. They weren't born old. A difference of six months in a senior's life -- anyone who is -- at this point I am going to say over the age of 60, anyone who goes six months and then sees somebody else -- I always bring it to the analogy, if you look at a newborn and then look at a newborn six months

later, there is a big difference. When you look at a senior -- my mother who is 97 now, you look at her in six months, you are going to see a big difference.

So all the families were shocked -- or most of the families that are able to go in now are shocked at what they see. Being locked out should never have happened. It should never, ever, ever happen again. The government made a mistake. It was clearly not the families that were bringing in the virus. It was unfortunately staff, the way the virus spread and spread so quickly.

I look at the Fusco building. It caused an alarm bell to go off, and we asked for an air assessment to be done in the Fusco building. And it was just as Tracey was going on her leave, quote/unquote, and I was actually on the phone with Tracey when she was just waiting -- I think Barb was on hold for her, so I was on the phone with her on that Friday afternoon setting up a meeting on the Sunday so that we could talk about the air assessment, that Family Council wanted one conducted.

So when we had the meeting on the Sunday with Family Council and management, Tracey

wasn't there. I just found it really odd that she wasn't there. On the Monday, we had the Zoom meeting, a regular weekly Zoom meeting. That is where Barb Collins was there as one of the speakers, and Daniela, who is the Assistant Executive Director, chaired the meeting, and I just had a pit in my stomach. I worked in human resources for many years, that was my past career, and I knew that something was wrong. Tracey would not abandon the home and go on a leave. She was a true champion. I would call her the gold standard for Executive Director in long-term care homes. She was always proactive. She is knowledgeable in what she talks about. She is a strong advocate for all residents and their families in long-term care.

It brought about frustration and the fear of the unknown with the sudden change in management. Ruben Rodriguez came in. Our first Family Council meeting with him --

LYNN MAHONEY: He was the Interim CEO -- Interim ED?

JULIE PERL: He was yes, Interim Executive Director. He boasted about what he did at Downsview long-term care and how he terminated all the management staff and hired his own staff.

He did his own hiring of staff there. I didn't feel comfortable with his relationship and his rapport with Family Council.

There was one Family Council meeting where I had invited the Chair of the Board of Governors to the meeting because we wanted to discuss the lack of leadership or permanent leader in the home, and the Chair of the Board of Governors did not show up but rather called Ruben that morning, and they discussed whatever issues but was not present at the meeting in the afternoon.

It was our meeting, Family Council. I Chaired the meetings. And I had asked respectfully that Ruben bring back the calls to me. If there are any invitees not able to attend, that they should be directed to me.

He was taken aback. He was offended. He says, Don't tell me what to do. He was -- our relationship with the management team at Villa Colombo Toronto went from an interest-based relationship to an adversarial base. It was -- any time I would ask a question, I never felt comfortable calling or picking up the phone. Any time I had a question, I had to put things in

writing, in email, to cover my own words.

He kept saying, You are putting words in my mouth, and I said, No, I am not. All he did was talk about that he hadn't had lunch that day, or that it was 6 o'clock, and he was ready to go home and have dinner, and I am thinking, we have got residents that haven't seen their families in over six, seven months, and he is talking about the meals that he may have missed.

I just found it was almost a slap in the face to our families, more importantly our residents, about his attitude.

LYNN MAHONEY: Julie, can I ask you what the status is at the home today in terms of outbreak and how things are right now?

JULIE PERL: So that is a good question, Lynn. So he was the first Acting Executive Director. After he left, Extendicare brought in one of their staff, Brad Hall, who was the Acting Executive Director for a period of two weeks. I was never able to have a conversation with him. We tried to set something up, but it didn't happen.

After Brad left that role, Extendicare brought in another Executive Director, an Interim

Executive Director, Josee Goulet-Kack. I had an in-person meeting with her when I was in the home one day, and she seemed nice enough, had never worked in long-term care before, was the National Director of Quality and Risk. So I wasn't quite sure how she would feel about dealing with residents and their families around necessities of the home and advocating for us.

She thought she was going to be there for a two-week period, and it ended up being quite longer than that. And I could see that through her voicemail that never changed from Ruben's name and her email saying that she was out of office helping or assisting another home. It didn't show that she was committed to the home, and as my mother living now at 42 Playfair, that is her residential address. That is where she lives. Since Tracey left, it went from being a home to an institution. It didn't feel like -- you know, you didn't have the residents and their families having an espresso in the piazza area beside the fountain. It didn't feel like -- you know, they would have a small picnic in the gardens in the summertime when the weather was beautiful.

You know, we had lost so many people

there. Tracey was gone. Family Council was being lied to. I had a call in to Joe Fusco, who was the Chair of the Board of Governors, and Barb Collins. He invited Barb Collins to the call, and she just reiterated the exact same thing that she talked about in the Zoom meeting when she reported that Tracey was on a leave of absence, a very well deserved R and R. Tracey would never abandon her family at Villa.

Since Tracey left or was terminated -- and I still find that hard to believe -- there is very little communication from management. There has been a number of staff leaving. Marijane, we are going to miss her expertise and knowledge and her warmth, her personality. We are going to miss her. We are going to miss MaryLynn. She is also very well respected and loved by all the residents and families.

We had -- the Clinical Educator was terminated. We had -- we were down to one social worker in the home for 395 residents. She was on a leave for awhile, so we had no social workers. It still feels like an institution now. It feels like a hospital setting. Frontline staff are unbelievable, but dealing with management, the

Executive Directors that they had in place was -- I had never had that type of experience.

LYNN MAHONEY: Thank you, Julie. I appreciate your comments, and I think you have discussed the issues and given a very clear picture to the Commissioners about your experience and the experience of your mother during this.

I am very conscious of the time, everybody, and I think we have explored or touched on a lot of the issues. I do know, Tracey, that you have recommendations, and these recommendations as well, now that we have them on the slide before the Commissioners, we also have them contained, and you were very good to make a very, very detailed submission on behalf of your team to the Commission, which was very helpful to us in preparing for today as well.

So I am wondering, Tracey, if there is anything sort of that you want to highlight for the Commissioners in terms of the recommendations and then if the Commissioners have any sort of final questions for you.

JULIE PERL: Sorry, Lynn, before we go on to Tracey -- sorry, Tracey -- I just wanted to make one last note. The first meeting that we had

with Ruben, he told us what his mandate was from Humber River Hospital. One was to get the home out of outbreak. The home was going to be out of outbreak just based on the time.

And the other mandate he had was to reduce costs. I went on record, and I said, In the middle of a pandemic? I said, The whole world is over-budget and are incurring extra costs. And he terminated contracts of a number of staff that were working there, and those people are now long gone because they were good staff, and we are now having issues trying to recruit additional staff.

So I forgot to mention that as well, but I do want that.

LYNN MAHONEY: Thank you. Thank you very much for adding that.

JULIE PERL: Thank you.

LYNN MAHONEY: So, Tracey, over to you to highlight some recommendations, and then if the Commissioners have any other questions for you.

TRACEY COMEAU: Great. Thank you, Lynn.

Certainly the recommendations that I have put forward before the Commission are not recommendations that you probably haven't heard

already from numerous people who have presented before the Commission, and certainly from the Registered Nursing Association of Ontario, we strongly lobby for the RNAO basic care guarantee staffing formula, to have no less than four hours of direct nursing care per resident day.

And we know that the Ministry themselves have also, from their staffing strategy, identified four hours of care.

I think what is very important, though, is that it is not just four hours of care. It is four hours of specific care that has to take place. As we mentioned earlier, the rising level of acuity of residents who are being admitted to long-term care, it is not just having more PSWs. You must have more PSWs to provide that direct care, but you also must have a good skill mix. You have to have a specific amount of Registered Nurses and Registered Practical Nurses to provide the assessments and the treatments and the ongoing leadership as well that is also -- and supervision that is needed in long-term care.

And long-term care can't just be dependent on hospitals, and it can't become a hospital. So as wonderful as it is to be part of

Ontario Health Teams, I was really hoping to see, from an Ontario Health team, that they would be there to augment and enhance leadership and enhance policies and provide back office to take the savings of that and put it back toward direct care on the frontline.

So it is important to understand that nursing homes are not factories, and the people who work in them are not factory workers, and the people who live there are not widgets. These are people with, as Julie said, a lived experience in their life, and the people who care for them are experts in what they do. We need to ensure that PSWs have the appropriate level of education that they need, and we need to make sure that we are putting registered staff in there as well to care for them. We need to treat long-term care like the area of expertise that it is and enable it to be self-sustainable.

We can partner with hospitals, but it is not a hospital. It is not an institution. It is somebody's home. And all of us that enter the doors of a long-term care are going to work where people live. It is important to always remember that. That is their home.

I do strongly recommend that there be some sort of wage parity throughout long-term care for PSWs as well to remove the competition that exists between nursing homes.

LYNN MAHONEY: Commissioners?

COMMISSIONER FRANK MARROCCO (CHAIR): Yes. I just had one question before we end. Ms. Perl, I was curious, your views, the views that you were giving us, that is the views of the Residents' Council?

JULIE PERL: My views are from the Family Council.

COMMISSIONER FRANK MARROCCO (CHAIR): From the Family Council. I'm sorry.

JULIE PERL: Yes. Unfortunately, the Residents' Council, the Chair --

COMMISSIONER FRANK MARROCCO (CHAIR): No, no, I misspoke. I wanted to understand that you were representing -- those were representative views of the Family Council?

JULIE PERL: The Family Council.

COMMISSIONER FRANK MARROCCO (CHAIR): I just misspoke when I said Residents' Council.

JULIE PERL: Yes, families.

COMMISSIONER FRANK MARROCCO (CHAIR):

Thank you.

JULIE PERL: You are welcome.

LYNN MAHONEY: Well, I don't have any other questions, and Commissioner Kitts or Commissioner Coke, I don't know if you do.

COMMISSIONER ANGELA COKE: No, that was very thorough. Thank you.

COMMISSIONER JACK KITTS: Yes. No, I don't have any further questions. Thank you.

LYNN MAHONEY: So I would like to thank all of you very much for the time that you have taken with the Commission, many hours with me, so thank you for your patience and thank you for sharing your thoughts and your experience with the Commissioners. It has been very valuable. So thank you very much.

COMMISSIONER FRANK MARROCCO (CHAIR):

Well, on behalf of us all, let me -- on behalf of the Commission, thank you. It is very important for us to get the views of people who are actually caring for residents.

As you can well understand, there is a difference between what is written on paper and what happens in reality, and you have given us a very thorough reality check, and thank you very

much for that. You have given us a great deal to think about.

So thanks for the time and thanks for the obvious effort that went into the presentation. And if there is something that you -- that despite the thoroughness of this presentation you feel you should have told us, then please contact Ms. Mahoney, and she'll make sure that it gets in front of us.

TRACEY COMEAU: Thank you very much. And thank you to all the Commissioners for allowing us this opportunity to present today. Thank you.

COMMISSIONER JACK KITTS: Thank you.

COMMISSIONER ANGELA COKE: Thank you.

LYNN MAHONEY: Thanks, everybody. Bye-bye.

-- Adjourned at 4:34 p.m.

REPORTER'S CERTIFICATE

I, DEANA SANTEDICOLA, RPR, CRR, CSR, Certified Shorthand Reporter, certify:

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

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

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

Dated this 14th day of January, 2021.

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