

LTC Commission

Briefing Regarding Staffing and Funding
on Thursday, September 24, 2020



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

neesonsreporting.com | 416.413.7755

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

MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 24th day of September, 2020,
9:00 a.m. to 10:15 a.m.

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead

4 Commissioner;

5 Angela Coke, Commissioner;

6 Dr. Jack Kitts, Commissioner.

7

8 PRESENTERS:

9

10 Janet Hope, Assistant Deputy Minister, Policy

11 Division, MLTC;

12 Abby Dwosh, Director, Funding and Programs Branch,

13 Ministry of Long-Term Care;

14 Ifeolu Ogunyankin, Manager, Funding Policies and

15 Procedures Unit, Funding and Programs Branch,

16 Ministry of Long-Term Care.

17

18 PARTICIPANTS:

19

20 Alison Drummond, Assistant Deputy Minister,

21 Long-Term Care Commission Secretariat;

22 John Callaghan, Counsel, Long-Term Care Commission

23 Secretariat;

24 Derek Lett, Policy Director, Long-Term Care

25 Commission Secretariat;

1 Amy Leamen, Counsel, Legal Services Branch for the
2 Ministries of Health and Long-Term Care;
3 Judith Parker, Counsel, Legal Services Branch for
4 the Ministries of Health and Long-Term Care;
5 Roopa Mann, Counsel, Crown Law Office, Civil;
6 Lynn Mahoney, Counsel to the Ministry of Health and
7 Long-Term Care.

8

9 ALSO PRESENT:

10

11 McKaya McDonald, Stenographer/Transcriptionist.

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 -- Upon commencing at 9:00 a.m.

2

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Good morning, everybody.

5 COMMISSIONER ANGELA COKE: Good

6 morning.

7 COMMISSIONER JACK KITTS: Good morning.

8 JUDITH PARK: So, Commissioners, I

9 think we have everyone. This is Judith Parker's

10 disembodied voice here.

11 I think we have everyone on our team.

12 We've got Janet, Abby, and Ife this morning. And

13 if you're ready, I think they can just take it

14 away.

15 COMMISSIONER FRANK MARROCCO (CHAIR): I

16 think we're ready.

17 JUDITH PARKER: Great. Thank you.

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 Are we?

20 COMMISSIONER ANGELA COKE: M-hm.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 Yes. Yes, we are. Okay.

23 JANET HOPE: Great. Well, good

24 morning. Janet Hope speaking. Nice to see you

25 again. As Judith mentioned, I'm joined by

1 colleagues Abby and Ife.

2 So the approach this morning, we've
3 prepared a briefing for you on long-term care
4 funding and staffing. And in both of these areas,
5 we're providing some overview and background
6 information as well as information specific to
7 COVID response in these areas.

8 Just sort of who we are and how we're
9 going to organize this, Abby is the Director of the
10 Funding and Programs branch. She reported through
11 me up until early July and now reports to the
12 Operations Division.

13 So Abby's going to lead us off on the
14 funding piece, and then I'll -- although I reserve
15 the right to jump in if I have some additional
16 information, particularly in response to questions
17 you may have.

18 And then I'll lead us through the
19 staffing piece, and I understand you'll feel free
20 to jump in with questions as we go, if you have
21 them. So with that --

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 The only other thing is we'll probably break around
24 10:15, and so let us know around then where's a
25 convenient point, and we will break --

1 JANET HOPE: Okay.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 -- for ten minutes.

4 JANET HOPE: Sounds good. Okay. So if
5 we start on Slide 2, this is just some general
6 overview information to give you a sense of scale.

7 Some of this you've seen before, I
8 think, in previous overview briefings. But, you
9 know, the size of the sector in terms of funding
10 provided is about 6.2 billion which is partly a
11 government and partly a resident co-payment. Abby
12 will talk a little bit more about that.

13 We give you a sense of the scale of
14 staffing in the sector, and I would just point
15 out we should be more consistent in, I think, how
16 we provide this data to you. But at the bottom
17 line, references the for-profit and not-for-profit.
18 In this context not-for-profit is inclusive,
19 obviously, of the municipal sector.

20 So that's just to remind us of some
21 scale. And unless there are some questions there,
22 I would suggest we turn it over to Abby and move on
23 to Slide 4 to dive into funding.

24 ABBY DWOSH: Okay. Good morning,
25 everyone. So I'm Abby Dwosh, as Janet said, the

1 Director of the Funding and Programs branch.

2 What we've prepared for you today is a
3 series of slides that gives an overview of how
4 long-term care is funded in Ontario.

5 We are starting off with the
6 accountability framework which explains how the
7 money gets from the Ministry to the homes.
8 Basically there are two ways in which we do that:
9 Either the funding is flowed through the LHINs to
10 the homes with the Ministry being prescriptive as
11 to what it should be spent on, or the funding goes
12 directly to the homes from the Ministry depending
13 on what the allocation is for.

14 So the key principles that we've
15 highlighted here are that the funding is intended
16 to be resident focussed, so the money follows the
17 residents. We're looking at an equitable
18 allocation of healthcare dollars, and the goal is
19 better quality care and improved outcomes.

20 So you can see here we've just got this
21 little chart of the accountability framework. So
22 I'll move on to Slide 5.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Just a sec. Before you do that, Commissioner
25 Kitts?

1 COMMISSIONER JACK KITTS: Yeah. I'm
2 just -- the Long-Term Care Service Accountability
3 Agreement, is that where the better quality care
4 and improved outcomes is held accountable? Or
5 what's in that, and is it different for different
6 homes in different areas?

7 ABBY DWOSH: So the accountability
8 agreement directs how the homes can spend their
9 money. So if we have a --

10 I'll show you later on the upcoming
11 slides that we put certain parameters around what
12 the money can be used for, and there are specific
13 rules around what money can be used for what.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Is there a shortfall in terms of overall funding?

16 ABBY DWOSH: Is there --

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 And any estimate of what that is, if there is one?

19 ABBY DWOSH: So the homes have an
20 annual allocation per year. As you'll see in the
21 upcoming slides, we do provide additional funding
22 to address specific priorities.

23 In particular, right now there's been
24 significant additional funding provided to address
25 the emergency response in the pandemic.

1 If there's a case where an individual
2 home has a funding shortfall, which can be for a
3 variety of reasons, we have a process by which the
4 home can receive extra support from the Ministry,
5 if required.

6 COMMISSIONER FRANK MARROCCO (CHAIR): I
7 think my question more flowed from information we
8 have received from others to the effect that there
9 was a waiting list with -- I think it was 30,000.
10 I'm not sure how many people were on it but
11 something in the neighbourhood of 30,000, I think.

12 And if that's correct, is there a
13 shortfall on funding, or has there been any measure
14 of that?

15 JANET HOPE: So I think if I may jump
16 in here, I think the primary issue is we don't have
17 the physical spaces to accommodate those additional
18 people. And we are pursuing -- the government is
19 pursuing a program both to redevelop the older
20 facilities but also to construct new long-term care
21 spaces.

22 I think you may have had a briefing
23 from Michelle-Ann Hylton about the development
24 programs. So there are funds allocated by
25 government towards that development of new beds

1 including the operating funding that would be
2 required for those new beds.

3 And as I think you heard from
4 Michelle-Ann, there have been some changes in the
5 funding approach to try to get that new development
6 occurring.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 We did hear that, but I had the impression that it
9 was a much smaller number than the shortfall.

10 JANET HOPE: I --

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 And I had the impression, perhaps wrongly, that a
13 lot of the work that might be done on the existing
14 facilities might result in fewer beds rather than
15 increasing the number of beds.

16 So I was trying to understand, when I
17 put all that together, whether there isn't, and
18 hasn't been for some time, an overall funding
19 shortfall.

20 JANET HOPE: So I believe you are
21 correct that the government's commitment on number
22 of new beds to be developed is not equal to the
23 number of people on the waiting list at a given
24 point in time. I think that's a fair conclusion.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 And has there been any work done estimating the
2 funding that would be required to meet the need,
3 you know, to put some dollar value on just what
4 that looks like?

5 JANET HOPE: Probably not from that
6 perspective. I think Michelle-Ann's team has, and
7 with the new funding approach, what is the cost to
8 government in the creation of a new bed both in
9 terms of the capital contribution the government
10 would make, and then it would also -- that new cost
11 of a new bed would also be inclusive of what Abby
12 is about to describe in terms of the operating
13 funding. Did that help?

14 COMMISSIONER FRANK MARROCCO (CHAIR): A
15 bit. Well, I'll let Abby go on for a while, and I
16 might come back to this later on. This is just
17 something I'm trying to understand in terms of the
18 magnitude --

19 JANET HOPE: M-hm.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 -- of the problem that -- or if there is one.
22 Maybe there isn't one.

23 But when you hear that there's 30,000
24 people on a waiting list, it makes you think there
25 might be a problem.

1 JANET HOPE: M-hm.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Anyway...

4 Yes, Commissioner Coke?

5 COMMISSIONER ANGELA COKE: Sorry, I
6 just wanted to follow up on something Jack said to
7 clarify. So in these accountability agreements
8 that you're referring to here, this is strictly
9 financial? There aren't performance outcomes or
10 measures in there, other types of measures?

11 ABBY DWOSH: There are some measures in
12 for specific programs where we track how the
13 dollars are being used and what the outcomes are
14 there.

15 For the most part, they are financial
16 agreements and speak to how the money that is
17 allocated is to be used in the home.

18 COMMISSIONER ANGELA COKE: Okay.

19 JANET HOPE: If I could add, though,
20 these are sort of the primary accountability
21 agreements and, as Abby says, primarily about
22 financial matters, but they do include other
23 obligations on the homes.

24 So, for example, it's through these
25 agreements that homes are obligated to submit

1 quality improvement plans to -- what was Health
2 Quality Ontario is now Ontario Health. So there
3 are some of those, and we can certainly share if
4 you'd like to see what an agreement looks like in
5 the nature of homes.

6 COMMISSIONER FRANK MARROCCO (CHAIR): I
7 think that would be -- I think that would be
8 helpful, Ms. Hope.

9 JANET HOPE: Yes.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Thank you.

12 ABBY DWOSH: Yeah, we can certainly do
13 that.

14 Okay. So moving on to Slide 5. So
15 here we're showing a pie chart of how funding is
16 distributed in the long-term care sector. As you
17 can see, the majority of the funding is devoted to
18 care and accomodation, 5.4 billion.

19 And then we have the smaller slices of
20 the pie for specific initiatives. So we've got one
21 for supplementary funding for specialized programs
22 which I'll go through in a minute, our different
23 specialized program streams.

24 We've got capital funding, and we've
25 got other supplementary funding of 209 million.

1 And then we've got our COVID investments which are
2 new this year.

3 So the funding that is provided is
4 provided by the Ministry, for the most part, of
5 this 6.2 billion that was initially allocated for
6 the 2021 fiscal year.

7 4.6 billion of that is funded by the
8 province, and the rest, 1.6 billion, is funded by
9 resident co-payments. So that is the amount that a
10 resident would pay in a home for their basic room.

11 That amount is set through regulation.
12 It is increased usually every year based on
13 inflationary measures, but that is the amount that
14 the home is allowed to charge the resident for
15 their co-payment fee.

16 Are there any questions on that so far?
17 I'm going to go through the slices of the pie in
18 detail.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Do the homes -- do they have sufficient revenues?
21 I mean, do you have any sense of whether the
22 revenue that they're --

23 You know, I understand when I ask the
24 question that everybody always wants more. I'm
25 well aware of that, but is it your sense that they

1 have sufficient funding to care for the people that
2 are there?

3 JANET HOPE: So I would add we know
4 that municipal homes by and large supplement the
5 funding they receive from the province with
6 additional municipal source revenues.

7 And I should say municipal homes,
8 not-for-profit homes, and for-profit homes are all
9 funded in the same way that Abby is describing.
10 There's no differential in the way the funding is
11 provided.

12 So municipal homes that have an
13 alternate source of taxation revenue by and large
14 are choosing to supplement the funding that the
15 province provides.

16 Not-for-profit homes may choose to
17 fundraise to supplement their funding. And what I
18 suppose we don't have a good sense of is -- well,
19 we don't have detailed data on any of those sources
20 of other funding, and we know this generally.

21 It is also not clear the extent to
22 which for-profit homes that have other business
23 lines associated -- so for example, when a private
24 retirement home in conjunction with their long-term
25 care home may cost subsidize some of the costs from

1 those other activities.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Thank you.

4 ABBY DWOSH: Okay. Slide 6, so this is
5 our level of care funding. This is the largest
6 slice of the pie that I was explaining on the
7 previous chart.

8 The level of care funding is
9 distributed on a per-resident basis per day. So
10 for this year, it's \$184.96 per day as of
11 April 1st. That amount increases every year.

12 It's divided into four categories. The
13 first is "Nursing and Personal Care" which it makes
14 up \$102 of the total. That funds direct care,
15 nursing, medical equipment, and supplies.

16 And this amount is adjusted by the
17 Home's Case Mix Index which predominantly ranks the
18 acuity levels of the residents in the home and
19 adjusts the home's funding relative to the average
20 acuity index in the sector.

21 "Programs and Support Services," that's
22 \$12 per resident per day. Funds program staff,
23 therapy, recreation equipment, and supplies.

24 Then we have the "Raw Food" envelope.
25 "Raw Food" meaning that it is just the food part,

1 not the food preparation. That's \$9.54 per
2 resident per day including raw food and nutritional
3 supplements.

4 And then we have the
5 "Other Accommodation" envelope, \$56 per day which
6 is wages, equipment, and supplies for all the other
7 things that the home would need to operate.

8 In the last couple of years, as the
9 funding has increased, rather than adding the fund
10 to individual envelopes, we have introduced the
11 global per diem. That is now at \$4.50 per resident
12 per day.

13 What that means is that the home has
14 the flexibility to allocate that funding to any of
15 the envelopes in order to address their local
16 needs. We do put a restriction that only
17 32 percent of this amount can be allocated to the
18 "Other Accommodation" envelope.

19 I will note that for-profit homes,
20 their profit abilities are only in the "Other
21 Accommodation" envelope. All of the other
22 envelopes have to be spent in full throughout the
23 year. If the money is not spent in full, then it
24 is recouped by the Ministry.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 How do you -- oh, sorry. Commissioner Kitts?

2 COMMISSIONER JACK KITTS: I just want
3 to go back to the Case Mix Index because we've
4 heard a lot about the increasing -- significant
5 increasing acuity of residents in these homes.

6 Does the Case Mix Index -- is that done
7 annually, and is it up to date, and do you have a
8 graph, a trend graph of how that acuity -- does it
9 show the acuity rising?

10 ABBY DWOSH: So the way that the Case
11 Mix Index primarily works is that it is calculating
12 the average acuity level of a home and ranking it
13 against the average acuity level of all of the
14 homes.

15 So if a home has patients that are
16 more -- sorry, has residents that are more acute
17 than other homes, they would receive a higher
18 weighting in the Case Mix Index, and so their
19 funding would be increased in proportion to the
20 other homes.

21 The data is from a couple of years
22 back. The homes report to us the dataset. It is
23 then analyzed and turned into the Case Mix Index.
24 For this -- so it is --

25 Do I have a chart that shows the way

1 the Case Mix Index changes over time? It is not
2 intended to measure the acuity level of the sector
3 as a whole. It's intended to rank the homes one
4 against the other.

5 JANET HOPE: I do think it's --

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Commissioner Coke?

8 COMMISSIONER ANGELA COKE: Sorry, I
9 just wanted to understand. So when you are ranking
10 the homes against each other, it's to determine
11 what amount of the fixed pie they get?

12 ABBY DWOSH: Yes.

13 COMMISSIONER ANGELA COKE: So the pie
14 doesn't expand if there are multiple needs that are
15 growing?

16 ABBY DWOSH: So the pie can expand, but
17 it's not expanding using that particular metric.
18 The pie can expand -- and it does expand -- for
19 various, specific initiatives. But the Case Mix
20 Index is used to address the acuity level in each
21 individual home.

22 JANET HOPE: And I will -- I think to
23 part of your question, we come to staffing and some
24 of the advice we've received. I can speak a little
25 bit more to what we've been hearing about the Case

1 Mix Index in relation to staffing levels and staff
2 needs.

3 We do have -- we do have data. It's
4 reflected in the staffing study. We do have data
5 on how the Case Mix Index overall has changed over
6 time, and it does demonstrate that, overall, the
7 average acuity of patients has increased over time.

8 So while Abby's correct, we don't have
9 kind of a chart readymade on that, we do have data
10 on the Case Mix Index. And its changes over time
11 that we could -- that are referenced in the
12 staffing study.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Commissioner Coke, did that answer -- did you have
15 a follow-up?

16 COMMISSIONER ANGELA COKE: No, that's
17 fine for now.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Thank you.

20 ABBY DWOSH: So I'll just touch on the
21 co-payment again. So the co-payment amount for a
22 basic room is \$62.18 currently.

23 Generally, that amount increases by the
24 consumer price index percentage every summer. This
25 year in response -- as part of our emergency

1 response to the pandemic, we have delayed the
2 co-payment increase until January. There is also a
3 rate reduction --

4 Yes?

5 COMMISSIONER JACK KITTS: I'm sorry,
6 but the co-payment, the amount you described, is it
7 different if you're in a four-bed ward or a three
8 bed or a two bed or a one bed?

9 ABBY DWOSH: Yes. So there is -- so
10 that is the amount for a basic room. It is more if
11 a resident is in a preferred accommodation which
12 would be a private room, generally. But this is
13 the basic amount.

14 COMMISSIONER JACK KITTS: Is a basic
15 room a four bed, three bed, or a two bed?

16 ABBY DWOSH: Janet, can you speak to
17 that? My understanding is that --

18 JANET HOPE: All of it. All of the
19 above.

20 ABBY DWOSH: All of the above. It
21 depends on the home and the type of rooms that are
22 available in that home.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 So just so I understand, when we speak of "basic
25 accommodation," that would vary from home to home?

1 JANET HOPE: Yes.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Okay.

4 JANET HOPE: Based on the configuration
5 of that home.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Right. So if I had a home that had 50 single rooms
8 in it, then that would be the basic accommodation.

9 If I had a home that had 50
10 four-bedroom rooms in it, that would be the basic
11 accommodation. Have I got that right?

12 JANET HOPE: In principle, I'm not sure
13 we have homes that would have 50 single rooms.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 It was a --

16 JANET HOPE: -- and charging a basic --

17 COMMISSIONER FRANK MARROCCO (CHAIR): I
18 just meant it as an example.

19 JANET HOPE: Yeah. In principle, I
20 believe you're correct.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Okay.

23 COMMISSIONER JACK KITTS: And to follow
24 up, so I understand the patients have a choice --
25 or residents have a choice of home. Does this

1 cause problems that they would want to go to a home
2 where a basic room is two beds instead of four, or
3 do they have a choice?

4 JANET HOPE: So I think you're correct
5 that prospective residents can select which homes
6 they're interested in residing in. And they, in
7 applying, are either applying as someone who wants
8 a basic room is unable to or unwilling to pay for a
9 preferred accommodation, or they're indicating they
10 are prepared to pay for and they wish to have a
11 preferred-accommodation room.

12 Their selection -- their choice of
13 which home they're willing to live in may very well
14 be influenced by the available rooms in the
15 respective homes.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Is it --

18 JANET HOPE: Is that what you were
19 asking?

20 COMMISSIONER JACK KITTS: I was just
21 thinking of the -- I think the inequity of a
22 patient who can't pay the extra -- but if they get
23 the right home, they'll get a two bedroom for the
24 same price as a four bedroom in another home, and
25 so therefore it must influence their choice.

1 JANET HOPE: Yes.

2 COMMISSIONER JACK KITTS: And I'm
3 surprised how you can -- how we can fill the four
4 bedrooms.

5 JANET HOPE: So I think you will find
6 that wait times can vary significantly from home to
7 home. So while the Chair made, earlier, a
8 reference to the overall wait list, the actual
9 length of time one might have to wait to get into a
10 particular home could vary significantly from home
11 to home and could also factor into decisions about
12 where residents are interested in being
13 accommodated.

14 COMMISSIONER JACK KITTS: Okay. That's
15 answers it.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Okay. So the residents are trying to make an
18 informed -- to the extent that they can make an
19 informed choice, might try to -- would indicate one
20 preference and make a point of not indicating
21 another preference because they might get that
22 second preference.

23 And once you're in, can you move
24 from -- do they -- not "can you," but do you -- as
25 a practical matter, are you able to move from home

1 to home?

2 JANET HOPE: I'm unable to answer that
3 question.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Oh, okay. Sorry.

6 JANET HOPE: Yeah.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Don't hesitate to tell me that if we've asked a
9 question to the wrong person.

10 ABBY DWOSH: So I'll just note also on
11 this slide, with respect to the co-payment amount,
12 there is a rate reduction program so that income is
13 not a barrier to accessing LTC.

14 The rate reduction is based on a
15 resident's income, their Notice of Assessment from
16 the previous taxation year, and that is available
17 for basic rooms. So if a resident cannot afford
18 the co-pay based on their income assessment, then
19 they are given a rate reduction.

20 So the next slide are examples of our
21 supplementary funding. This is not an exhaustive
22 list, but this gives you a sense of some of the
23 different programs that are offered in LTC and
24 funded by the ministry.

25 The first one that I'll highlight is

1 our "Falls and Injury Prevention Program." This
2 program provides \$8 million a year to homes
3 specifically for equipment that aids in the
4 prevention of falls and injuries.

5 So this is a very targeted program.
6 It's intended to do something very specific --
7 reducing, you know, falls in the homes. And so the
8 homes have the opportunity to purchase equipment in
9 order to mitigate that risk.

10 The second one that I'll highlight is
11 our "Minor Capital Program." This is a new program
12 that was launched this year. It's \$22.8 million in
13 dedicated funding to support LTC homes in
14 maintaining an optimal state of repair.

15 The way that this program works is that
16 there is a quite broad list of eligible
17 expenditures, and the homes have the flexibility to
18 use the funding in accordance with whatever the
19 need is in their home for Minor Capital so, you
20 know, things like window replacements; roof
21 repairs; you know, minor renovations. Anything
22 that would enhance the safety of the home, those
23 sorts of things are all eligible.

24 "Behavioural Support Ontario," this
25 provides supports and services to individuals with

1 responsive behaviours due to cognitive conditions
2 such as dementia and Alzheimer's. We provide
3 \$74 million for this purpose.

4 The next one is "Clinical Education."
5 These are our Centres for Learning Research and
6 Innovation. We've got 3.1 million for the Centres
7 for Learning Research and Innovation.

8 We've got a PSW education fund, a
9 palliative training fund, and then we have the
10 development and use of the clinical support tools
11 which are available in the homes.

12 The "Behavioural Specialized Unit" is
13 another targeted program intended to address
14 residents with complex responsive behaviours and
15 behavioural challenges. This is a pilot program
16 where we have three sites across the province where
17 this is running currently.

18 And then the last one I'll note is our
19 "Family and Resident Engagement." We provide base
20 funding to the Ontario Association of Revenue
21 Councils and Family Councils of Ontario which
22 supports residents' and family councils to function
23 effectively.

24 So that's just a summary. We do also
25 have an appended --

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Can I just stop you for a second?

3 ABBY DWOSH: Yes.

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 So the Minor Capital Program --

6 ABBY DWOSH: Yeah.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 -- is that available -- I just take that as an
9 example.

10 Is that available to all of the
11 long-term care facilities?

12 ABBY DWOSH: So the eligibility for
13 Minor Capital is based on homes that do not receive
14 capital funding from other sources from the
15 Ministry.

16 So it is targeted to homes that don't
17 have other sources of funding to address these
18 needs. So not all homes receive it. Most do.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 So a municipal home which Ms. Hope had indicated
21 could apply for supplemental funding from the
22 Municipality, would that mean that it was, for
23 example, excluded from that program because it has
24 another source of funding?

25 ABBY DWOSH: No. It would be homes

1 that are already receiving capital funding from the
2 Ministry from another program.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 So if you're already receiving capital funding from
5 the Ministry, you can't use this particular capital
6 funding program; is that it?

7 ABBY DWOSH: Yeah. So some homes would
8 still be receiving funding for redevelopment, for
9 example, so they would not receive funding under
10 both streams.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 How do you -- and I don't -- how do you audit
13 the --

14 How do you ensure, or maybe you don't,
15 that the money actually goes to maintaining an
16 optimal state of repair while ensuring the safety
17 of their residents? What's the check there?

18 ABBY DWOSH: So in our accountability
19 agreements, we stipulate what the funding can be
20 used for.

21 So, you know, under that agreement, the
22 home does not have the ability to take funding that
23 is dedicated for one purpose, earmarked purpose and
24 use it for something else. We have our annual
25 reporting cycles where the homes give us their

1 financial reports that detail how they use the
2 money.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Okay. And how do you verify -- not "how do you
5 verify." It's not a -- is there a verification
6 process to verify that the information they're
7 giving you about how they use the money is, indeed,
8 accurate?

9 ABBY DWOSH: So they do attest to it.
10 We do have an internal audit cycle. There is also
11 the inspections process which I know you're aware
12 of.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 M-hm.

15 ABBY DWOSH: This particular program,
16 this Minor Capital Program is brand new. So we
17 have not done, to date, you know, any of the
18 detailed -- any detailed audit work on it because
19 it is a new program for this year.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Oh, okay. So this is -- well, we'll take the
22 "Falls and Injury Prevention." I guess it would be
23 the same question. So there's an internal audit
24 procedure, is there? And then there's the regular
25 inspection program?

1 JANET HOPE: So if I could -- and Abby
2 can correct me if I'm getting this wrong.

3 With respect to funding programs, there
4 are the parameters of each -- laid out in each
5 accountability agreement or for that pot of
6 funding.

7 The home provides us annually with the
8 detailed financial information. They attest to its
9 accuracy. And in all of our funding arrangements,
10 we have the ability to perform an audit function.

11 I think it's fair to -- we do not audit
12 every home every year. We have an internal audit
13 cycle where, from time to time, we will pick a
14 program and do some spot audits on that program.

15 Abby, is that a fair characterization?

16 ABBY DWOSH: Yes, absolutely.

17 JANET HOPE: And then I think the
18 inspections process is really more about the
19 regulatory compliance. I suppose, through the
20 inspections process, we might -- that might --
21 process might raise -- might conceivably raise
22 flags that we would then choose to pursue through a
23 financial audit, but that's not the primary
24 objective of an inspection.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Yes, Commissioner Coke?

2 COMMISSIONER ANGELA COKE: I'm just
3 trying to get a sense for the demand of these funds
4 and if they exceed what you have in the allocation.

5 ABBY DWOSH: So these are not
6 application-based programs. The homes are given an
7 allocation each year which they have to use
8 otherwise the funding will be recouped. So they
9 are working within a fixed envelope.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 So go ahead.

12 ABBY DWOSH: Okay. Next slide. So
13 moving on, this slide details our COVID-19
14 investments. There has been a significant amount
15 of financial support flowed out as part of our
16 emergency response.

17 Since April, we've provided an
18 investment of \$243 million in emergency funding and
19 then a subsequent investment of 135 million for
20 ongoing prevention and containment efforts. The
21 next slide that I will go into explains how that
22 money in general is going to be used.

23 I will also note that a portion of this
24 funding combined with the investment from the
25 Federal Government has also supported the pandemic

1 pay initiative for 321 million.

2 In general, these investments are being
3 used to provide funding directly to long-term care
4 homes to cover the incremental costs associated
5 with preventing and containing the spread of
6 COVID-19, to cover the incremental cost of creating
7 capacity -- for example, beds created under
8 emergency licenses, beds in alternate settings,
9 provide pandemic pay to all nonmanagement long-term
10 care staff for 16 weeks, and to cover the cost of
11 deferring the annual increase and resident
12 co-payments from July 1st to January 1st.

13 In addition, for the 2020 calendar
14 year, we have temporarily suspended the occupancy
15 targets which allow homes to receive full funding
16 regardless of actual occupancy.

17 So in general, before now, homes that
18 had less than 97 percent occupancy were funded
19 based on their actual occupancy levels so whatever
20 beds they actually had occupied.

21 But because, due to the pandemic, there
22 were significant circumstances which required beds
23 to remain empty, and so the Ministry suspended the
24 occupancy targets so that the homes would receive
25 full funding regardless of their actual occupancy

1 levels.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Go ahead.

4 ABBY DWOSH: Yes.

5 COMMISSIONER JACK KITTS: I'll see if I
6 understand. Did all the homes get a certain amount
7 of money based on their cut of the pie? Because
8 you can see where you'd see homes with 100 percent
9 occupancy getting no extra funding and homes with
10 less occupancy getting up to 100 percent.

11 ABBY DWOSH: Yeah. So these are all
12 separate initiatives, so the prevention and
13 containment funding is not based on the occupancy
14 levels. That was distributed -- I'll go into that
15 in the next slide using a variety of methods over
16 several payments. The occupancy is something
17 separate.

18 If a home had less than 97 percent
19 occupancy, they were still funded at full occupancy
20 levels, and that is in recognition of the fact that
21 they still had consistent operating and staffing
22 expenses that they had to maintain during this time.

23 JANET HOPE: And to ensure that homes
24 weren't penalized when they might need to hold some
25 rooms available for isolation purposes in

1 anticipation of outbreak.

2 COMMISSIONER JACK KITTS: Okay. What
3 I'm getting at is it seems that some homes were
4 much better prepared than others throughout this
5 crisis.

6 Was there any attention given to --
7 let's say, for prevention and containment, to the
8 homes that were recognized to be in trouble more so
9 than other homes, or was it split up amongst the
10 homes?

11 ABBY DWOSH: Yeah. So --

12 COMMISSIONER JACK KITTS: Anyway.

13 ABBY DWOSH: -- I'll show you the
14 detailed allocation method. The last few payments
15 of the emergency funding were based on a
16 sophisticated allocation method which did account
17 for the size of the home and the outbreak status.
18 So we were providing additional support to homes
19 that had outbreaks.

20 COMMISSIONER JACK KITTS: Okay. Thank
21 you.

22 ABBY DWOSH: So this is the "Prevention
23 and Containment Investments." The top half of the
24 slide explains the government commitments.

25 So there was \$50 million announced in

1 March; \$88 million announced in April. Then we
2 worked closely with the associations to develop a
3 sophisticated funding approach which is part of
4 what I just described. And then in August, an
5 additional 135 million was announced.

6 We have flowed out four tranches of
7 payments so far. The first two, March and April,
8 were 23 million. Those were distributed eventually
9 amongst the homes.

10 Then following that, based on our
11 engagement with the long-term care associations, we
12 developed a funding methodology where homes
13 received both a base funding amount; homes with B,
14 C, and/or D beds received an additional amount; and
15 homes in outbreak or with resolved outbreak status
16 also received an additional amount. So that's all
17 noted at the bottom.

18 So in total, we've flowed out
19 \$170 million to date in prevention and containment
20 investments.

21 So on the next slide, this is the
22 eligibility list for the expenditures. The
23 intention was to be descriptive in terms of what
24 the money could be used for without being
25 prescriptive. So we wanted to ensure that the

1 homes had maximum flexibility in order to address
2 whatever the needs were in their particular home.

3 So the line items here that you're
4 seeing are basically, you know, examples, guidance
5 to the homes as to what the money can be spent on:
6 health screening, prevention and containment
7 activities, staffing recruitment and retention,
8 overtime pay, agency staffing, cleaning, infection
9 control measures...

10 You know, it's a long list. And then
11 at the bottom, we've got "Any other incremental
12 expenditures required for rapid response to prevent
13 and contain COVID-19" which signifies to the homes
14 that they spend this emergency funding on whatever
15 they require as long as it's an incremental
16 expenditure for the purpose of prevention and
17 containment.

18 JANET HOPE: So I would just like to
19 add, to underscore, this was -- we had a series of
20 communications with homes around this funding as
21 time went -- over the first couple of months of our
22 experience with the pandemic.

23 Abby has described the overall approach
24 to funding where we tend to have pots of funding
25 with, tightly defined, what you can spend it on.

1 And we were eager to be clear with homes that we
2 couldn't anticipate what the right local
3 expenditure might be that was needed to prevent or
4 contain.

5 And so we had a number of
6 communications with homes to try and reinforce that
7 they could use this money for any expenditure that
8 would assist them in their efforts to prevent COVID
9 from entering the home or, if it was in the home,
10 to contain spread.

11 So that's the end of the funding
12 portion of the briefing. I'll just pause if there
13 are my questions before we move on to staffing.
14 There is obviously a lot of information.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Are there statistics around the take-up of the
17 program? I mean, implicit in the fact that more
18 money is available, is the assumption that people
19 will take it and not leave it on the table.

20 But as a matter of proof, do you have
21 information surrounding the take-up on these
22 various items?

23 ABBY DWOSH: Yes. So we have recently
24 implemented an interim reporting strategy where the
25 homes are required to tell us how much of the

1 prevention and containment funding has been spent
2 to date and on what. It is part of our regular
3 reconciliation process. So at the end of the year,
4 this is going to be part of the, also, regular
5 finance reporting cycle.

6 We anticipate and, you know, certainly
7 the information that we have heard is that all of
8 this funding is needed and has been spent in
9 accordance with what we had put out, and we're
10 awaiting the results of our interim report to
11 verify that.

12 JANET HOPE: I would add the
13 associations AdvantAge Ontario and OLTCA have
14 provided us with the information they've been able
15 to gather, and they would suggest that most homes
16 have actually spent more than the money that's been
17 provided on prevention and containment initiatives.

18 And so Abby's referencing a more
19 rigorous approach that we are taking to get
20 information to help inform future decisionmaking.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 How do you --

23 Well, Commissioner Kitts, go ahead.
24 You wanted to ask a question.

25 COMMISSIONER JACK KITTS: Well, I think

1 Janet just answered. So initially, this was
2 funding to each home for prevention and
3 containment? They got a certain allotment, and
4 they had to let you know how they were spending it?
5 And then later on, you refine the funding to be
6 more targeted to the homes that needed them more;
7 is this correct?

8 ABBY DWOSH: The --

9 JANET HOPE: Yes. The -- sorry, go
10 ahead, Abby.

11 ABBY DWOSH: I was just going to say
12 they didn't have to let us know how they were
13 spending it at that time. The money was flowed out
14 as part of the emergency response, so they had it
15 available to them. In the reporting that comes now
16 and comes later, they will tell us, broadly, how
17 they spent the money.

18 JANET HOPE: Yeah. We didn't require
19 reporting in the middle of the pandemic. That
20 didn't seem like the best --

21 COMMISSIONER JACK KITTS: I was just
22 trying to figure out how -- I mean, a smaller
23 percentage of homes have a huge crisis. Other
24 homes didn't have it, so I was wondering if there
25 was any way you were sort of targeting the homes

1 that were expected to be more hard hit. But I
2 think early on that wasn't the case.

3 ABBY DWOSH: Yes. And that was
4 addressed, I would say, retrospectively. Homes
5 that reported an outbreak were then given
6 additional funding in the future payments cycles.

7 JANET HOPE: I think it's also fair to
8 add that there have been a couple of specific cases
9 where homes have had an extraordinary expenditure,
10 and we've had to deal with a one-off situation; is
11 that correct, Abby?

12 ABBY DWOSH: Yes.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Commissioner Coke, do you have a question?

15 COMMISSIONER ANGELA COKE: Just with
16 respect to the pandemic pay and the extra \$4 that
17 you included, I'm just wanting --

18 That ended in August, and I'm
19 interested as to what the impact of ending that has
20 been and if there is consideration of offering that
21 in Wave 2.

22 JANET HOPE: So we don't have
23 definitive information on what's happened with
24 staffing. We hear anecdotally that some homes
25 report they think that the end-of-pandemic pay may

1 have had impact on staffing levels, but we have no
2 definitive information on staffing levels over
3 August and September that would confirm or deny
4 that.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 Is there a reason for that? We have, as you may
7 have anticipated, heard a fair bit about staffing,
8 and we're going to hear more, I guess.

9 JANET HOPE: M-hm.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 But why wouldn't they have to report monthly on
12 what the staffing situation is given the centrality
13 of that issue to the problem?

14 JANET HOPE: So I would say,
15 historically, that sector -- and it's no different
16 than any other sector that the government funds --
17 would resist very frequent reporting as burdensome.
18 So we have had, historically, an annual process for
19 reporting on staffing.

20 Through the pandemic where we've needed
21 more realtime information, we have used other
22 mechanisms. I believe you will have heard about
23 the inspectors doing daily calls with homes during
24 the height of Wave 1, and part of what they were
25 speaking information around was critical staffing

1 shortages.

2 Similarly, Ontario Health and the INS
3 structure have had a process for identifying -- and
4 currently, as homes go into outbreak, we seek
5 information about whether -- on a realtime,
6 sometimes a day-to-day, basis about whether they're
7 experiencing critical staff shortages.

8 That is different from -- it would be a
9 new things for us to implement a monthly report on
10 overall staffing levels and departures and new
11 hires and staffing, and that's not something the
12 government has done to date.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Okay. Commissioner Coke?

15 COMMISSIONER ANGELA COKE: Yes. So my
16 second question had been if there is contemplation
17 of offering that pandemic pay in Wave 2 given the
18 situation might be the same or worse.

19 JANET HOPE: So that would be a
20 decision for government over time. There has been
21 no decision one way or another at this point in
22 time.

23 COMMISSIONER ANGELA COKE: Okay.

24 COMMISSIONER JACK KITTS: So do you
25 have an idea of what the staffing levels are today

1 versus, you know, in the heat of Wave 1? Are they
2 better, the same, worse?

3 JANET HOPE: There are very few homes
4 that are reporting critical staff shortages at this
5 point in time.

6 COMMISSIONER JACK KITTS: So it's
7 better than Wave 1?

8 JANET HOPE: It is better than in
9 Wave 1. And I can speak a little bit more, too, as
10 we get into the staffing slides about what we
11 experienced.

12 COMMISSIONER JACK KITTS: Okay. Thank
13 you.

14 JANET HOPE: So if you'd like, perhaps
15 we could move on and get into the details on
16 staffing. And similar to Abby's presentation on
17 funding, I'm going to start with some general
18 information about staffing and then move more
19 specifically into the COVID response.

20 We didn't repeat in this deck -- I
21 understand you've had a briefing on the legislative
22 framework for long-term care, so we didn't repeat
23 in this briefing deck the legislative requirements
24 around staffing.

25 But just as a reminder that the

1 legislation does set out a number of parameters
2 around requirements for specific positions to exist
3 within homes, such as the Director of Care and the
4 Medical Director. It does set out requirements for
5 qualifications for certain types of positions, for
6 example.

7 But the legislation and regulations do
8 not regulate specific hours of staff or proportions
9 of staffing by different staffing types. Rather,
10 the legislative and regulatory regime requires
11 homes to have staffing plans that reflect the care
12 plans for the residents that are in their homes.

13 I will maybe start this presentation by
14 saying that there is broad consensus that there are
15 significant staffing challenges in long-term care
16 homes. And certainly, Justice Gillese's report a
17 little over a year ago highlighted many of those
18 kinds of challenges in the context of her public
19 inquiry.

20 And 18 of her 91 recommendations, in
21 fact, related in some fashion to staffing within
22 the long-term care sector. Those 18
23 recommendations were directed to a broad variety of
24 parties, the province, the LHINS with respect to
25 home and community care where one of the offences

1 occurred, The College of Nurses, the homes
2 themselves.

3 And the recommendations covered a range
4 of issues around staff training, human resources
5 management, overall funding challenges within the
6 system, and the cultural environment and its
7 contribution to staffing recruitment and retention
8 challenges.

9 In particular, there was one
10 recommendation that directed the ministry to
11 complete a staffing study to determine the adequate
12 levels of registered staff in long-term care homes.
13 And so earlier this year, in February, we launched
14 that study with the support from an external
15 Advisory Group.

16 In fact, the mandate of that group and
17 the study was broader than Justice Gillese's
18 specific recommendation, and we asked the group to
19 advise us on a broad range of long-term care
20 staffing issues including recruitment and retention
21 more generally and beyond registered staff. And we
22 did complete and release that study on July 30th.

23 That study includes a fair bit of
24 quantitative information about the current staffing
25 environment in the long-term care sector. We

1 didn't repeat that in this presentation because you
2 do have access to that through this study. But if
3 you have specific questions, I'm happy to try to
4 answer them.

5 If we can move on to the next slide, if
6 there are no more questions, the next two slides
7 give an overview of what we heard through that
8 staffing study and the recommendations that came to
9 us.

10 I'm happy to do a quick walk through
11 here. Again, you have access to that study, so I'm
12 going to take a fairly quick overview, but I'm
13 certainly happy to dive in on areas where you would
14 like to ask more questions.

15 Again, I think there's broad consensus
16 around these issues, and we tried to work quickly
17 to get them documented in the study so that we'd
18 have that as a platform for the development of
19 "Staffing Strategy" which we are currently working
20 on and which the government has committed to
21 release by December.

22 So the study documented a number of the
23 challenges. That includes the rising resident
24 acuity. We alluded to that earlier, and that's in
25 the study. We do have some of that data around

1 what the Case Management Index has shown us in
2 terms of increasing resident acuity.

3 A lot of discussion about factors
4 contributing to staffing shortages in the sector.
5 Challenging working and employment conditions --
6 whether that's work culture, resident behaviours --
7 it may make the work environment quite challenging.

8 The challenges of working in an
9 environment where you're dealing with end of life
10 care, and it is a part of the feature in working
11 with long-term care that residence pass away.

12 And there are certainly reports of
13 abuse when you have residents with challenging
14 behaviours that's maybe, perhaps, resulting from
15 dementias or other psychological issues or other
16 challenging environments.

17 We heard about gaps between educational
18 experience in the work environment. So is a
19 nursing program -- is a PSW program adequately
20 preparing someone for what is unique to the
21 long-term care employment experience as distinct
22 to, perhaps, an acute care or a home and acuity
23 care setting.

24 We heard about the labour supply and
25 particularly gaps around the labour supply of

1 personal support workers and concern that the
2 general negative public image around long-term care
3 has contributed to staffing shortages.

4 We also heard about "Barriers to
5 Change." In terms of the legislative and
6 regulatory framework, there is a general view that
7 we heard from the sector that the legislation is
8 overly prescriptive and doesn't provide the
9 framework where homes can be as innovative and
10 flexible as they might wish.

11 We heard a lot about the compliance
12 culture. This is something that Justice Gillese
13 spoke about and that the perception that the
14 compliance culture is punitive and doesn't
15 appropriately reflect a culture focussed on
16 resident outcomes, meeting resident needs, and
17 continuous quality improvement.

18 And we also heard concerns about the
19 funding model, its complexity, its rigidity, and
20 that the Case Management Index that Abby referenced
21 is found to be administratively burdensome.

22 We heard that there is a perception
23 that people may be charting in order to meet
24 funding requirements rather than charting to meet
25 resident care requirements and that perhaps --

1 although the Case Management Index is intended to
2 send money or, you know, relatively direct money to
3 where there was relative greater need because of
4 the acuity of residents, that that may act as a
5 disincentive to improving resident outcomes.

6 So if I provide more interventions to
7 improve health outcomes and the functionality of
8 the resident, my Case Management Index may go down,
9 and I may receive proportionately less funding. So
10 there were certainly concerns that the funding
11 model is considered a disincentive.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Ms. Hope, just carry on. I'm home. I have to deal
14 with something. I'll be right back. You just
15 carry on though.

16 JANET HOPE: Okay.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 I'll be back in one second.

19 JANET HOPE: Okay. If I can move on to
20 the next slide. In terms of the key findings and
21 recommendations from this study, I think these key
22 findings were, in essence, the Advisory Group's
23 call to action, as it were.

24 They concluded that staffing in
25 long-term care is in crisis and needs to be

1 urgently addressed. I think it's fair to say that
2 the report acknowledges that not every home is in a
3 staffing crisis. There are homes that are able to
4 fill and recruit and retain staff. Others are
5 facing significant challenges.

6 And their comment here is really
7 looking at the sector as a whole. They perceived a
8 staffing crisis that needs to be urgently
9 addressed.

10 COMMISSIONER ANGELA COKE: Janet?

11 JANET HOPE: Yes?

12 COMMISSIONER ANGELA COKE: So the ones
13 that are not having the same level of challenge, do
14 we know what the factors are that distinguish them
15 from the rest?

16 JANET HOPE: We don't know
17 definitively.

18 COMMISSIONER ANGELA COKE: Okay.

19 JANET HOPE: The second finding would
20 speak about the relationship between the quality of
21 care and quality of life that residents experience
22 and the quality of the working conditions and that
23 long-term care needs to be both a better place to
24 live and a better place to work and that those two
25 outcomes are interrelated. The employment

1 conditions are the conditions in which people
2 receive care and are supported to achieve quality
3 of life.

4 And then the third finding around --
5 the need for approaches to staffing to reflect the
6 diversity of homes and the diversity of residents.
7 And I think this is a significant challenge in
8 public administration generally, how one balances
9 between creating standards that ensure consistency
10 or minimum standard approaches with ensuring the --
11 providing the flexibility in which innovation and
12 innovative or differential approaches to meeting
13 outcomes can be found.

14 So this is not unique to the long-term
15 care sector and the study -- the advisory study
16 group -- the Advisory Group -- the study -- were
17 quite seized with how to find that right balance as
18 we move forward.

19 In terms of the priorities, the first
20 is that the number of -- and these were the
21 specific recommendations of the Advisory Group to
22 government: The number of staff working in
23 long-term care needs to increase, and more funding
24 will be required to achieve that goal.

25 I apologize. There's a

1 typographical -- additional error. There's an
2 additional word there on the slide.

3 So the Advisory Group is recommending
4 that government move as quickly as possible with
5 investments to achieve four hours of care per
6 resident from PSW and nursing staff and also had
7 observations around staffing mix and ratios.

8 They also had a series of
9 recommendations around the culture of long-term
10 care needing to change about the system and
11 individual home level and, particularly, a focus
12 here on a culture of continuous quality improvement
13 as opposed to a predominant culture of compliance.

14 Also, recommendations about workload
15 and working conditions in order to retain staff and
16 improve the conditions for care. I think it's
17 quite clear, in the Advisory Group's view, that if
18 we are able to increase the number of staff working
19 in long-term care homes with additional funding,
20 that, in and of itself, will make a significant
21 improvement in workload and working conditions and
22 will positively contribute to retention. But it
23 would not -- so necessary but perhaps not
24 sufficient. So there are other recommendations
25 relating to compensation; degree of full-time work

1 opportunities; protection from physical, mental,
2 and emotional risk.

3 There were also recommendations about
4 leadership and attending to leadership within
5 homes -- both leadership generally, administrative
6 leadership of homes, and clinical or -- the Medical
7 Director role, the clinical leadership within
8 homes. And I think it's fair to say that this
9 recommendation, in particular, was reflecting on
10 the experience through COVID, Wave 1.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 And I'm sorry if I missed this, but did the
13 Advisory Group specifically recommend where the
14 Ministry might find the staff or where the people
15 might be found to solve this problem? I think
16 we could --

17 JANET HOPE: I --

18 COMMISSIONER FRANK MARROCCO (CHAIR): I
19 think all of us in this room could figure out from
20 what we read in the newspapers that there was a
21 staffing issue, but where are they?

22 JANET HOPE: There was not a lot of
23 specifics from the Advisory Group on how but a
24 recognition that we will need to look at the
25 educational pipeline for PSW, registered practical

1 nurse, and registered nurses. And we'll need to do
2 some supply -- if there is to be an investment to
3 increase the number of staff, then we will need to
4 do some -- a supply analysis and probably need an
5 intervention as well to increase the supply of
6 available employees.

7 And we would need to do so in the
8 context of the healthcare sector as a whole
9 because, obviously, long-term care competes with
10 calm and community care, acute primary -- sorry,
11 primary care, acute care, the other healthcare
12 settings, all of which have ongoing demand for
13 healthcare workers.

14 So -- but not long on specifics but
15 certainly a concern that we look, comprehensively,
16 at the labour pools.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Commissioner Kitts?

19 COMMISSIONER JACK KITTS: And, Janet,
20 it says "for immediate action," "key priorities for
21 immediate action."

22 I'm a little concerned that a lot of
23 them take time. Maybe you could start, but we've
24 been hearing, you know, so far, that it keeps
25 coming back to effective leadership, and access to

1 specialized care is critical to help mitigate
2 Wave 2 versus Wave 1.

3 We've also heard that the increase of
4 staffing is absolutely critical. It seems to be
5 mostly focussed on PSWs or that level of worker.

6 And the third thing that we hear
7 consistently is IPAC measures must be adhered to,
8 put in place and adhered to, including sufficient
9 PPE.

10 If we took those three things and
11 really drilled down on immediate action, do you
12 think that that would be a place to start? Because
13 you can get overwhelmed by all those things.

14 And when we talk about increased
15 staffing, everybody says "The PSWs are difficult to
16 retainer. They're leaving."

17 They're difficult to recruit. There
18 aren't a lot of them, and as you say, the
19 environment is not conducive to coming in.

20 We've been told that there's a --
21 HealthForceOntario has thousands -- I think the
22 number was 10,000 -- foreign, trained nurses or
23 some other type of health services that could be
24 deployed with the right -- I guess the right levers
25 to pull. Do you know about that, and can you

1 comment on that as a source of immediate staffing
2 increases?

3 JANET HOPE: Yes. Actually, you've
4 raised a number of things. Let me just reference
5 my notes. So I think it's important to -- what
6 we're describing here in the staffing study is a
7 focus on the longer term and how do we improve the
8 sector that we need action now to start so that we
9 can improve the sector for the long term.

10 You're also talking about what are the
11 things we need to do in the immediate term to deal
12 with what we're facing today, and that is another
13 stream of work that we have been focussed on. I
14 think when Deputy Steele and I spoke to you about
15 sort of the overview of response, we talked about
16 stabilization work. And there is certainly work
17 around health human resources, leadership, and IPAC
18 as part of that stabilization work that we are not
19 waiting for the strategy, you know, to be developed
20 on the staffing in the long term. These are two
21 separate streams of work, and, you know, they're
22 not unconnected streams of work.

23 COMMISSIONER JACK KITTS: Okay.

24 JANET HOPE: So, for example, the
25 reference you made to foreign trained workers who

1 may be able to fill some of these roles, certainly
2 they were a source of some of the emergency supply
3 of health human resources during Wave 1. Some of
4 those individuals were -- used the health matching
5 portal and were provided with some targeted,
6 additional training to be able to perform personal
7 support kinds of functions in homes.

8 Perhaps I could -- unless there are
9 other questions here, I could move to the next
10 slide.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Before you leave it --

13 JANET HOPE: Yes, of course.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 -- I'd like to follow up for a bit.

16 HealthForceOntario, how does that fit
17 into the piece to the staffing issue, or what is
18 it?

19 JANET HOPE: I confess, I know of it.
20 I don't know what -- Dr. Kitts may actually know
21 better than I. Is it actually part of Ontario
22 Health?

23 COMMISSIONER JACK KITTS: Yeah.
24 It's -- yes. It's been in effect for a while.
25 It's been mostly focussed on physicians and nurses

1 in the acute care.

2 JANET HOPE: Right.

3 COMMISSIONER JACK KITTS: But obviously
4 its profile has increased with the shortage of
5 staff in the long-term care.

6 JANET HOPE: Yes.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Sorry, Ms. Hope. The answer was closer than I
9 thought.

10 JANET HOPE: So I think you heard from
11 my colleague, Michael Hillmer, maybe last week who
12 presented on data around COVID. One of his areas
13 of responsibility -- Michael is in a division that
14 serves both the Ministry of Health and the Ministry
15 of Long-Term Care, and he has a branch that deals
16 with health human resources comprehensively and
17 supports both Ministries.

18 So we work very closely with them, and
19 they tend to be a little more expert on some of
20 those -- some of the nuances that I, as a newcomer
21 to the sector, am still learning.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Okay. Correct me if I'm wrong, but it seems from
24 what I'm hearing that the shortages that were
25 experienced in Wave 1 are likely going to be

1 experienced in Wave 2.

2 JANET HOPE: It's certainly a
3 possibility and something we're working to try to
4 avoid and to mitigate, and I think I'll get into
5 that a little bit more.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 You broke up a little bit.

8 JANET HOPE: (Indiscernible) -- some
9 slides.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 You broke up a little bit, but if you're going to
12 get to it later, then I'll wait until you get to
13 it.

14 JANET HOPE: Okay. I'm sorry. And
15 please do let me know if the -- sometimes my
16 internet -- the Wi-Fi isn't as strong. So if I do
17 start to break up, I can turn the camera off as a
18 way of improving the sound quality.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Well, I don't want to bore everybody, but the
21 Commissioners will probably understand when I say
22 that Rogers is back at my house again, so I'm very
23 sympathetic to that dilemma.

24 In any event, carry on.

25 JANET HOPE: Okay. Well, perhaps we

1 could move on to the next slide. I think I've
2 spoken to this to some degree, but the staffing
3 study is informing a longer term staffing strategy
4 that we are actively working on right now to help
5 the government in making some decisions with that
6 kind of longer term view to address these
7 underlying and systemic issues.

8 That's obviously not a time frame
9 that's going to assist with these immediate issues
10 as Dr. Kitts and others have referenced. So there
11 are -- there is work that has been -- is
12 underway -- has been underway over the last number
13 of months -- is underway in terms of stabilization,
14 and there are initiatives that are very much
15 focussed on the health human resources.

16 Certainly initiatives around IPAC
17 because we are -- from our experience in Wave 1, we
18 would know that helping staff to feel that they are
19 safe working in a home that is in outbreak is a
20 critical feature in having staff continue to come
21 to work.

22 So there are a range of stabilization
23 initiatives that are underway. I think you will
24 probably be hearing -- I'm not in a position to
25 detail them, and I think more will be -- more

1 information will be available soon. As an example
2 of yesterday, there was a launch of a personal
3 support worker return-of-service program. So this
4 is going to be available to -- let me back up.

5 One of the challenges -- we have
6 graduates from personal support worker programs. A
7 significant proportion of those graduates never
8 choose to work in a personal support function in
9 any part of the healthcare sector.

10 So this program, which was announced
11 yesterday, will provide a -- offer a financial
12 incentive to recent graduates of personal support
13 worker programs if they will commit to a six-month
14 employment period in a long-term care or a home and
15 community care setting. So those are the two
16 settings where we are experiencing a particular
17 shortage, and so it's a financial incentive program
18 to encourage recent graduates.

19 So that's an example which was
20 announced yesterday, but there will be further
21 information about other stabilization initiatives.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 So they -- I'm sorry, Commissioner Kitts?

24 COMMISSIONER JACK KITTS: Just -- do
25 you have an idea of how many staff -- how many PSWs

1 are out there that this could bring to the sector?

2 JANET HOPE: I don't have the number,
3 but I know that there is funding available to --
4 for a certain number. I can get that number for
5 you. I just don't have it in my head.

6 COMMISSIONER JACK KITTS: Thank you.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 So they get the personal support worker training,
9 but they go do something else? Or do they just go
10 somewhere else in the health industry?

11 JANET HOPE: So my understanding is
12 that after completing the eight-month postsecondary
13 program, a significant percentage of graduates each
14 year choose never to work in a personal support
15 worker role, so they may go into some other form of
16 employment.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Okay. Right.

19 JANET HOPE: So I'm going to shift
20 gears on the next slide, if I may, into how we --

21 Actually, I'm just noticing it's 10:13.
22 And, Chair, you invited me to let you know what
23 might --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Is this a --

1 JANET HOPE: This might be a good spot
2 if we want to take a ten-minute break.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 All right. We'll take ten minutes.

5 JANET HOPE: Okay. Thank you.

6 -- RECESS AT 10:13 A.M. --

7 -- RESUMING AT 10:27 A.M. --

8 COMMISSIONER FRANK MARROCCO (CHAIR): I
9 guess we're ready to go, Ms. Hope, when you are.

10 JANET HOPE: Okay. Thank you.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Or are you waiting for anybody?

13 JANET HOPE: No. We can proceed.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Okay. Thank you.

16 JANET HOPE: So I was going to pick up
17 here on Slide 16 where we shift into the COVID
18 response aspects of staffing.

19 So on this slide, really reflecting at
20 the initial stages as we recognized that COVID was
21 present in Ontario and something we needed to deal
22 with.

23 I think a few key, early issues that we
24 knew we needed to address -- we recognized that
25 homes were going to need some additional

1 flexibility around quickly replacing staff who
2 might need to be absent from the workplace whether
3 due to illness, needing to self-isolate, other
4 challenges and that that would be greater than --
5 the need to quickly replace staff would be greater
6 than the normal course of events.

7 We recognized that there would be a
8 need for additional staffing, screening activities
9 that became mandatory, additional cleaning that
10 might be necessary, care for residents in isolation
11 is an example.

12 And that as a result, also, homes might
13 need to deploy staff differently within the
14 environment of the long-term care home to respond
15 to new needs or emerging shortages and that things
16 were going to be happening on a much -- needed to
17 happen on a much more rapid scale than might be the
18 normal course of events.

19 So I've listed here the primary, early
20 responses that we initiated. Abby spoke earlier to
21 the emergency funding that we were able to bring in
22 a -- I think it was as early as March 17th was our
23 first tranche of funding announced and that
24 flexibility so that these variety of staffing
25 challenges as well as other types of challenges

1 might be met with that money.

2 We also have had a number of changes to
3 regulations or emergency orders that provided
4 additional staffing flexibility, and I think the
5 first three actually were within a one-week period
6 of March 20th to March 27th. There was series of
7 three regulatory changes and emergency orders
8 brought in. They're listed in the appendix, and I'm
9 happy to go through them when we get there, if that
10 is helpful.

11 There was also work around identifying
12 pools of employments, so, again, recognizing that
13 there might be both additional staff as well as
14 staff who were unable to work. And this is work
15 that the Ministry of Health initiated to establish
16 Ontario's Health Workforce Matching Portal.

17 This bolstered -- we know that many of
18 the -- particularly the larger homes, the chains,
19 were doing their own recruitment drives to try to
20 create pools of additional employees.

21 COMMISSIONER FRANK MARROCCO (CHAIR): I
22 think you said that the first tranche of funding
23 came on March 17th?

24 JANET HOPE: Yes.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 And so when was there a recognition that that
2 tranche, that additional funding, would be
3 required? Like, how much earlier than March 17th
4 was there that recognition?

5 JANET HOPE: Not much earlier.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 Okay.

8 COMMISSIONER JACK KITTS: I have a
9 quick question. In the early response, was the
10 military and hospital support -- was that in --
11 would that have been included in the early response
12 to the crisis?

13 JANET HOPE: No. I'm going to address
14 that on the next page.

15 COMMISSIONER JACK KITTS: Oh, okay.

16 JANET HOPE: So I'm largely speaking
17 about things here that we were focussed on in March
18 so before we saw the really significant problems
19 emerging in long-term care.

20 Again, it was such a fluid period, you
21 know, and things were happening so rapidly that
22 it's hard to clearly delineate, you know, stages.

23 But in general, the things I'm talking
24 about on this page were before we knew that a
25 number of homes were getting into a really

1 difficult situation. And, of course, at this
2 stage, you know, in mid-March, we were still -- we
3 knew that homes needed supports. We knew that
4 homes needed to protect vulnerable residents, but
5 the -- but we were also very conscious of what was
6 happening in Italy and very concerned about
7 hospitals being overwhelmed. So we weren't, at
8 that stage, imagining that hospitals were going to
9 have any excess capacity to assist long-term care
10 homes.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Well, this is the Ministry of Long-Term Care
13 though, right?

14 JANET HOPE: Yes.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 So would hospitals be -- wouldn't that be the
17 responsibility of the Ministry of Health?

18 JANET HOPE: Yes, yes. But I think --
19 I thought I heard the question about were we
20 considering hospital supports into long-term care
21 at this stage, and we were not.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Okay.

24 JANET HOPE: The last couple of points
25 on this page -- we've talked about pandemic pay

1 previously, but also, there were a number of other,
2 I would say, smaller initiatives, but we were
3 trying to anticipate what some of the needs would
4 be.

5 So there was work with the Centres for
6 Learning Research and Innovation. They, in turn,
7 worked with Baycrest and the Michener Institute to
8 put in place online training tools that could
9 support this new workforce that might come in on an
10 emergency basis to support long-term care home so
11 that there could be some basic training available.

12 So if, for example, we had, you know,
13 someone -- a physiotherapist who was no longer able
14 to work in their normal function who might be
15 willing to work in a long-term care setting, what
16 might be some targeted training for that individual
17 to successfully move into a long-term care setting
18 on a rapid basis to assist with personal care
19 issues.

20 We also had the Centres for Learning
21 Research and Innovation put together some resources
22 for social support for staff. AdvantAge Ontario is
23 one of the associations that came to us and
24 requested funding so that they could do training
25 activities and other activities to support their

1 members. So these are just some examples of some
2 of the other kinds of things that were being put in
3 place early on, and, as we said, pandemic pay.

4 Other questions there?

5 Okay. So as the pandemic progressed,
6 the experience on the ground had started to inform
7 additional actions. And I think, as you know from
8 what you've seen on the data, some homes managed --
9 and as you've alluded to earlier in this briefing,
10 some homes managed very well on their own.

11 And even some homes that experienced
12 outbreak did not experience significant staffing
13 challenges or rampant disease spread. But we did
14 have a number of homes that experienced significant
15 staff losses up to as much as 70 percent, and those
16 staff losses seemed to happen very quickly.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Did anybody do a kind of organized poll of the
19 places that didn't lose staff to try to figure out
20 why they didn't lose staff?

21 JANET HOPE: I wouldn't say anyone has
22 done an organized poll. There were, in June and
23 July, formal "Lessons Learned" sessions held
24 broadly in the sector. And I think, from those
25 sessions, we heard about some of the things that

1 were important like good IPAC practices and access
2 to good IPAC expertise, strong leadership in the
3 home, a strong Medical Director presence in the
4 home.

5 We heard that some of those things
6 seemed to be important to help staff feel safe and
7 secure to come to work.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 M-hm.

10 JANET HOPE: But --

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay.

13 JANET HOPE: Okay. So the sources of
14 information at this stage were really from the -- I
15 think you've heard earlier our inspectors were
16 doing the daily calls with homes and gathering
17 information about where there were critical staff
18 or PPE shortages emerging as well as getting the
19 outbreak information.

20 That, combined with what the Ontario
21 Health regional tables, the regional planning work,
22 and that information came together, in my
23 experience, at the INS table and was the -- became
24 the sort of focal point for really focussing on the
25 homes in difficulty.

1 Certainly Ontario Health itself was the
2 health system's boots on the ground, as it were.
3 Ontario Health was providing some direct supports
4 to homes and working with those regional tables to
5 fill the gaps that were emerging, so whether that
6 was through agency staff --

7 And then as we started to realize that
8 hospitals were not going to be experiencing a big
9 onslaught, we were able to do the emergency orders
10 so the hospital staff could be redeployed. We did
11 the emergency orders so the home and community care
12 staff could be redeployed.

13 And for those municipal homes, they
14 sought a redeploy emergency order as well so that
15 they could redeploy municipal staff into homes.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Where did Ontario Health find the human resource
18 support?

19 JANET HOPE: Are you talking about --
20 so what I'm referencing --

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 I'm just taking up the point on the slide.
23 Ontario --

24 "OH provided direct human
25 resource supports to some homes."

1 JANET HOPE: Right.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Maybe I misread that, but I thought that that meant
4 they provided human resource -- human beings to
5 support some homes, and I was wondering where they
6 found those people.

7 JANET HOPE: So I do believe in some
8 cases LHIN staff may have gone into -- may have
9 been some of those actual human resources.

10 And I'm sorry, LHINs are technically a
11 separate entity from Ontario Health, but we tend to
12 talk about them now as if they're one, so I
13 apologize if that's confusing.

14 The other thing I'm referring to here,
15 though, is that some of those homes that got
16 into -- had a significant staff loss and the
17 regional tables were -- the LHINs were working
18 locally to try to get staff into those homes, what
19 we found -- what they found and what I've heard is
20 that those homes where -- all of the administrative
21 efforts of that home were being, you know,
22 redirected to frontline care of residents.

23 So there wasn't even someone to screen
24 a prospective employee, develop an employment --
25 like, just all of those sort of back-office things

1 that we -- that are necessary to bring on a new
2 employee.

3 Some homes were challenged with that,
4 particularly the independents that didn't have that
5 kind of a chain office to help. And so in some
6 cases, Ontario -- what I was referring to here was
7 that Ontario Health was actually trying to help
8 facilitate those kinds of basic back-office
9 functions. And we also brought in some of our
10 Ontario Public Service resources to work with
11 Ontario Health to try to help to see what we could
12 do to help just facilitate getting people into
13 homes.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 Yes, Commissioner Kitts?

16 COMMISSIONER JACK KITTS: Yeah. I can
17 probably answer that. The vast majority of health
18 human resources came from the hospitals because the
19 local hospitals hadn't reopened yet, and so there
20 was a significant amount of staff because they had
21 decreased the number of patients they had to look
22 after. So I think Ontario Health facilitated and
23 coordinated all that with the local hospitals.

24 I think -- going forward, I think the
25 concern is the hospitals are opened and full, and

1 Wave 2 is upon us, so I think that created a
2 challenge.

3 JANET HOPE: Yeah. And I certainly
4 agree, and I think some of what I was describing is
5 also before we got the hospital redeployment
6 emergency order in place. I think there was --
7 some of these other efforts were a bit more
8 predominant. And then, of course, the Canadian
9 Armed Forces deployment as well.

10 The other thing I wanted to flag here
11 was as -- there was this effort in getting staff
12 into homes to stabilize the staffing. Ontario
13 Health then came to us and said that they were
14 concerned that, collectively, the sector wasn't --
15 the homes in trouble weren't putting enough focus
16 on getting staff back. Staffing had left back into
17 work.

18 So while there were great efforts to
19 find new staff to bring into homes, including
20 redeploying staff from hospitals, there was a
21 concern that we actually needed to get the best
22 source of stability in the home, and the immediate
23 and longer term would be bringing back into the
24 workforce the people who had left, who had just --
25 who had not shown up to work for a variety of

1 reasons.

2 And so there were a series of
3 outreaches from the Deputy to specific homes asking
4 them -- in some cases, the request was for a
5 recovery plan and, as well, a return-to-work plan.

6 And that was an important source of
7 information for us about why homes understood staff
8 hadn't shown up, that a lot of it -- that there was
9 a certain degree of fear, lack of access to child
10 care, concern about family members with preexisting
11 conditions, staff members with preexisting
12 conditions, as well as, perhaps, illness and that
13 there --

14 And some of these homes didn't have a
15 strong occupational health and safety focus to put
16 into that working with staff to get them
17 comfortable and back into the workplace.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 The staff who wouldn't come back, were they
20 receiving the federal wage subsidy?

21 JANET HOPE: So some may have applied
22 for it. We certainly sought and provided to homes
23 clarification from the Federal Government that
24 individuals who had an employment opportunity were
25 not eligible for CERB. But anecdotally, we heard

1 that there were individuals who chose not to take
2 their shifts and who might have been -- have
3 applied for and been receiving CERB. So homes were
4 quite concerned that CERB was a disincentive,
5 although some of those individuals may not have
6 actually been eligible.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 But I mean that because it would seem to me that if
9 I -- the obvious. If I could get 80 percent of my
10 pay and not take any risk at all --

11 JANET HOPE: That was the concern we
12 were hearing from homes.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 -- I'm going to stay home.

15 JANET HOPE: That was the concern we
16 were hearing from homes, yes.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 You know, the professionally dedicated people,
19 maybe, who will try to work to try to solve a
20 problem, but they may be few and far between at
21 that level.

22 Commissioner Kitts?

23 COMMISSIONER JACK KITTS: Yeah. I may
24 be mistaken, but I thought someone told us in the
25 previous interview that the PSWs were not called

1 "essential services." Do you know anything about
2 that, Janet?

3 JANET HOPE: I don't.

4 COMMISSIONER JACK KITTS: I think it
5 was the PSW group that we interviewed. I
6 thought -- I think they weren't included in
7 essential services, but we'll have to check.

8 JANET HOPE: Then the final point on
9 this slide is really just that as more and more
10 homes were stabilized and moving out of that
11 critical situation, our efforts of the Ministry
12 started also to shift back into both completing the
13 work of the staffing study, because we knew we
14 needed to -- more important than ever, to do the
15 longer term work but also how we could work with
16 the sector to stabilize the sector knowing that we
17 are living in a COVID world for some time. As I
18 alluded to earlier, stabilization initiatives being
19 developed.

20 That is -- I don't know if you --

21 Abby had provided an Appendix A. This
22 is just a listing of some of the other
23 supplementary funding streams and programs.

24 And in Appendix B, I have a listing of
25 the various regulations and emergency orders. But

1 I'm happy -- it's in your hands.

2 Is it helpful if I just do a quick
3 review of what these are about or...?

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Well, if there's something you think we need to
6 know about, then we'd be happy to hear about it.

7 If it's a list and that's all it is,
8 then -- or and that's what it is, then we've got
9 the list.

10 JANET HOPE: Okay. I, maybe, would
11 just say the first three, these were the three
12 initiatives that -- between March 20th and
13 March 27th, as we started to really understand from
14 the sector what they felt they needed, these were
15 the changes that were put in place quite quickly.

16 The fourth was around the single-site
17 regulation. And then the remainder were, over the
18 course of the pandemic, opportunities for
19 redeployment of staff into long-term care.

20 So, for example, there was a very early
21 emergency order that enabled hospitals themselves
22 to redeploy staff within the hospital setting, and
23 it was later in the course of the pandemic that
24 that was amended to authorize hospitals to redeploy
25 staff into long-term care settings.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Was there a plan -- I appreciate what you just said
3 which was you were waiting -- you were hearing from
4 the homes, but was there a plan in place for, like,
5 a flu outbreak or something of that nature which
6 could be adapted to, you know, a viral, infectious
7 virus.

8 JANET HOPE: So my understanding -- and
9 I'm not the expert in this. My understanding is
10 that the sort of influenza plan is the plan that
11 the Ministry of Health has for the -- had for the
12 entire healthcare sector.

13 And I'm not aware that we, as a
14 Ministry, had a plan for -- that, you know, how
15 could we -- how should we adjust regulations if we
16 were into it.

17 I mean, homes deal with influenza
18 outbreaks annually, and so my understanding is that
19 the Ministry of Health plan was the sort of
20 additional plan on the province's response to
21 further outbreak.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Can you help me understand the difference in
24 jurisdictions between the two Ministries? If
25 you're the Ministry of Long-Term Care, and I say

1 this -- I'm asking for some clarification. I'm not
2 expressing a conclusion.

3 Wouldn't planning for, let's say, flu
4 outbreaks -- because, you know, for people to
5 anticipate a pandemic in March of this year is
6 asking a bit much.

7 But wouldn't planning for flu outbreaks
8 or infectious disease outbreaks be the
9 responsibility of the Ministry of Long-Term Care
10 rather than the Ministry of Health or not?

11 JANET HOPE: So until June of 2019,
12 they were one Ministry. So the legislative frame,
13 I think, was set up with the two being in one
14 Ministry.

15 My understanding of the Ministry of
16 Health's role -- and this would be for others to
17 confirm -- but that they have a role with respect
18 to infectious disease planning for the province at
19 large.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Okay. Commissioner Kitts?

22 COMMISSIONER JACK KITTS: I just want
23 to go back to Commissioner Marrocco's comment about
24 "Did you do a formal poll to see why many homes
25 didn't have a staffing shortage?"

1 And while you haven't done a poll, you
2 felt that the ones where staffing problems didn't
3 exist were homes where the staff felt safe and
4 secure, and you referenced the strong leadership
5 and strong IPAC support as two of the reasons that
6 these homes did well and kept their staff.

7 So everybody knows or everybody says on
8 all our interviews and in the media that, you know,
9 "We need to increase the number of staff, and we
10 need to make sure the IPAC support is there for
11 Wave 2. Those are two essential items."

12 Yet increasing the staff is difficult
13 in many homes, and I wonder whether anybody is
14 looking at the leadership of those homes. And if
15 it's not strong, is there any ongoing work to
16 determine where the leadership could come from for
17 Wave 2?

18 JANET HOPE: So as part of the
19 stabilization activities, I know that there has
20 been -- we're looking at the Medical Director role,
21 and I don't think, to date -- I'm not aware of
22 anything specific I can share at this point.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Would there be a reason that's not readily
25 apparent, perhaps, to us why local hospitals

1 wouldn't be able to assume a leadership role? They
2 have the expertise. They're in the neighbourhood.

3 JANET HOPE: So certainly, in the past
4 weeks, as we are experiencing disease spread, we
5 have had two homes in the Ottawa area of a fair bit
6 of community spread.

7 Apparently in Ottawa -- we have had two
8 homes in Ottawa experience a higher level of
9 infection, and my understanding is that, very
10 quickly, public health and a local hospital were
11 engaged in support in those homes.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 That's very helpful, but just taking it one step
14 further, in the interest of prevention, would it
15 make sense to have the local hospitals assume a
16 leadership role in this temporary emergency sooner
17 rather than later? Prior to the crisis developing
18 rather than after?

19 Or am I asking you a question that I
20 should ask to somebody else?

21 JANET HOPE: Well, I think you're
22 asking me for an opinion about whether hospitals
23 should be --

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Oh, public services are not keen on expressing

1 personal opinions or opinions.

2 JANET HOPE: I think the best way I can
3 answer this is that there are different views on
4 this and that I think there is some concern that,
5 you know, hospitals themselves are focussed on
6 their own planning and, you know, trying to address
7 surgical backlogs, trying to be ready for Wave 2
8 themselves.

9 And so I think the best way I can
10 answer it is with what I understand is happening
11 right now which is that there is a very, I think,
12 quite thorough and day-to-day surveillance and
13 watching of what is happening in homes.

14 And the INS structure has been
15 reestablished in the last week because we've had
16 some homes that are showing higher levels of
17 infection.

18 What we had in the summer was
19 generally, you know, one or two staff becoming
20 infected and so a home going into outbreak for that
21 reason and it not spreading into residents.

22 What we've started to see in the last
23 couple of weeks is some homes where there is some
24 spread into residents. So there's a daily,
25 attentive surveillance of -- and -- you know,

1 criteria and looking for the criteria of where does
2 it look like this might tip and active
3 interventions at that point which include looking
4 for a hospital partner who might be able to assist.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 So a willingness to resort to the hospital in a
7 situation where there is a risk of community --
8 where there is actual community spread of some
9 form.

10 But other than that, the hospital is,
11 like a boogeyman, interested in its own --

12 Well, I mean, I'm having some trouble
13 with that. I can't understand how a personal
14 support worker could be -- could come in -- how
15 somebody could take one of those personal support
16 workers and put them in a operating room. I don't
17 think they'd be terribly qualified for that.

18 I'm just having some difficulty with
19 why the hospital would be seen as a -- and I don't
20 want to put words in your mouth, but as a bit of a
21 last resort --

22 JANET HOPE: So --

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 -- a place where you go when the problem has
25 happened and you're confronted with it as opposed

1 to a place where you go expecting them to provide
2 the leadership to the long-term care facilities in
3 their bailiwick.

4 JANET HOPE: So --

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 That's what I'm having some trouble with.

7 JANET HOPE: Yeah. I'm not sure if I
8 can completely help you, but I do understand that
9 in a number of places where the hospitals engaged
10 with the long-term care home in Wave 1, that there
11 are now established relationships.

12 And there may be, by virtue of that
13 experience and those relationships, a more
14 collegial, professional environment where the
15 hospital is informally available for support.

16 And then in some cases in some
17 communities and maybe some of those homes that
18 didn't get into trouble, they did have better
19 preexisting relationships with the broader
20 healthcare sector.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Who would order the hospitals to take a leadership
23 role in this?

24 JANET HOPE: I think that would be, you
25 know, a government decision.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Ministry of...

3 JANET HOPE: Ordering the hospitals
4 would be --

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 To say "Listen, you will take responsibility for
7 the long-term care facilities in your catchment
8 area and in the short run until this crisis is
9 behind us."

10 JANET HOPE: I'm not a lawyer, but I
11 believe that would require a Cabinet decision and
12 probably something akin to an emergency order.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Okay. Thanks. We won't hold you to that. We will
15 bother the lawyers for that.

16 JANET HOPE: Thank you.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Does that complete --

19 JANET HOPE: Any further questions?

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 Does that complete the presentation, Ms. Hope?

22 JANET HOPE: Yes, yes, it does.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Any questions?

25 Well, thank you. Thank you very much.

1 This has been informative. We may come back --

2 JANET HOPE: Of course.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 -- with further questions with your permission.

5 It would be because this sourcing is helpful to us.

6 We're, as you can appreciate, wrestling
7 with more immediate -- we're wrestling with an
8 immediate concern, and your presentation has given
9 us some sense of what is going on now in the
10 sector, and it helps us with the work we have to
11 do.

12 So thank you for the time and the
13 effort, and please thank those who helped you.

14 JANET HOPE: Thank you. I will maybe
15 just say one more thing that, you know, the focus
16 of my presentation was not meant to be on what's
17 happening today. I've, to the best of my
18 knowledge -- and I am not, as the Policy ADM,
19 responsible for leading emergency response.

20 So I'm just, I think, wanting to be
21 clear that if you're wanting to dig further into
22 that that, that that might be another conversation
23 with the Deputy or others as well.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 Fair enough.

1 JANET HOPE: Okay.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 No, thank you for that too.

4 JANET HOPE: Okay. Thank you.

5 COMMISSIONER JACK KITTS: Thank you.

6 COMMISSIONER ANGELA COKE: Thank you.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 Thank you.

9 -- Adjourned at 11:00 a.m.

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, MCKAYA MCDONALD, CSR, Certified
4 Shorthand Reporter, certify:

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

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

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

16
17
18 Dated this 24th day of September, 2020.

19
20
21 

22
23 _____
24 NEESONS, A VERITEXT COMPANY

25 PER: MCKAYA MCDONALD, CSR

CHARTERED SHORTHAND REPORTER

WORD INDEX

< \$ >

\$102 16:14
\$12 16:22
\$170 36:19
\$184.96 16:10
\$22.8 26:12
\$243 32:18
\$4 41:16
\$4.50 17:11
\$50 35:25
\$56 17:5
\$62.18 20:22
\$74 27:3
\$8 26:2
\$88 36:1
\$9.54 17:1

< 1 >
1 42:24 44:1, 7, 9 54:10 56:2 58:3 59:25 61:17 86:10
1.6 14:8
10,000 56:22
10:13 63:21 64:6
10:15 1:16 5:24
10:27 64:7
100 34:8, 10
11:00 89:9
135 32:19 36:5
16 33:10 64:17
17th 65:22 66:23 67:3
18 45:20, 22
1st 16:11 33:12

< 2 >
2 6:5 41:21 43:17 56:2 60:1 75:1 82:11, 17 84:7
2019 81:11
2020 1:15 33:13 90:18
2021 14:6
209 13:25
20th 66:6 79:12
23 36:8
24th 1:15 90:18
27th 66:6 79:13

< 3 >

3.1 27:6
30,000 9:9, 11 11:23
30th 46:22
32 17:17
321 33:1

< 4 >
4 6:23
4.6 14:7

< 5 >
5 7:22 13:14
5.4 13:18
50 22:7, 9, 13

< 6 >
6 16:4
6.2 6:10 14:5

< 7 >
70 70:15

< 8 >
80 77:9

< 9 >
9:00 1:16 4:1
91 45:20
97 33:18 34:18

< A >
a.m 1:16 4:1 64:6, 7 89:9
Abby 2:12 4:12 5:1, 9 6:11, 22, 24, 25 8:7, 16, 19 11:11, 15 12:11, 21 13:12 15:9 16:4 18:10 19:12, 16 20:20 21:9, 16, 20 25:10 28:3, 6, 12, 25 29:7, 18 30:9, 15 31:1, 15, 16 32:5, 12 34:4, 11 35:11, 13, 22 37:23 38:23 40:8, 10, 11 41:3, 11, 12 49:20 65:20 78:21

Abby's 5:13 20:8 39:18 44:16
abilities 17:20
ability 29:22 31:10
absent 65:2
absolutely 31:16 56:4
abuse 48:13
access 47:2, 11 55:25 71:1 76:9
accessing 25:13
accommodate 9:17
accommodated 24:13
Accommodation 17:5, 18, 21 21:11, 25 22:8, 11 23:9
acomodation 13:18
account 35:16
accountability 7:6, 21 8:2, 7 12:7, 20 29:18 31:5
accountable 8:4
accuracy 31:9
accurate 30:8
achieve 52:2, 24 53:5
acknowledges 51:2
act 50:4
action 50:23 55:20, 21 56:11 57:8
actions 70:7
active 85:2
actively 61:4
activities 16:1 37:7 65:8 69:25 82:19
actual 24:8 33:16, 19, 25 73:9 85:8
acuity 16:18, 20 18:5, 8, 9, 12, 13 19:2, 20 20:7 47:24 48:2, 22 50:4

acute 18:16 48:22 55:10, 11 59:1
adapted 80:6
add 12:19 15:3 37:19 39:12 41:8
adding 17:9
addition 33:13
additional 5:15 8:21, 24 9:17 15:6 35:18 36:5, 14, 16 41:6 53:1, 2, 19 58:6 64:25 65:8, 9 66:4, 13, 20 67:2 70:7 80:20
address 8:22, 24 17:15 19:20 27:13 28:17 37:1 61:6 64:24 67:13 84:6
addressed 41:4 51:1, 9
adequate 46:11
adequately 48:19
adhered 56:7, 8
Adjourned 89:9
adjust 80:15
adjusted 16:16
adjusts 16:19
ADM 88:18
administration 52:8
administrative 54:5 73:20
administratively 49:21
AdvantAge 39:13 69:22
advice 19:24
advise 46:19
Advisory 46:15 50:22 52:15, 16, 21 53:3, 17 54:13, 23
afford 25:17
after 63:12 74:22 83:18
agency 37:8 72:6

ago 45:17
agree 75:4
Agreement 8:3, 8 13:4 29:21 31:5
agreements 12:7, 16, 21, 25 29:19
ahead 32:11 34:3 39:23 40:10
aids 26:3
akin 87:12
Alison 2:20
allocate 17:14
allocated 9:24 12:17 14:5 17:17
allocation 7:13, 18 8:20 32:4, 7 35:14, 16
allotment 40:3
allow 33:15
allowed 14:14
alluded 47:24 70:9 78:18
alternate 15:13 33:8
Alzheimer's 27:2
amended 79:24
amount 14:9, 11, 13 16:11, 16 17:17 19:11 20:21, 23 21:6, 10, 13 25:11 32:14 34:6 36:13, 14, 16 74:20
Amy 3:1
analysis 55:4
analyzed 18:23
and/or 36:14
anecdotally 41:24 76:25
Angela 2:5 4:5, 20 12:5, 18 19:8, 13 20:16 32:2 41:15 43:15, 23 51:10, 12, 18 89:6
announced 35:25 36:1, 5 62:10, 20 65:23

<p>annual 8:20 29:24 33:11 42:18 annually 18:7 31:7 80:18 answered 40:1 answers 24:15 anticipate 38:2 39:6 69:3 81:5 anticipated 42:7 anticipation 35:1 anybody 64:12 70:18 82:13 Anyway 12:3 35:12 apologize 52:25 73:13 apparent 82:25 Apparently 83:7 appended 27:25 appendix 66:8 78:21, 24 application- based 32:6 applied 76:21 77:3 apply 28:21 applying 23:7 appreciate 80:2 88:6 approach 5:2 10:5 11:7 36:3 37:23 39:19 approaches 52:5, 10, 12 appropriately 49:15 April 16:11 32:17 36:1, 7 area 83:5 87:8 areas 5:4, 7 8:6 47:13 59:12 Armed 75:9 arrangements 31:9 asked 25:8 46:18 asking 23:19 76:3 81:1, 6 83:19, 22 aspects 64:18 Assessment 25:15, 18</p>	<p>assist 38:8 61:9 68:9 69:18 85:4 Assistant 2:10, 20 associated 15:23 33:4 Association 27:20 associations 36:2, 11 39:13 69:23 assume 83:1, 15 assumption 38:18 attending 1:14 54:4 attention 35:6 attentive 84:25 attest 30:9 31:8 audit 29:12 30:10, 18, 23 31:10, 11, 12, 23 audits 31:14 August 36:4 41:18 42:3 authorize 79:24 available 21:22 23:14 25:16 27:11 28:8, 10 34:25 38:18 40:15 55:6 62:1, 4 63:3 69:11 86:15 average 16:19 18:12, 13 20:7 avoid 60:4 awaiting 39:10 aware 14:25 30:11 80:13 82:21 < B > back 11:16 18:3, 22 50:14, 18 55:25 60:22 62:4 75:16, 23 76:17, 19 78:12 81:23 88:1 background 5:5 backlogs 84:7 back-office 73:25 74:8 bailiwick 86:3</p>	<p>balance 52:17 balances 52:8 barrier 25:13 Barriers 49:4 base 27:19 36:13 based 14:12 22:4 25:14, 18 28:13 33:19 34:7, 13 35:15 36:10 basic 14:10 20:22 21:10, 13, 14, 24 22:8, 10, 16 23:2, 8 25:17 69:11 74:8 Basically 7:8 37:4 basis 16:9 43:6 69:10, 18 Baycrest 69:7 becoming 84:19 bed 11:8, 11 21:8, 15 bedroom 23:23, 24 bedrooms 24:4 beds 9:25 10:2, 14, 15, 22 23:2 33:7, 8, 20, 22 36:14 Behavioural 26:24 27:12, 15 behaviours 27:1, 14 48:6, 14 beings 73:4 believe 10:20 22:20 42:22 73:7 87:11 best 40:20 75:21 84:2, 9 88:17 better 7:19 8:3 35:4 44:2, 7, 8 51:23, 24 58:21 86:18 big 72:8 billion 6:10 13:18 14:5, 7, 8 bit 6:12 11:15 19:25 42:7 44:9 46:23 58:15 60:5, 7,</p>	<p>11 75:7 81:6 83:5 85:20 bolstered 66:17 boogeyman 85:11 boots 72:2 bore 60:20 bother 87:15 bottom 6:16 36:17 37:11 Branch 2:12, 15 3:1, 3 5:10 7:1 59:15 brand 30:16 break 5:23, 25 60:17 64:2 briefing 5:3 9:22 38:12 44:21, 23 70:9 briefings 6:8 bring 63:1 65:21 74:1 75:19 bringing 75:23 broad 26:16 45:14, 23 46:19 47:15 broader 46:17 86:19 broadly 40:16 70:24 broke 60:7, 11 brought 66:8 74:9 burdensome 42:17 49:21 business 15:22 < C > Cabinet 87:11 calculating 18:11 calendar 33:13 call 50:23 Callaghan 2:22 called 77:25 calls 42:23 71:16 calm 55:10 camera 60:17 Canadian 75:8 capacity 33:7 68:9 capital 11:9 13:24 26:11, 19</p>	<p>28:5, 13, 14 29:1, 4, 5 30:16 CARE 1:7 2:13, 16, 21, 22, 24 3:2, 4, 7 5:3 7:4, 19 8:2, 3 9:20 13:16, 18 15:1, 25 16:5, 8, 13, 14 28:11 33:3, 10 36:11 44:22 45:3, 11, 15, 22, 25 46:12, 19, 25 48:10, 11, 21, 22, 23 49:2, 25 50:25 51:21, 23 52:2, 15, 23 53:5, 10, 16, 19 55:9, 10, 11 56:1 59:1, 5, 15 62:14, 15 65:10, 14 67:19 68:9, 12, 20 69:10, 15, 17, 18 72:11 73:22 76:10 79:19, 25 80:25 81:9 86:2, 10 87:7 carry 50:13, 15 60:24 case 9:1 16:17 18:3, 6, 10, 18, 23 19:1, 19, 25 20:5, 10 41:2 48:1 49:20 50:1, 8 cases 41:8 73:8 74:6 76:4 86:16 catchment 87:7 categories 16:12 centrality 42:12 Centres 27:5, 6 69:5, 20 CERB 76:25 77:3, 4 certain 8:11 34:6 40:3 45:5 63:4 76:9 certainly 13:3, 12 39:6 45:16 47:13 48:12 50:10 55:15 57:16 58:1 60:2 61:16</p>
--	--	---	---	---

<p>72:1 75:3 76:22 83:3 CERTIFICATE 90:1 Certified 90:3 certify 90:4 chain 74:5 chains 66:18 CHAIR 4:3, 15, 18, 21 5:22 6:2 7:23 8:14, 17 9:6 10:7, 11, 25 11:14, 20 12:2 13:6, 10 14:19 16:2 17:25 19:6 20:13, 18 21:23 22:2, 6, 14, 17, 21 23:16 24:7, 16 25:4, 7 28:1, 4, 7, 19 29:3, 11 30:3, 13, 20 31:25 32:10 34:2 38:15 39:21 41:13 42:5, 10 43:13 50:12, 17 54:11, 18 55:17 58:11, 14 59:7, 22 60:6, 10, 19 62:22 63:7, 17, 22, 24 64:3, 8, 11, 14 66:21, 25 67:6 68:11, 15, 22 70:17 71:8, 11 72:16, 21 73:2 74:14 76:18 77:7, 13, 17 79:4 80:1, 22 81:20 82:23 83:12, 24 85:5, 23 86:5, 21 87:1, 5, 13, 17, 20, 23 88:3, 24 89:2, 7 challenge 51:13 52:7 75:2 challenged 74:3 challenges 27:15 45:15, 18 46:5, 8 47:23 48:8 51:5 62:5 65:4, 25 70:13 Challenging 48:5, 7, 13, 16</p>	<p>Change 49:5 53:10 changed 20:5 changes 10:4 19:1 20:10 66:2, 7 79:15 characterization 31:15 charge 14:14 charging 22:16 chart 7:21 13:15 16:7 18:25 20:9 CHARTERED 90:25 charting 49:23, 24 check 29:17 78:7 child 76:9 choice 22:24, 25 23:3, 12, 25 24:19 choose 15:16 31:22 62:8 63:14 choosing 15:14 chose 77:1 circumstances 33:22 Civil 3:5 clarification 76:23 81:1 clarify 12:7 cleaning 37:8 65:9 clear 15:21 38:1 53:17 88:21 clearly 67:22 Clinical 27:4, 10 54:6, 7 closely 36:2 59:18 closer 59:8 cognitive 27:1 Coke 2:5 4:5, 20 12:4, 5, 18 19:7, 8, 13 20:14, 16 32:1, 2 41:14, 15 43:14, 15, 23 51:10, 12, 18 89:6</p>	<p>colleague 59:11 colleagues 5:1 collectively 75:14 College 46:1 collegial 86:14 combined 32:24 71:20 come 11:16 19:23 61:20 69:9 71:7 76:19 82:16 85:14 88:1 comes 40:15, 16 comfortable 76:17 coming 55:25 56:19 commencing 4:1 comment 51:6 57:1 81:23 COMMISSION 1:7 2:21, 22, 25 Commissioner 2:4, 5, 6 4:3, 5, 7, 15, 18, 20, 21 5:22 6:2 7:23, 24 8:1, 14, 17 9:6 10:7, 11, 25 11:14, 20 12:2, 4, 5, 18 13:6, 10 14:19 16:2 17:25 18:1, 2 19:6, 7, 8, 13 20:13, 14, 16, 18 21:5, 14, 23 22:2, 6, 14, 17, 21, 23 23:16, 20 24:2, 14, 16 25:4, 7 28:1, 4, 7, 19 29:3, 11 30:3, 13, 20 31:25 32:1, 2, 10 34:2, 5 35:2, 12, 20 38:15 39:21, 23, 25 40:21 41:13, 14, 15 42:5, 10 43:13, 14, 15, 23, 24 44:6, 12 50:12, 17 51:10, 12, 18 54:11, 18 55:17, 18, 19 57:23 58:11, 14,</p>	<p>23 59:3, 7, 22 60:6, 10, 19 62:22, 23, 24 63:6, 7, 17, 24 64:3, 8, 11, 14 66:21, 25 67:6, 8, 15 68:11, 15, 22 70:17 71:8, 11 72:16, 21 73:2 74:14, 15, 16 76:18 77:7, 13, 17, 22, 23 78:4 79:4 80:1, 22 81:20, 21, 22, 23 82:23 83:12, 24 85:5, 23 86:5, 21 87:1, 5, 13, 17, 20, 23 88:3, 24 89:2, 5, 6, 7 Commissioners 4:8 60:21 commit 62:13 commitment 10:21 commitments 35:24 committed 47:20 communications 37:20 38:6 communities 86:17 community 45:25 55:10 62:15 72:11 83:6 85:7, 8 COMPANY 90:23 compensation 53:25 competes 55:9 complete 46:11, 22 87:18, 21 completely 86:8 completing 63:12 78:12 complex 27:14 complexity 49:19 compliance 31:19 49:11, 14 53:13</p>	<p>comprehensively 55:15 59:16 conceivably 31:21 concern 49:1 55:15 74:25 75:21 76:10 77:11, 15 84:4 88:8 concerned 55:22 68:6 75:14 77:4 concerns 49:18 50:10 concluded 50:24 conclusion 10:24 81:2 conditions 27:1 48:5 51:22 52:1 53:15, 16, 21 76:11, 12 conducive 56:19 confess 58:19 configuration 22:4 confirm 42:3 81:17 confronted 85:25 confusing 73:13 conjunction 15:24 conscious 68:5 consensus 45:14 47:15 consideration 41:20 considered 50:11 considering 68:20 consistency 52:9 consistent 6:15 34:21 consistently 56:7 construct 9:20 consumer 20:24 contain 37:13 38:4, 10 containing 33:5 containment 32:20 34:13</p>
---	---	---	--	---

<p>35:7, 23 36:19 37:6, 17 39:1, 17 40:3 contemplation 43:16 context 6:18 45:18 55:8 continue 61:20 continuous 49:17 53:12 contribute 53:22 contributed 49:3 contributing 48:4 contribution 11:9 46:7 control 37:9 convenient 5:25 conversation 88:22 coordinated 74:23 co-pay 25:18 co-payment 6:11 14:15 20:21 21:2, 6 25:11 co-payments 14:9 33:12 correct 9:12 10:21 20:8 22:20 23:4 31:2 40:7 41:11 59:23 90:15 cost 11:7, 10 15:25 33:6, 10 costs 15:25 33:4 Councils 27:21, 22 Counsel 2:22 3:1, 3, 5, 6 couple 17:8 18:21 37:21 41:8 68:24 84:23 course 58:13 65:6, 18 68:1 75:8 79:18, 23 88:2 cover 33:4, 6, 10 covered 46:3 COVID 5:7 14:1 38:8</p>	<p>44:19 54:10 59:12 64:17, 20 78:17 COVID-19 1:7 32:13 33:6 37:13 create 66:20 created 33:7 75:1 creating 33:6 52:9 creation 11:8 crisis 35:5 40:23 50:25 51:3, 8 67:12 83:17 87:8 criteria 85:1 critical 42:25 43:7 44:4 56:1, 4 61:20 71:17 78:11 Crown 3:5 CSR 90:3, 24 cultural 46:6 culture 48:6 49:12, 14, 15 53:9, 12, 13 current 46:24 currently 20:22 27:17 43:4 47:19 cut 34:7 cycle 30:10 31:13 39:5 cycles 29:25 41:6 < D > daily 42:23 71:16 84:24 data 6:16 15:19 18:21 20:3, 4, 9 47:25 59:12 70:8 dataset 18:22 date 18:7 30:17 36:19 39:2 43:12 82:21 Dated 90:18 day 1:15 16:9, 10, 22 17:2, 5, 12 90:18 day-to-day 43:6 84:12</p>	<p>deal 41:10 50:13 57:11 64:21 80:17 dealing 48:9 deals 59:15 December 47:21 decision 43:20, 21 86:25 87:11 decisionmaking 39:20 decisions 24:11 61:5 deck 44:20, 23 decreased 74:21 dedicated 26:13 29:23 77:18 deferring 33:11 defined 37:25 definitive 41:23 42:2 definitively 51:17 degree 53:25 61:2 76:9 delayed 21:1 delineate 67:22 demand 32:3 55:12 dementia 27:2 dementias 48:15 demonstrate 20:6 deny 42:3 departures 43:10 depending 7:12 depends 21:21 deploy 65:13 deployed 56:24 deployment 75:9 Deputy 2:10, 20 57:14 76:3 88:23 Derek 2:24 describe 11:12 described 21:6 36:4 37:23 describing 15:9 57:6 75:4 descriptive 36:23 detail 14:18 30:1 61:25</p>	<p>detailed 15:19 30:18 31:8 35:14 details 32:13 44:15 determine 19:10 46:11 82:16 develop 36:2 73:24 developed 10:22 36:12 57:19 78:19 developing 83:17 development 9:23, 25 10:5 27:10 47:18 devoted 13:17 diem 17:11 difference 80:23 different 8:5, 6 13:22 21:7 25:23 42:15 43:8 45:9 84:3 differential 15:10 52:12 differently 65:13 difficult 56:15, 17 68:1 82:12 difficulty 71:25 85:18 dig 88:21 dilemma 60:23 direct 16:14 50:2 72:3, 24 directed 45:23 46:10 directly 7:12 33:3 Director 2:12, 24 5:9 7:1 45:3, 4 54:7 71:3 82:20 directs 8:8 discussion 48:3 disease 70:13 81:8, 18 83:4 disembodied 4:10 disincentive 50:5, 11 77:4 distinct 48:21 distinguish 51:14</p>	<p>distributed 13:16 16:9 34:14 36:8 dive 6:23 47:13 diversity 52:6 divided 16:12 Division 2:11 5:12 59:13 documented 47:17, 22 doing 42:23 66:19 71:16 dollar 11:3 dollars 7:18 12:13 drilled 56:11 drives 66:19 Drummond 2:20 due 27:1 33:21 65:3 Dwosh 2:12 6:24, 25 8:7, 16, 19 12:11 13:12 16:4 18:10 19:12, 16 20:20 21:9, 16, 20 25:10 28:3, 6, 12, 25 29:7, 18 30:9, 15 31:16 32:5, 12 34:4, 11 35:11, 13, 22 38:23 40:8, 11 41:3, 12 < E > eager 38:1 earlier 24:7 46:13 47:24 65:20 67:3, 5 70:9 71:15 78:18 early 5:11 41:2 64:23 65:19, 22 67:9, 11 70:3 79:20 earmarked 29:23 Education 27:4, 8 educational 48:17 54:25 effect 9:8 58:24 effective 55:25 effectively 27:23</p>
---	--	---	--	---

<p>effort 75:11 88:13 efforts 32:20 38:8 73:21 75:7, 18 78:11 eight-month 63:12 eligibility 28:12 36:22 eligible 26:16, 23 76:25 77:6 emergency 8:25 20:25 32:16, 18 33:8 35:15 37:14 40:14 58:2 65:21 66:3, 7 69:10 72:9, 11, 14 75:6 78:25 79:21 83:16 87:12 88:19 emerging 65:15 67:19 71:18 72:5 emotional 54:2 employee 73:24 74:2 employees 55:6 66:20 employment 48:5, 21 51:25 62:14 63:16 73:24 76:24 employments 66:12 empty 33:23 enabled 79:21 encourage 62:18 ended 41:18 end-of-pandemic 41:25 engaged 83:11 86:9 Engagement 27:19 36:11 enhance 26:22 ensure 29:14 34:23 36:25 52:9 ensuring 29:16 52:10 entering 38:9 entire 80:12 entity 73:11</p>	<p>envelope 16:24 17:5, 18, 21 32:9 envelopes 17:10, 15, 22 environment 46:6, 25 48:7, 9, 18 56:19 65:14 86:14 environments 48:16 equal 10:22 equipment 16:15, 23 17:6 26:3, 8 equitable 7:17 error 53:1 essence 50:22 essential 78:1, 7 82:11 establish 66:15 established 86:11 estimate 8:18 estimating 11:1 event 60:24 events 65:6, 18 eventually 36:8 everybody 4:4 14:24 56:15 60:20 82:7 example 12:24 15:23 22:18 28:9, 23 29:9 33:7 45:6 57:24 62:1, 19 65:11 69:12 79:20 examples 25:20 37:4 70:1 exceed 32:4 excess 68:9 excluded 28:23 exhaustive 25:21 exist 45:2 82:3 existing 10:13 expand 19:14, 16, 18 expanding 19:17 expected 41:1 expecting 86:1 expenditure 37:16 38:3, 7 41:9</p>	<p>expenditures 26:17 36:22 37:12 expenses 34:22 experience 37:22 48:18, 21 51:21 54:10 61:17 70:6, 12 71:23 83:8 86:13 experienced 44:11 59:25 60:1 70:11, 14 experiencing 43:7 62:16 72:8 83:4 expert 59:19 80:9 expertise 71:2 83:2 explaining 16:6 explains 7:6 32:21 35:24 expressing 81:2 83:25 extent 15:21 24:18 external 46:14 extra 9:4 23:22 34:9 41:16 extraordinary 41:9 < F > facilitate 74:8, 12 facilitated 74:22 facilities 9:20 10:14 28:11 86:2 87:7 facing 51:5 57:12 fact 34:20 38:17 45:21 46:16 factor 24:11 factors 48:3 51:14 fair 10:24 31:11, 15 41:7 42:7 46:23 51:1 54:8 83:5 88:25 fairly 47:12</p>	<p>Falls 26:1, 4, 7 30:22 Family 27:19, 21, 22 76:10 fashion 45:21 fear 76:9 feature 48:10 61:20 February 46:13 Federal 32:25 76:20, 23 fee 14:15 feel 5:19 61:18 71:6 felt 79:14 82:2, 3 fewer 10:14 figure 40:22 54:19 70:19 fill 24:3 51:4 58:1 72:5 final 78:8 finance 39:5 financial 12:9, 15, 22 30:1 31:8, 23 32:15 62:11, 17 find 24:5 52:17 54:14 72:17 75:19 finding 51:19 52:4 findings 50:20, 22 fine 20:17 fiscal 14:6 fit 58:16 fixed 19:11 32:9 flag 75:10 flags 31:22 flexibility 17:14 26:17 37:1 52:11 65:1, 24 66:4 flexible 49:10 flowed 7:9 9:7 32:15 36:6, 18 40:13 flu 80:5 81:3, 7 fluid 67:20 focal 71:24 focus 53:11 57:7 75:15 76:15 88:15</p>	<p>focussed 7:16 49:15 56:5 57:13 58:25 61:15 67:17 84:5 focussing 71:24 follow 12:6 22:23 58:15 following 36:10 follows 7:16 follow-up 20:15 Food 16:24, 25 17:1, 2 Forces 75:9 foregoing 90:6, 14 foreign 56:22 57:25 form 63:15 85:9 formal 70:23 81:24 for-profit 6:17 15:8, 22 17:19 forth 90:8 forward 52:18 74:24 found 49:21 52:13 54:15 73:6, 19 four-bed 21:7 four-bedroom 22:10 fourth 79:16 frame 61:8 81:12 framework 7:6, 21 44:22 49:6, 9 Frank 2:3 4:3, 15, 18, 21 5:22 6:2 7:23 8:14, 17 9:6 10:7, 11, 25 11:14, 20 12:2 13:6, 10 14:19 16:2 17:25 19:6 20:13, 18 21:23 22:2, 6, 14, 17, 21 23:16 24:16 25:4, 7 28:1, 4, 7, 19 29:3, 11 30:3, 13, 20 31:25 32:10 34:2 38:15 39:21 41:13 42:5, 10 43:13</p>
--	--	---	---	---

50:12, 17 54:11, 18 55:17 58:11, 14 59:7, 22 60:6, 10, 19 62:22 63:7, 17, 24 64:3, 8, 11, 14 66:21, 25 67:6 68:11, 15, 22 70:17 71:8, 11 72:16, 21 73:2 74:14 76:18 77:7, 13, 17 79:4 80:1, 22 81:20 82:23 83:12, 24 85:5, 23 86:5, 21 87:1, 5, 13, 17, 20, 23 88:3, 24 89:2, 7 free 5:19 frequent 42:17 frontline 73:22 full 17:22, 23 33:15, 25 34:19 74:25 full-time 53:25 function 27:22 31:10 62:8 69:14 functionality 50:7 functions 58:7 74:9 fund 17:9 27:8, 9 funded 7:4 14:7, 8 15:9 25:24 33:18 34:19 Funding 2:12, 14, 15 5:4, 10, 14 6:9, 23 7:1, 9, 11, 15 8:15, 21, 24 9:2, 13 10:1, 5, 18 11:2, 7, 13 13:15, 17, 21, 24, 25 14:3 15:1, 5, 10, 14, 17, 20 16:5, 8, 19 17:9, 14 18:19 25:21 26:13, 18 27:20 28:14, 17, 21, 24 29:1, 4, 6, 8, 9, 19, 22 31:3, 6, 9	32:8, 18, 24 33:3, 15, 25 34:9, 13 35:15 36:3, 12, 13 37:14, 20, 24 38:11 39:1, 8 40:2, 5 41:6 44:17 46:5 49:19, 24 50:9, 10 52:23 53:19 63:3 65:21, 23 66:22 67:2 69:24 78:23 fundraise 15:17 funds 9:24 16:14, 22 32:3 42:16 future 39:20 41:6 < G > gaps 48:17, 25 72:5 gather 39:15 gathering 71:16 gears 63:20 general 6:5 32:22 33:2, 17 44:17 49:2, 6 67:23 generally 15:20 20:23 21:12 46:21 52:8 54:5 84:19 Gillese 49:12 Gillese's 45:16 46:17 give 6:6, 13 29:25 47:7 given 10:23 25:19 32:6 35:6 41:5 42:12 43:17 88:8 gives 7:3 25:22 giving 30:7 global 17:11 goal 7:18 52:24 Good 4:4, 5, 7, 23 6:4, 24 15:18 64:1 71:1, 2 government 6:11 9:18, 25 11:8, 9 32:25	35:24 42:16 43:12, 20 47:20 52:22 53:4 61:5 76:23 86:25 government's 10:21 graduates 62:6, 7, 12, 18 63:13 graph 18:8 Great 4:17, 23 75:18 greater 50:3 65:4, 5 ground 70:6 72:2 Group 46:15, 16, 18 52:16, 21 53:3 54:13, 23 78:5 Group's 50:22 53:17 growing 19:15 guess 30:22 42:8 56:24 64:9 guidance 37:4 < H > half 35:23 hands 79:1 happen 65:17 70:16 happened 41:23 85:25 happening 65:16 67:21 68:6 84:10, 13 88:17 happy 47:3, 10, 13 66:9 79:1, 6 hard 41:1 67:22 head 63:5 Health 3:2, 4, 6 13:1, 2 37:6 43:2 50:7 56:23 57:17 58:3, 4, 22 59:14, 16 61:15 63:10 66:15, 16 68:17 71:21 72:1, 2, 3, 17 73:11 74:7, 11, 17, 22 75:13 76:15 80:11, 19 81:10 83:10	healthcare 7:18 55:8, 11, 13 62:9 80:12 86:20 HealthForceOnta rio 56:21 58:16 Health's 81:16 hear 10:8 11:23 41:24 42:8 56:6 79:6 heard 10:3 18:4 39:7 42:7, 22 47:7 48:17, 24 49:4, 7, 11, 18, 22 56:3 59:10 68:19 70:25 71:5, 15 73:19 76:25 hearing 19:25 55:24 59:24 61:24 77:12, 16 80:3 heat 44:1 height 42:24 Held 1:14 8:4 70:23 help 11:13 39:20 56:1 61:4 71:6 74:5, 7, 11, 12 80:23 86:8 helped 88:13 helpful 13:8 66:10 79:2 83:13 88:5 helping 61:18 helps 88:10 hesitate 25:8 higher 18:17 83:8 84:16 highlight 25:25 26:10 highlighted 7:15 45:17 Hillmer 59:11 hires 43:11 historically 42:15, 18 hit 41:1 hold 34:24 87:14 home 9:2, 4 12:17 14:10, 14 15:24, 25 16:18 17:7, 13 18:12,	15 19:21 21:21, 22, 25 22:5, 7, 9, 25 23:1, 13, 23, 24 24:6, 7, 10, 11, 25 25:1 26:19, 22 28:20 29:22 31:7, 12 34:18 35:17 37:2 38:9 40:2 45:25 48:22 50:13 51:2 53:11 61:19 62:14 65:14 69:10 71:3, 4 72:11 73:21 75:22 77:14 84:20 86:10 homes 7:7, 10, 12 8:6, 8, 19 12:23, 25 13:5 14:20 15:4, 7, 8, 12, 16, 22 17:19 18:5, 14, 17, 20, 22 19:3, 10 22:13 23:5, 15 26:2, 7, 8, 13, 17 27:11 28:13, 16, 18, 25 29:7, 25 32:6 33:4, 15, 17, 24 34:6, 8, 9, 23 35:3, 8, 9, 10, 18 36:9, 12, 13, 15 37:1, 5, 13, 20 38:1, 6, 25 39:15 40:6, 23, 24, 25 41:4, 9, 24 42:23 43:4 44:3 45:3, 11, 12, 16 46:1, 12 49:9 51:3 52:6 53:19 54:5, 6, 8 58:7 64:25 65:12 66:18 67:25 68:3, 4, 10 70:8, 10, 11, 14 71:16, 25 72:4, 13, 15, 25 73:5, 15, 18, 20 74:3, 13 75:12, 15, 19 76:3, 7, 14, 22 77:3, 12, 16 78:10 80:4, 17 81:24 82:3, 6, 13, 14 83:5, 8,
--	---	---	--	--

<p>11 84:13, 16, 23 86:17 Home's 16:17, 19 Honourable 2:3 Hope 2:10 4:23, 24 6:1, 4 9:15 10:10, 20 11:5, 19 12:1, 19 13:8, 9 15:3 19:5, 22 21:18 22:1, 4, 12, 16, 19 23:4, 18 24:1, 5 25:2, 6 28:20 31:1, 17 34:23 37:18 39:12 40:9, 18 41:7, 22 42:9, 14 43:19 44:3, 8, 14 50:13, 16, 19 51:11, 16, 19 54:17, 22 57:3, 24 58:13, 19 59:2, 6, 8, 10 60:2, 8, 14, 25 63:2, 11, 19 64:1, 5, 9, 10, 13, 16 66:24 67:5, 13, 16 68:14, 18, 24 70:21 71:10, 13 72:19 73:1, 7 75:3 76:21 77:11, 15 78:3, 8 79:10 80:8 81:11 82:18 83:3, 21 84:2 85:22 86:4, 7, 24 87:3, 10, 16, 19, 21, 22 88:2, 14 89:1, 4 hospital 67:10 68:20 72:10 75:5 79:22 83:10 85:4, 6, 10, 19 86:15 hospitals 68:7, 8, 16 72:8 74:18, 19, 23, 25 75:20 79:21, 24 82:25 83:15, 22 84:5 86:9, 22 87:3 hours 45:8 53:5 house 60:22 huge 40:23</p>	<p>human 46:4 57:17 58:3 59:16 61:15 72:17, 24 73:4, 9 74:18 Hylton 9:23 < I > idea 43:25 62:25 identifying 43:3 66:11 Ife 4:12 5:1 Ifeolu 2:14 illness 65:3 76:12 image 49:2 imagining 68:8 immediate 55:20, 21 56:11 57:1, 11 61:9 75:22 88:7, 8 impact 41:19 42:1 implement 43:9 implemented 38:24 implicit 38:17 important 57:5 71:1, 6 76:6 78:14 impression 10:8, 12 improve 50:7 53:16 57:7, 9 improved 7:19 8:4 improvement 13:1 49:17 53:12, 21 improving 50:5 60:18 incentive 62:12, 17 include 12:22 85:3 included 41:17 67:11 78:6 includes 46:23 47:23 including 10:1 17:2 46:20 56:8 75:19 inclusive 6:18 11:11</p>	<p>income 25:12, 15, 18 increase 21:2 33:11 52:23 53:18 55:3, 5 56:3 82:9 increased 14:12 17:9 18:19 20:7 56:14 59:4 increases 16:11 20:23 57:2 increasing 10:15 18:4, 5 48:2 82:12 incremental 33:4, 6 37:11, 15 independents 74:4 Index 16:17, 20 18:3, 6, 11, 18, 23 19:1, 20 20:1, 5, 10, 24 48:1 49:20 50:1, 8 indicate 24:19 indicated 28:20 indicating 23:9 24:20 Indiscernible 60:8 individual 9:1 17:10 19:21 53:11 69:16 individuals 26:25 58:4 76:24 77:1, 5 industry 63:10 inequity 23:21 infected 84:20 infection 37:8 83:9 84:17 infectious 80:6 81:8, 18 inflationary 14:13 influence 23:25 influenced 23:14 influenza 80:10, 17 inform 39:20 70:6 informally 86:15 information 5:6, 16 6:6 9:7 30:6 31:8</p>	<p>38:14, 21 39:7, 14, 20 41:23 42:2, 21, 25 43:5 44:18 46:24 62:1, 21 71:14, 17, 19, 22 76:7 informative 88:1 informed 24:18, 19 informing 61:3 initial 64:20 initially 14:5 40:1 initiated 65:20 66:15 initiative 33:1 initiatives 13:20 19:19 34:12 39:17 61:14, 16, 23 62:21 69:2 78:18 79:12 injuries 26:4 Injury 26:1 30:22 Innovation 27:6, 7 52:11 69:6, 21 innovative 49:9 52:12 inquiry 45:19 INS 43:2 71:23 84:14 inspection 30:25 31:24 inspections 30:11 31:18, 20 inspectors 42:23 71:15 Institute 69:7 intended 7:15 19:2, 3 26:6 27:13 50:1 intention 36:23 interest 83:14 interested 23:6 24:12 41:19 85:11 interim 38:24 39:10 internal 30:10, 23 31:12 internet 60:16 interrelated 51:25</p>	<p>intervention 55:5 interventions 50:6 85:3 interview 77:25 interviewed 78:5 interviews 82:8 introduced 17:10 investment 32:18, 19, 24 55:2 investments 14:1 32:14 33:2 35:23 36:20 53:5 invited 63:22 IPAC 56:7 57:17 61:16 71:1, 2 82:5, 10 isolation 34:25 65:10 issue 9:16 42:13 54:21 58:17 issues 46:4, 20 47:16 48:15 61:7, 9 64:23 69:19 Italy 68:6 items 37:3 38:22 82:11 < J > Jack 2:6 4:7 8:1 12:6 18:2 21:5, 14 22:23 23:20 24:2, 14 34:5 35:2, 12, 20 39:25 40:21 43:24 44:6, 12 55:19 57:23 58:23 59:3 62:24 63:6 67:8, 15 74:16 77:23 78:4 81:22 89:5 Janet 2:10 4:12, 23, 24 6:1, 4, 25 9:15 10:10, 20 11:5, 19 12:1, 19 13:9 15:3 19:5, 22 21:16, 18 22:1, 4, 12, 16,</p>
---	--	--	---	--

19 23:4, 18 24:1, 5 25:2, 6 31:1, 17 34:23 37:18 39:12 40:1, 9, 18 41:7, 22 42:9, 14 43:19 44:3, 8, 14 50:16, 19 51:10, 11, 16, 19 54:17, 22 55:19 57:3, 24 58:13, 19 59:2, 6, 10 60:2, 8, 14, 25 63:2, 11, 19 64:1, 5, 10, 13, 16 66:24 67:5, 13, 16 68:14, 18, 24 70:21 71:10, 13 72:19 73:1, 7 75:3 76:21 77:11, 15 78:2, 3, 8 79:10 80:8 81:11 82:18 83:3, 21 84:2 85:22 86:4, 7, 24 87:3, 10, 16, 19, 22 88:2, 14 89:1, 4 January 21:2 33:12 John 2:22 joined 4:25 Judith 3:3 4:8, 9, 17, 25 July 5:11 33:12 46:22 70:23 jump 5:15, 20 9:15 June 70:22 81:11 jurisdictions 80:24 Justice 45:16 46:17 49:12 < K > keen 83:25 keeps 55:24 kept 82:6 key 7:14 50:20, 21 55:20 64:23 kind 20:9 61:6 70:18 74:5	kinds 45:18 58:7 70:2 74:8 Kitts 2:6 4:7 7:25 8:1 18:1, 2 21:5, 14 22:23 23:20 24:2, 14 34:5 35:2, 12, 20 39:23, 25 40:21 43:24 44:6, 12 55:18, 19 57:23 58:20, 23 59:3 61:10 62:23, 24 63:6 67:8, 15 74:15, 16 77:22, 23 78:4 81:21, 22 89:5 knew 64:24 67:24 68:3 78:13 knowing 78:16 knowledge 88:18 knows 82:7 < L > labour 48:24, 25 55:16 lack 76:9 laid 31:4 large 15:4, 13 81:19 largely 67:16 larger 66:18 largest 16:5 launch 62:2 launched 26:12 46:13 Law 3:5 lawyer 87:10 lawyers 87:15 Lead 2:3 5:13, 18 leadership 54:4, 5, 6, 7 55:25 57:17 71:2 82:4, 14, 16 83:1, 16 86:2, 22 leading 88:19 Leamen 3:1 Learned 70:23 Learning 27:5, 7 59:21 69:6, 20 leave 38:19	58:12 leaving 56:16 left 75:16, 24 Legal 3:1, 3 legislation 45:1, 7 49:7 legislative 44:21, 23 45:10 49:5 81:12 length 24:9 Lessons 70:23 Lett 2:24 level 16:5, 8 18:12, 13 19:2, 20 51:13 53:11 56:5 77:21 83:8 levels 16:18 20:1 33:19 34:1, 14, 20 42:1, 2 43:10, 25 46:12 84:16 levers 56:24 LHIN 73:8 LHINs 7:9 45:24 73:10, 17 licenses 33:8 life 48:9 51:21 52:3 lines 15:23 listed 65:19 66:8 Listen 87:6 listing 78:22, 24 live 23:13 51:24 living 78:17 local 17:15 38:2 74:19, 23 82:25 83:10, 15 locally 73:18 long 37:10, 15 55:14 57:9, 20 longer 57:7 61:3, 6 69:13 75:23 78:15 LONG-TERM 1:7 2:13, 16, 21, 22, 24 3:2, 4, 7 5:3 7:4 8:2 9:20 13:16 15:24 28:11 33:3, 9 36:11 44:22 45:15, 22 46:12, 19, 25 48:11, 21 49:2 50:25 51:23	52:14, 23 53:9, 19 55:9 59:5, 15 62:14 65:14 67:19 68:9, 12, 20 69:10, 15, 17 79:19, 25 80:25 81:9 86:2, 10 87:7 looking 7:17 51:7 82:14, 20 85:1, 3 looks 11:4 13:4 lose 70:19, 20 loss 73:16 losses 70:15, 16 lot 10:13 18:4 38:14 48:3 49:11 54:22 55:22 56:18 76:8 LTC 25:13, 23 26:13 Lynn 3:6 < M > made 24:7 57:25 90:10 magnitude 11:18 Mahoney 3:6 maintain 34:22 maintaining 26:14 29:15 majority 13:17 74:17 making 61:5 managed 70:8, 10 management 46:5 48:1 49:20 50:1, 8 Manager 2:14 mandate 46:16 mandatory 65:9 Mann 3:5 March 36:1, 7 65:22 66:6, 23 67:3, 17 79:12, 13 81:5 Marrocco 2:3 4:3, 15, 18, 21 5:22 6:2 7:23 8:14, 17 9:6 10:7, 11, 25 11:14, 20 12:2	13:6, 10 14:19 16:2 17:25 19:6 20:13, 18 21:23 22:2, 6, 14, 17, 21 23:16 24:16 25:4, 7 28:1, 4, 7, 19 29:3, 11 30:3, 13, 20 31:25 32:10 34:2 38:15 39:21 41:13 42:5, 10 43:13 50:12, 17 54:11, 18 55:17 58:11, 14 59:7, 22 60:6, 10, 19 62:22 63:7, 17, 24 64:3, 8, 11, 14 66:21, 25 67:6 68:11, 15, 22 70:17 71:8, 11 72:16, 21 73:2 74:14 76:18 77:7, 13, 17 79:4 80:1, 22 81:20 82:23 83:12, 24 85:5, 23 86:5, 21 87:1, 5, 13, 17, 20, 23 88:3, 24 89:2, 7 Marrocco's 81:23 matching 58:4 66:16 matter 24:25 38:20 matters 12:22 maximum 37:1 McDonald 3:11 90:3, 24 McKaya 3:11 90:3, 24 meaning 16:25 means 17:13 meant 22:18 73:3 88:16 measure 9:13 19:2 measures 12:10, 11 14:13 37:9 56:7 mechanisms 42:22 media 82:8
---	---	---	---	--

<p>medical 16:15 45:4 54:6 71:3 82:20 meet 11:2 49:23, 24 MEETING 1:7 49:16 52:12 members 70:1 76:10, 11 mental 54:1 mentioned 4:25 met 66:1 method 35:14, 16 methodology 36:12 methods 34:15 metric 19:17 M-hm 4:20 11:19 12:1 30:14 42:9 71:9 Michael 59:11, 13 Michelle-Ann 9:23 10:4 Michelle-Ann's 11:6 Michener 69:7 middle 40:19 mid-March 68:2 military 67:10 million 13:25 26:2, 12 27:3, 6 32:18, 19 33:1 35:25 36:1, 5, 8, 19 minimum 52:10 Minister 2:10, 20 Ministries 3:2, 4 59:17 80:24 Ministry 2:13, 16 3:6 7:7, 10, 12 9:4 14:4 17:24 25:24 28:15 29:2, 5 33:23 46:10 54:14 59:14 66:15 68:12, 17 78:11 80:11, 14, 19, 25 81:9, 10, 12, 14, 15 87:2 Minor 26:11, 19, 21 28:5, 13 30:16 minute 13:22</p>	<p>minutes 6:3 64:4 misread 73:3 missed 54:12 mistaken 77:24 mitigate 26:9 56:1 60:4 Mix 16:17 18:3, 6, 11, 18, 23 19:1, 19 20:1, 5, 10 53:7 MLTC 2:11 model 49:19 50:11 money 7:7, 16 8:9, 12, 13 12:16 17:23 29:15 30:2, 7 32:22 34:7 36:24 37:5 38:7, 18 39:16 40:13, 17 50:2 66:1 monthly 42:11 43:9 months 37:21 61:13 morning 4:4, 6, 7, 12, 24 5:2 6:24 mouth 85:20 move 6:22 7:22 24:23, 25 38:13 44:15, 18 47:5 50:19 52:18 53:4 58:9 61:1 69:17 moving 13:14 32:13 78:10 multiple 19:14 municipal 6:19 15:4, 6, 7, 12 28:20 72:13, 15 Municipality 28:22 < N > nature 13:5 80:5 necessary 53:23 65:10 74:1 needed 38:3 39:8 40:6 42:20 64:21, 24</p>	<p>65:16 68:3, 4 75:21 78:14 79:14 needing 53:10 65:3 needs 17:16 19:14 20:2 28:18 37:2 49:16 50:25 51:8, 23 52:23 65:15 69:3 NEESONS 90:23 negative 49:2 neighbourhood 9:11 83:2 new 9:20, 25 10:2, 5, 22 11:7, 8, 10, 11 14:2 26:11 30:16, 19 43:9, 10 65:15 69:9 74:1 75:19 newcomer 59:20 newspapers 54:20 Nice 4:24 nonmanagement 33:9 normal 65:6, 18 69:14 note 17:19 25:10 27:18 32:23 noted 36:17 notes 57:5 90:15 not-for-profit 6:17, 18 15:8, 16 Notice 25:15 noticing 63:21 nuances 59:20 number 10:9, 15, 21, 23 38:5 45:1 47:22 52:20, 22 53:18 55:3 56:22 57:4 61:12 63:2, 4 66:2 67:25 69:1 70:14 74:21 82:9 86:9 nurse 55:1 Nurses 46:1 55:1 56:22 58:25</p>	<p>Nursing 16:13, 15 48:19 53:6 nutritional 17:2 < O > objective 31:24 obligated 12:25 obligations 12:23 observations 53:7 obvious 77:9 occupancy 33:14, 16, 18, 19, 24, 25 34:9, 10, 13, 16, 19 occupational 76:15 occupied 33:20 occurred 46:1 occurring 10:6 offences 45:25 offer 62:11 offered 25:23 offering 41:20 43:17 Office 3:5 74:5 Ogunyankin 2:14 older 9:19 OLTCA 39:13 one-off 41:10 ones 51:12 82:2 one-week 66:5 ongoing 32:20 55:12 82:15 online 69:8 onslaught 72:9 Ontario 7:4 13:2 26:24 27:20, 21 39:13 43:2 58:21 64:21 69:22 71:20 72:1, 3, 17, 23 73:11 74:6, 7, 10, 11, 22 75:12 Ontario's 66:16 opened 74:25 operate 17:7 operating 10:1 11:12 34:21 85:16</p>	<p>Operations 5:12 opinion 83:22 opinions 84:1 opportunities 54:1 79:18 opportunity 26:8 76:24 opposed 53:13 85:25 optimal 26:14 29:16 order 17:15 26:9 37:1 49:23 53:15 72:14 75:6 79:21 86:22 87:12 Ordering 87:3 orders 66:3, 7 72:9, 11 78:25 organize 5:9 organized 70:18, 22 Ottawa 83:5, 7, 8 outbreak 35:1, 17 36:15 41:5 43:4 61:19 70:12 71:19 80:5, 21 84:20 outbreaks 35:19 80:18 81:4, 7, 8 outcomes 7:19 8:4 12:9, 13 49:16 50:5, 7 51:25 52:13 outreaches 76:3 overall 8:15 10:18 20:5, 6 24:8 37:23 43:10 46:5 overly 49:8 overtime 37:8 overview 5:5 6:6, 8 7:3 47:7, 12 57:15 overwhelmed 56:13 68:7 < P > palliative 27:9 pandemic 8:25 21:1 32:25 33:9, 21 37:22 40:19 41:16</p>
---	--	---	--	---

42:20 43:17 68:25 70:3, 5 79:18, 23 81:5 parameters 8:11 31:4 45:1 PARK 4:8 Parker 3:3 4:17 Parker's 4:9 part 12:15 14:4 16:25 19:23 20:25 32:15 36:3 39:2, 4 40:14 42:24 48:10 57:18 58:21 62:9 82:18 participants 1:14 2:18 particular 8:23 19:17 24:10 29:5 30:15 37:2 46:9 54:9 62:16 particularly 5:16 48:25 53:11 66:18 74:4 parties 45:24 partly 6:10, 11 partner 85:4 pass 48:11 patient 23:22 patients 18:15 20:7 22:24 74:21 pause 38:12 pay 14:10 23:8, 10, 22 33:1, 9 37:8 41:16, 25 43:17 68:25 70:3 77:10 payments 34:16 35:14 36:7 41:6 penalized 34:24 people 9:10, 18 10:23 11:24 15:1 38:18 49:23 52:1 54:14 73:6 74:12 75:24 77:18 81:4 perceived 51:7 percent 17:17 33:18 34:8, 10, 18 70:15 77:9	percentage 20:24 40:23 63:13 perception 49:13, 22 perform 31:10 58:6 performance 12:9 period 62:14 66:5 67:20 permission 88:4 per-resident 16:9 person 25:9 Personal 16:13 49:1 58:6 62:2, 6, 8, 12 63:8, 14 69:18 84:1 85:13, 15 perspective 11:6 physical 9:17 54:1 physicians 58:25 physiotherapist 69:13 pick 31:13 64:16 pie 13:15, 20 14:17 16:6 19:11, 13, 16, 18 34:7 piece 5:14, 19 58:17 pilot 27:15 pipeline 54:25 place 51:23, 24 56:8, 12 69:8 70:3 75:6 79:15 80:4 85:24 86:1 90:7 places 70:19 86:9 plan 76:5 80:2, 4, 10, 14, 19, 20 planning 71:21 81:3, 7, 18 84:6 plans 13:1 45:11, 12 platform 47:18 point 5:25 6:14 10:24 24:20 43:21 44:5	71:24 72:22 78:8 82:22 85:3 points 68:24 Policies 2:14 Policy 2:10, 24 88:18 poll 70:18, 22 81:24 82:1 pools 55:16 66:12, 20 portal 58:5 66:16 portion 32:23 38:12 position 61:24 positions 45:2, 5 positively 53:22 possibility 60:3 possible 53:4 postsecondary 63:12 pot 31:5 pots 37:24 PPE 56:9 71:18 practical 24:25 54:25 practices 71:1 predominant 53:13 75:8 predominantly 16:17 preexisting 76:10, 11 86:19 preference 24:20, 21, 22 preferred 21:11 23:9 preferred- accommodation 23:11 preparation 17:1 prepared 5:3 7:2 23:10 35:4 preparing 48:20 prescriptive 7:10 36:25 49:8 presence 71:3 PRESENT 3:9 64:21 presentation 44:16 45:13 47:1 87:21 88:8, 16 presented 59:12	PRESENTERS 2:8 prevent 37:12 38:3, 8 preventing 33:5 Prevention 26:1, 4 30:22 32:20 34:12 35:7, 22 36:19 37:6, 16 39:1, 17 40:2 83:14 previous 6:8 16:7 25:16 77:25 previously 69:1 price 20:24 23:24 primarily 12:21 18:11 primary 9:16 12:20 31:23 55:10, 11 65:19 principle 22:12, 19 principles 7:14 Prior 83:17 priorities 8:22 52:19 55:20 private 15:23 21:12 problem 11:21, 25 42:13 54:15 77:20 85:24 problems 23:1 67:18 82:2 procedure 30:24 Procedures 2:15 proceed 64:13 proceedings 90:6 process 9:3 30:6, 11 31:18, 20, 21 39:3 42:18 43:3 professional 86:14 professionally 77:18 profile 59:4 profit 17:20 program 9:19 13:23 16:22 25:12 26:1, 2, 5, 11, 15 27:13, 15 28:5, 23 29:2, 6	30:15, 16, 19, 25 31:14 38:17 48:19 62:3, 10, 17 63:13 Programs 2:12, 15 5:10 7:1 9:24 12:12 13:21 16:21 25:23 31:3 32:6 62:6, 13 78:23 progressed 70:5 proof 38:20 proportion 18:19 62:7 proportionately 50:9 proportions 45:8 prospective 23:5 73:24 protect 68:4 protection 54:1 provide 6:16 8:21 27:2, 19 33:3, 9 49:8 50:6 62:11 86:1 provided 6:10 8:24 14:3, 4 15:11 32:17 39:14, 17 58:5 66:3 72:24 73:4 76:22 78:21 provides 15:15 26:2, 25 31:7 providing 5:5 35:18 52:11 72:3 province 14:8 15:5, 15 27:16 45:24 81:18 province's 80:20 PSW 27:8 48:19 53:6 54:25 78:5 PSWs 56:5, 15 62:25 77:25 psychological 48:15 public 45:18 49:2 52:8 74:10 83:10, 25 pull 56:25
--	---	--	--	---

<p>punitive 49:14 purchase 26:8 purpose 27:3 29:23 37:16 purposes 34:25 pursue 31:22 pursuing 9:18, 19 put 8:11 10:17 11:3 17:16 39:9 56:8 69:8, 21 70:2 76:15 79:15 85:16, 20 putting 75:15</p> <p>< Q > qualifications 45:5 qualified 85:17 quality 7:19 8:3 13:1, 2 49:17 51:20, 21, 22 52:2 53:12 60:18 quantitative 46:24 question 9:7 14:24 19:23 25:3, 9 30:23 39:24 41:14 43:16 67:9 68:19 83:19 questions 5:16, 20 6:21 14:16 38:13 47:3, 6, 14 58:9 70:4 87:19, 24 88:4 quick 47:10, 12 67:9 79:2 quickly 47:16 53:4 65:1, 5 70:16 79:15 83:10 quite 26:16 48:7 52:17 53:17 77:4 79:15 84:12</p> <p>< R > raise 31:21 raised 57:4 rampant 70:13 range 46:3, 19 61:22 rank 19:3</p>	<p>ranking 18:12 19:9 ranks 16:17 rapid 37:12 65:17 69:18 rapidly 67:21 rate 21:3 25:12, 14, 19 ratios 53:7 Raw 16:24, 25 17:2 read 54:20 readily 82:24 ready 4:13, 16 64:9 84:7 readymade 20:9 realize 72:7 really 31:18 51:6 56:11 64:19 67:18, 25 71:14, 24 78:9 79:13 realtime 42:21 43:5 reason 42:6 82:24 84:21 reasons 9:3 76:1 82:5 receive 9:4 15:5 18:17 28:13, 18 29:9 33:15, 24 50:9 52:2 received 9:8 19:24 36:13, 14, 16 receiving 29:1, 4, 8 76:20 77:3 RECESS 64:6 recognition 34:20 54:24 67:1, 4 recognized 35:8 64:20, 24 65:7 recognizing 66:12 recommend 54:13 recommendation 46:10, 18 54:9 recommendation s 45:20, 23 46:3 47:8 50:21 52:21 53:9, 14, 24 54:3</p>	<p>recommending 53:3 reconciliation 39:3 recorded 90:11 recouped 17:24 32:8 recovery 76:5 recreation 16:23 recruit 51:4 56:17 recruitment 37:7 46:7, 20 66:19 redeploy 72:14, 15 79:22, 24 redeployed 72:10, 12 redeploying 75:20 redeployment 75:5 79:19 redevelop 9:19 redevelopment 29:8 redirected 73:22 reducing 26:7 reduction 21:3 25:12, 14, 19 reestablished 84:15 reference 24:8 57:4, 25 referenced 20:11 49:20 61:10 82:4 references 6:17 referencing 39:18 72:20 referring 12:8 73:14 74:6 refine 40:5 reflect 45:11 49:15 52:5 reflected 20:4 reflecting 54:9 64:19 regardless 33:16, 25 regime 45:10 regional 71:21 72:4 73:17 registered 46:12, 21 54:25 55:1</p>	<p>regular 30:24 39:2, 4 regulate 45:8 regulation 14:11 79:17 regulations 45:7 66:3 78:25 80:15 regulatory 31:19 45:10 49:6 66:7 reinforce 38:6 related 45:21 relating 53:25 relation 20:1 relationship 51:20 relationships 86:11, 13, 19 relative 16:19 50:3 relatively 50:2 release 46:22 47:21 remain 33:23 remainder 79:17 remarks 90:10 remind 6:20 reminder 44:25 remotely 1:15 renovations 26:21 reopened 74:19 repair 26:14 29:16 repairs 26:21 repeat 44:20, 22 47:1 replace 65:5 replacements 26:20 replacing 65:1 report 18:22 39:10 41:25 42:11 43:9 45:16 51:2 reported 5:10 41:5 Reporter 90:4, 25 REPORTER'S 90:1 reporting 29:25 38:24 39:5</p>	<p>40:15, 19 42:17, 19 44:4 reports 5:11 30:1 48:12 request 76:4 requested 69:24 require 37:15 40:18 87:11 required 9:5 10:2 11:2 33:22 37:12 38:25 52:24 67:3 requirements 44:23 45:2, 4 49:24, 25 requires 45:10 Research 27:5, 7 69:6, 21 reserve 5:14 residence 48:11 resident 6:11 7:16 14:9, 10, 14 16:22 17:2, 11 21:11 25:17 27:19 33:11 47:23 48:2, 6 49:16, 25 50:5, 8 53:6 residents 7:17 16:18 18:5, 16 22:25 23:5 24:12, 17 27:14, 22 29:17 45:12 48:13 50:4 51:21 52:6 65:10 68:4 73:22 84:21, 24 resident's 25:15 residing 23:6 resist 42:17 resolved 36:15 resort 85:6, 21 resource 72:17, 25 73:4 resources 46:4 57:17 58:3 59:16 61:15 69:21 73:9 74:10, 18 respect 25:11 31:3 41:16 45:24 81:17 respective 23:15 respond 65:14</p>
--	---	--	--	---

<p>response 5:7, 16 8:25 20:25 21:1 32:16 37:12 40:14 44:19 57:15 64:18 67:9, 11 80:20 88:19 responses 65:20 responsibility 59:13 68:17 81:9 87:6 responsible 88:19 responsive 27:1, 14 rest 14:8 51:15 restriction 17:16 result 10:14 65:12 resulting 48:14 results 39:10 RESUMING 64:7 retain 51:4 53:15 retainer 56:16 retention 37:7 46:7, 20 53:22 retirement 15:24 retrospectively 41:4 return-of-service 62:3 return-to-work 76:5 revenue 14:22 15:13 27:20 revenues 14:20 15:6 review 79:3 rigidity 49:19 rigorous 39:19 rising 18:9 47:23 risk 26:9 54:2 77:10 85:7 Rogers 60:22 role 54:7 63:15 81:16, 17 82:20 83:1, 16 86:23 roles 58:1 roof 26:20 room 14:10 20:22 21:10, 12, 15 23:2, 8, 11 54:19 85:16</p>	<p>rooms 21:21 22:7, 10, 13 23:14 25:17 34:25 Roopa 3:5 rules 8:13 run 87:8 running 27:17 < S > safe 61:19 71:6 82:3 safety 26:22 29:16 76:15 scale 6:6, 13, 21 65:17 screen 73:23 screening 37:6 65:8 sec 7:24 Secretariat 2:21, 23, 25 sector 6:9, 14, 19 13:16 16:20 19:2 42:15, 16 45:22 46:25 48:4 49:7 51:7 52:15 55:8 57:8, 9 59:21 62:9 63:1 70:24 75:14 78:16 79:14 80:12 86:20 88:10 secure 71:7 82:4 seek 43:4 seized 52:17 select 23:5 selection 23:12 self-isolate 65:3 send 50:2 sense 6:6, 13 14:21, 25 15:18 25:22 32:3 83:15 88:9 separate 34:12, 17 57:21 73:11 September 1:15 42:3 90:18 series 7:3 37:19 53:8 66:6 76:2 serves 59:14</p>	<p>Service 8:2 74:10 Services 3:1, 3 16:21 26:25 56:23 78:1, 7 83:25 sessions 70:23, 25 set 14:11 45:1, 4 81:13 90:7 setting 48:23 62:15 69:15, 17 79:22 settings 33:8 55:12 62:16 79:25 share 13:3 82:22 shift 63:19 64:17 78:12 shifts 77:2 short 87:8 shortage 59:4 62:17 81:25 shortages 43:1, 7 44:4 48:4 49:3 59:24 65:15 71:18 shortfall 8:15 9:2, 13 10:9, 19 Shorthand 90:4, 15, 25 show 8:10 18:9 35:13 showing 13:15 84:16 shown 48:1 75:25 76:8 shows 18:25 significant 8:24 18:4 32:14 33:22 45:15 51:5 52:7 53:20 62:7 63:13 67:18 70:12, 14 73:16 74:20 significantly 24:6, 10 signifies 37:13 similar 44:16 Similarly 43:2 single 22:7, 13 single-site 79:16 sites 27:16</p>	<p>situation 41:10 42:12 43:18 68:1 78:11 85:7 six-month 62:13 size 6:9 35:17 slice 16:6 slices 13:19 14:17 Slide 6:5, 23 7:22 13:14 16:4 25:11, 20 32:12, 13, 21 34:15 35:24 36:21 47:5 50:20 53:2 58:10 61:1 63:20 64:17, 19 72:22 78:9 slides 7:3 8:11, 21 44:10 47:6 60:9 smaller 10:9 13:19 40:22 69:2 social 69:22 solve 54:15 77:19 somebody 83:20 85:15 soon 62:1 sooner 83:16 sophisticated 35:16 36:3 Sorry 12:5 18:1, 16 19:8 21:5 25:5 40:9 54:12 55:10 59:8 60:14 62:23 73:10 sort 5:8 12:20 40:25 57:15 71:24 73:25 80:10, 19 sorts 26:23 sought 72:14 76:22 sound 60:18 Sounds 6:4 source 15:6, 13 28:24 57:1 58:2 75:22 76:6 sources 15:19 28:14, 17 71:13 sourcing 88:5 spaces 9:17, 21</p>	<p>speak 12:16 19:24 21:16, 24 44:9 51:20 speaking 4:24 42:25 67:16 specialized 13:21, 23 27:12 56:1 specific 5:6 8:12, 22 12:12 13:20 19:19 26:6 41:8 45:2, 8 46:18 47:3 52:21 76:3 82:22 specifically 26:3 44:19 54:13 specifics 54:23 55:14 spend 8:8 37:14, 25 spending 40:4, 13 spent 7:11 17:22, 23 37:5 39:1, 8, 16 40:17 split 35:9 spoke 49:13 57:14 65:20 spoken 61:2 spot 31:14 64:1 spread 33:5 38:10 70:13 83:4, 6 84:24 85:8 spreading 84:21 stability 75:22 stabilization 57:16, 18 61:13, 22 62:21 78:18 82:19 stabilize 75:12 78:16 stabilized 78:10 staff 16:22 20:1 33:10 43:7 44:4 45:8 46:4, 12, 21 51:4 52:22 53:6, 15, 18 54:14 55:3 59:5 61:18, 20 62:25 65:1, 5, 13 66:13, 14</p>
---	--	--	--	--

69:22 70:15, 16, 19, 20 71:6, 17 72:6, 10, 12, 15 73:8, 16, 18 74:20 75:11, 16, 19, 20 76:7, 11, 16, 19 79:19, 22, 25 82:3, 6, 9, 12 84:19 staffing 5:4, 19 6:14 19:23 20:1, 4, 12 34:21 37:7, 8 38:13 41:24 42:1, 2, 7, 12, 19, 25 43:10, 11, 25 44:10, 16, 18, 24 45:9, 11, 15, 21 46:7, 11, 20, 24 47:8, 19 48:4 49:3 50:24 51:3, 8 52:5 53:7 54:21 56:4, 15 57:1, 6, 20 58:17 61:2, 3 64:18 65:8, 24 66:4 70:12 75:12, 16 78:13 81:25 82:2 stage 68:2, 8, 21 71:14 stages 64:20 67:22 standard 52:10 standards 52:9 start 6:5 44:17 45:13 55:23 56:12 57:8 60:17 started 70:6 72:7 78:12 79:13 84:22 starting 7:5 state 26:14 29:16 statistics 38:16 status 35:17 36:15 stay 77:14 Steele 57:14 Stenographer/Tra nscriptionist 3:11 stenographically	90:11 step 83:13 stipulate 29:19 stop 28:2 strategy 38:24 47:19 57:19 61:3 stream 57:13 streams 13:23 29:10 57:21, 22 78:23 strictly 12:8 strong 60:16 71:2, 3 76:15 82:4, 5, 15 structure 43:3 84:14 study 20:4, 12 46:11, 14, 17, 22, 23 47:2, 8, 11, 17, 22, 25 50:21 52:15, 16 57:6 61:3 78:13 submit 12:25 subsequent 32:19 subsidize 15:25 subsidy 76:20 successfully 69:17 sufficient 14:20 15:1 53:24 56:8 suggest 6:22 39:15 summary 27:24 summer 20:24 84:18 supplement 15:4, 14, 17 supplemental 28:21 supplementary 13:21, 25 25:21 78:23 supplements 17:3 supplies 16:15, 23 17:6 supply 48:24, 25 55:2, 4, 5 58:2 support 9:4 16:21 26:13, 24 27:10 32:15 35:18 46:14	49:1 58:7 62:3, 6, 8, 12 63:8, 14 67:10 69:9, 10, 22, 25 72:18 73:5 82:5, 10 83:11 85:14, 15 86:15 supported 32:25 52:2 supports 26:25 27:22 59:17 68:3, 20 72:3, 25 suppose 15:18 31:19 surgical 84:7 surprised 24:3 surrounding 38:21 surveillance 84:12, 25 suspended 33:14, 23 sympathetic 60:23 system 46:6 53:10 systemic 61:7 system's 72:2 < T > table 38:19 71:23 tables 71:21 72:4 73:17 take-up 38:16, 21 talk 6:12 56:14 73:12 talked 57:15 68:25 talking 57:10 67:23 72:19 targeted 26:5 27:13 28:16 40:6 58:5 69:16 targeting 40:25 targets 33:15, 24 taxation 15:13 25:16 team 4:11 11:6 technically 73:10 temporarily 33:14 temporary 83:16	tend 37:24 59:19 73:11 ten-minute 64:2 term 57:7, 9, 11, 20 61:3, 6 75:23 78:15 terms 6:9 8:15 11:9, 12, 17 36:23 48:2 49:5 50:20 52:19 61:13 terribly 85:17 Thanks 87:14 therapy 16:23 thing 5:23 56:6 73:14 75:10 88:15 things 17:7 26:20, 23 43:9 56:10, 13 57:4, 11 65:15 67:17, 21, 23 70:2, 25 71:5 73:25 thinking 23:21 third 52:4 56:6 thorough 84:12 thought 59:9 68:19 73:3 77:24 78:6 thousands 56:21 tightly 37:25 time 10:18, 24 19:1 20:6, 7, 10 24:9 31:13 34:22 37:21 40:13 43:20, 22 44:5 55:23 61:8 78:17 88:12 90:7, 10 times 24:6 tip 85:2 today 7:2 43:25 57:12 88:17 told 56:20 77:24 tools 27:10 69:8 top 35:23 total 16:14 36:18 touch 20:20 track 12:12	trained 56:22 57:25 training 27:9 46:4 58:6 63:8 69:8, 11, 16, 24 tranche 65:23 66:22 67:2 tranches 36:6 transcribed 90:12 transcript 90:15 trend 18:8 trouble 35:8 75:15 85:12 86:6, 18 true 90:14 trying 10:16 11:17 24:17 32:3 40:22 69:3 74:7 84:6, 7 turn 6:22 60:17 69:6 turned 18:23 type 21:21 56:23 types 12:10 45:5, 9 65:25 typographical 53:1 < U > unable 23:8 25:2 66:14 unconnected 57:22 underlying 61:7 underscore 37:19 understand 5:19 10:16 11:17 14:23 19:9 21:24 22:24 34:6 44:21 60:21 79:13 84:10 85:13 86:8 understanding 21:17 63:11 80:8, 9, 18 81:15 83:9 understood 76:7 80:23 underway 61:12, 13, 23
--	---	--	---	--

unique 48:20
52:14
Unit 2:15 27:12
unwilling 23:8
upcoming 8:10,
21
urgently 51:1, 8

< V >

value 11:3
variety 9:3
34:15 45:23
65:24 75:25
various 19:19
38:22 78:25
vary 21:25
24:6, 10
vast 74:17
verification 30:5
verify 30:4, 5, 6
39:11
VERITEXT 90:23
versus 44:1
56:2
view 49:6
53:17 61:6
views 84:3
viral 80:6
virtue 86:12
virus 80:7
voice 4:10
vulnerable 68:4

< W >

wage 76:20
wages 17:6
wait 24:6, 8, 9
60:12
waiting 9:9
10:23 11:24
57:19 64:12
80:3
walk 47:10
wanted 12:6
19:9 36:25
39:24 75:10
wanting 41:17
88:20, 21
wants 14:24
23:7
ward 21:7
watching 84:13
Wave 41:21
42:24 43:17
44:1, 7, 9 54:10

56:2 58:3
59:25 60:1
61:17 75:1
82:11, 17 84:7
86:10
ways 7:8
week 59:11
84:15
weeks 33:10
83:4 84:23
weighting 18:18
Wi-Fi 60:16
willing 23:13
69:15
willingness 85:6
window 26:20
wish 23:10
49:10
wonder 82:13
wondering
40:24 73:5
won't 87:14
word 53:2
words 85:20
work 10:13
11:1 30:18
47:16 48:6, 7,
18 51:24 53:25
57:13, 16, 18, 21,
22 59:18 61:11,
21 62:8 63:14
66:11, 14 69:5,
14, 15 71:7, 21
74:10 75:17, 25
77:19 78:13, 15
82:15 88:10
worked 36:2
69:7
worker 56:5
62:3, 6, 13 63:8,
15 85:14
workers 49:1
55:13 57:25
85:16
Workforce
66:16 69:9
75:24
working 32:9
47:19 48:5, 8,
10 51:22 52:22
53:15, 18, 21
60:3 61:4, 19
72:4 73:17
76:16

workload 53:14,
21
workplace 65:2
76:17
works 18:11
26:15
world 78:17
worse 43:18
44:2
wrestling 88:6, 7
wrong 25:9
31:2 59:23
wrongly 10:12

< Y >

Yeah 8:1 13:12
22:19 25:6
28:6 29:7
34:11 35:11
40:18 58:23
74:16 75:3
77:23 86:7
year 8:20 14:2,
6, 12 16:10, 11
17:23 20:25
25:16 26:2, 12
30:19 31:12
32:7 33:14
39:3 45:17
46:13 63:14
81:5
years 17:8
18:21
yesterday 62:2,
11, 20

< Z >

Zoom 1:14