

# Long-Term Care COVID-19 Commission

LTC Inspections  
on Tuesday, September 15, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held Virtually via Zoom, with all participants attending remotely, on the 15th day of September, 2020, 9:30 a.m. to 12:06 p.m.

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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

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9 Pamela Chou, Senior Manager, Ministry of Long-Term  
10 Care, Inspections Branch

11 Lynne Haves, Senior Manager, Ministry of Long-Term  
12 Care, Inspections Branch

13 Judith Parker, Esq., Crown Law Office, Civil

14 Sunil Mathai, Esq., Crown Law Office, Civil

15 Roopa Mann, Ministry of the Attorney General

16

17 PARTICIPANTS:

18

19 Alison Drummond, Assistant Deputy Minister,  
20 Long-Term Care Commission Secretariat

21 Ida Bianchi, Counsel, Long-Term Care Commission  
22 Secretariat

23 Kate McGrann, Counsel, Long-Term Care Commission  
24 Secretariat

25 John Callaghan, Counsel, Long-Term Care Commission

1 Secretariat

2 Derek Lett, Policy Director, Long-Term Care  
3 Commission Secretariat

4 Dawn Palin Rokosh, Director, Operations, Long-Term  
5 Care Commission Secretariat

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7 ALSO PRESENT:

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9 Olivia Arnaud, Stenographer/Transcriptionist

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1 -- Upon commencing at 9:30 a.m.

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3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 So let me thank you for coming, and perhaps what  
5 you could do is introduce yourselves and then  
6 proceed with a presentation.

7 And what we'll do is we'll ask  
8 questions as we go along, if that's all right with  
9 you, and then --

10 PAMELA CHOU: Can --

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 -- that way we -- I beg your pardon? We'll ask  
13 questions and --

14 PAMELA CHOU: Good morning. Can anyone  
15 hear me?

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Good morning. Yes, I can. And --

18 PAMELA CHOU: I can't seem to hear  
19 anybody on my side. One moment, please.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Okay.

22 PAMELA CHOU: Good morning. How's  
23 this?

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 That's fine. Can you hear us?

1                   PAMELA CHOU: Yes, I can hear you.  
2 Sorry. I'm having a little bit of technical  
3 difficulties this morning. I had tested it last  
4 night with Danny. It worked fine, but it's just a  
5 little bit of an issue this morning, but I think  
6 we're good now.

7                   COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Well, Ms. Chou, we're no stranger to technical  
9 difficulties, so don't feel unduly concerned about  
10 that.

11                   But as I started to say: Thank you for  
12 coming. This is part of our investigation and our  
13 investigative process and probably for our  
14 education as much as anything else.

15                   If it's okay with you, we will ask  
16 questions as we go along rather than waiting until  
17 you finish and then trying to go back.

18                   And we'll start now, and then maybe in  
19 about an hour and 15 if we're still at it, we'll  
20 take a ten-minute break so that everybody can  
21 collect their thoughts and then come back.

22                   So if you're presenting around, you  
23 know, 10:45, you can assume we'll -- pick a good  
24 place to stop, and just tell me, and we'll stop.

25                   So with that, please begin.

1 PAMELA CHOU: Okay, awesome. Thank you  
2 very much, Commissioners. Thank you for providing  
3 us with this opportunity to give you an overview of  
4 our Inspection Program.

5 Our hope is that this will highlight  
6 our inspection operations overall and also how we  
7 respond -- how we responded during the COVID  
8 pandemic.

9 So as a quick way of introduction, I  
10 just want to introduce myself a little bit. My  
11 name is Pam Chou, and I am the senior manager with  
12 the Long-Term Care Inspections Branch at the  
13 Ministry of Long-Term Care. I started in this  
14 branch in 2016 as the Manager of Training and  
15 Development and stepped into the role of senior  
16 manager around mid-2018. Prior to joining the  
17 Ministry of Long-Term Care, I did work on various  
18 files with the Ministry of Health and also eHealth  
19 Ontario.

20 So I'm joined here today with my  
21 colleague, Lynne Haves, and I will ask Lynne to  
22 introduce herself.

23 LYNNE HAVES: Good morning, everyone.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 Good morning.

1                   LYNNE HAVES: Hi. My name's  
2 Lynne Haves. I too am a senior manager with the  
3 Ministry of Long-Term Care, and I am sitting in  
4 today as acting director for Stacey Colameco, who  
5 is currently on a leave, so that's why I'm  
6 assisting Pam today.

7                   COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Okay. Thank you.

9                   Ms. Chou, I should tell you that if you  
10 didn't meet Ms. Arnaud, she is, among many other  
11 things, transcribing the proceedings for us so that  
12 we'll have a record of this later on.

13                  PAMELA CHOU: Sounds great. Thank you.  
14 Okay. Well, then, without any further delay, I'll  
15 get right into it, and I welcome your questions  
16 throughout.

17                  So our purpose today is really to  
18 provide that overview, and we wanted to start with  
19 the building blocks of our branch. This will give  
20 you an idea of the structure and the governance  
21 structure within our area.

22                  There are a number of sections. So  
23 between Sections 2 to 4, there is where I want to  
24 focus on our Inspections Program in general,  
25 building on the process of how information comes in

1 and then how it's handled throughout.

2 And finally, in the very last section,  
3 Section No. 5, this is where I want to focus our  
4 attention on our program's response during the  
5 COVID pandemic.

6 So we'll get started, and moving on to  
7 the next slide.

8 The Ministry of Long-Term Care has  
9 three divisions and each with its own Assistant  
10 Deputy Minister. So our division is the Operations  
11 Division, and it is headed by ADM Sheila Bristo.

12 Our division has three different  
13 individual cross-functioning branches. So you have  
14 the Operations Policy Branch, the Funding and  
15 Programs Branch, and also, there's our area which  
16 is the Inspections Branch. That is circled and  
17 highlighted for you in red on the screen. And as  
18 Lynne said earlier, our director is Stacey  
19 Colameco.

20 Moving on to the next slide.

21 And just focusing in on our Inspections  
22 Branch a little bit more: Our mandate is to be  
23 responsive and dedicated to promote the rights and  
24 quality of life for the residents in the long-term  
25 care homes, and we do this by ensuring that the

1 homes are following the Long-Term Care Homes Act  
2 and the regulation.

3 The long-term care home is a place of  
4 home for the residents, and so to ensure that we  
5 can keep them safe and secure in their place of  
6 home, our branch conducts compliance activities  
7 such as inspections in the long-term care homes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):  
9 Can I just stop you there for a minute?

10 When you do an inspection, does the  
11 long-term care facility know that you're coming?  
12 Do they know in advance that you're coming?

13 PAMELA CHOU: No, and that is an  
14 excellent question. We do get asked that quite a  
15 bit. And so all of our inspections are  
16 unannounced. We do not give anyone a heads-up of  
17 when we are coming to the home to do an inspection.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Okay.

20 PAMELA CHOU: Thank you. So let's move  
21 on to the next slide, Slide 5. I wanted to just  
22 focus a little bit on the five objectives of our  
23 particular branch, our Inspections Branch.

24 So you can imagine that most of our  
25 activities is focused around compliance and

1 inspections, and there's five objectives within our  
2 branch. I'll start with the first two up at the  
3 very top, compliance and enforcement.

4 So you can think of compliance as the  
5 inquiries and the inspections that's conducted  
6 based on all the issues that are coming in. And  
7 there's lots of issues coming in to our program  
8 area based on areas that we see through public  
9 complaint or critical incidents, and I'll focus a  
10 little bit more on that in the next sections as I  
11 go through.

12 So compliance is really the actions  
13 that we take as the basic actions through inquiries  
14 or inspections.

15 Then, in the next bucket over, we have  
16 enforcement or effective enforcement, and you can  
17 think of enforcement as escalated actions that a  
18 director, under the act -- so, for example, Stacey;  
19 she is a director under the act -- that she can  
20 take to further help bring the home back into  
21 compliance.

22 So these enforcement activities are  
23 usually used when we see higher-risk issues in the  
24 homes. So as an example, if you have a home that's  
25 continuously in non-compliance, they're just not

1 fixing their issue, or they're presenting  
2 significant care or operational concerns that can  
3 be fixed, and it's really posing a risk on the  
4 residents' safety, then our director can take  
5 additional actions. And some of these actions  
6 that's possible to take through enforcement are  
7 things like an inspector can make a referral to the  
8 director.

9 So after the inspector has looked  
10 through the issue through inspections, maybe they  
11 felt the issue is really, really high-risk, and  
12 they want to make a referral to the director.  
13 That's considered an enforcement action.

14 They can also, in -- sorry, a director  
15 can also issue an interim manager to take over the  
16 home on a temporary basis. In more serious  
17 situations, a director may even cease the admission  
18 of the home until she feels that the home is ready  
19 to bring back residents and resume normal  
20 operations -- then, she can lift that cease of  
21 admission -- or in very, very serious cases, we can  
22 also revoke the licence of that particular  
23 licensee.

24 Any questions so far across compliance  
25 and enforcement?

1                   COMMISSIONER FRANK MARROCCO (CHAIR): I  
2 do have a question.

3                   PAMELA CHOU: Yes.

4                   COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Is there a public record of enforcement proceedings  
6 or procedures that are taken against a particular  
7 facility to bring it into compliance so that  
8 somebody can search and see what their previous  
9 history is, a member of the public or something  
10 like that?

11                  PAMELA CHOU: Yes. Great question,  
12 Commissioner. So all of the actions that are  
13 either taken by the inspector or the director are  
14 posted publicly. So you probably are well aware  
15 that our inspection reports are posted --

16                  COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Yes.

18                  PAMELA CHOU: -- but, for example, if  
19 our director issues a mandatory management order,  
20 let's just say, which is to place an interim  
21 manager into the home, that mandatory management  
22 order is also posted on the public website. Just  
23 like if our director was to issue her own  
24 compliance order, which we call a director's order,  
25 that order is also posted publicly.

1                   So we really do try to maintain the  
2 transparency on the public scope so that all of the  
3 actions that are taken are publicly posted.

4                   COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Is there a proceeding? Suppose the home disagrees  
6 with the inspector and maintains that it was in  
7 compliance with the act or whatever.

8                   Is there a dispute resolution  
9 mechanism?

10                  PAMELA CHOU: Absolutely. So homes are  
11 entitled to go through an appeal process after --  
12 so I'll give you an example. If an inspector  
13 issues a compliance order on the home, and like you  
14 said, if the home decides that they don't agree  
15 with the inspector's compliance order, they have  
16 28 days to make an appeal.

17                  So they make an appeal to our director,  
18 which is called a director review. So when that  
19 comes in, our director will review all of the  
20 inspection documents, including the reports and  
21 including the orders that were issued, and review  
22 all the grounds and findings and documents that are  
23 collected. The director will then make a decision  
24 if they are going to confirm with the inspector or  
25 make any amendments to the inspector's order or

1 rescind the inspector's compliance order.

2 So at that point, through the  
3 licensee's or the home's appeal process, their  
4 director can further make decisions.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 So if the director decides to confirm the  
7 inspector's order, then is that the end of the  
8 matter, or is there a further proceeding?

9 PAMELA CHOU: You're absolutely right.  
10 There is a further proceeding, and so I, myself,  
11 have been through that process.

12 So I'll use my example: I have  
13 confirmed an inspector's order before, and so at  
14 that time, the home can further appeal to HSRB, so  
15 the House Service -- oh, my. I apologize. I  
16 forgot the acronyms for it.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 By the Health Service Review Board or something  
19 like that?

20 PAMELA CHOU: That's correct. That's  
21 correct. So they can further appeal to HSRB, and  
22 then we would go through the proper legal channels  
23 and discuss the results at HSRB level.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 In the period -- sorry to keep asking these

1 questions, but they're occurring to me.

2 In this period where someone has --  
3 where a home has asked for the director to review  
4 and disagrees with the director's decision to  
5 confirm and wants to have a hearing before the  
6 Health Services Review Board, what happens to the  
7 underlying concern, the underlying problem that got  
8 the inspector's attention in the first place?

9 Does the status quo continue until the  
10 proceedings are over, or how does that work?

11 PAMELA CHOU: So, good question. It  
12 could be a couple of ways. So depending on the  
13 issue, we could further await the results of the  
14 proceeding, and then, based on the results, we can  
15 then determine if we are going to go back and look  
16 at the compliance issue again. Like, we could  
17 delay our follow-up inspection to that compliance  
18 order that the inspector originally issued. So we  
19 don't need to follow up on it right away.

20 That's -- sorry, does that --

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 And how long, typically, does this whole process  
23 take? Let's assume the home requests a director's  
24 review, and then they request a hearing before the  
25 Health -- let's call it the Health Services Review

1 Board. How long does that typically -- not the  
2 time limits in the act; I'm not asking about that.

3 But as a practical matter, how long  
4 does that whole thing take?

5 PAMELA CHOU: So in my experience, the  
6 review that I had which went to HSRB took about  
7 three to four months' time just from beginning to  
8 end, through the whole entire appeals process.

9 So it does take a little bit of time,  
10 and so we really have to look at the issue at hand.  
11 If it is posing a significant risk on the resident,  
12 we will take more immediate action as appropriate.

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

15 PAMELA CHOU: Thank you.

16 COMMISSIONER JACK KITTS: I have two  
17 questions, Ms. Chou.

18 The first is compliance. Can you give  
19 us an idea of what "compliance" means? Because it  
20 says "compliance with the act," but there's the  
21 legislation, the regulations, the policies.

22 Can you give us an idea of how big that  
23 is and how long it takes to do a review of  
24 compliance?

25 PAMELA CHOU: Sure. So when we mean

1 "compliance," like, when we are out there, our  
2 inspectors are out there, if they're conducting an  
3 inspection as part of their compliance activity,  
4 they are looking strictly at the issue as  
5 pertaining under the act and the regulation.

6 So any of the policies and guidelines  
7 that's more so as guiding principles, we won't be  
8 able to issue a non-compliance against an internal  
9 policy that we have written. So it would be  
10 non-compliance against any of the legislative  
11 references under the act or the regulation.

12 And to answer your other question,  
13 Commissioner, around the duration of inspections,  
14 we see inspections range from one-day completion --  
15 they're in and they're out, and then they may take  
16 a couple days just to finish wrapping up the  
17 inspection report -- to very contentious issues  
18 where we have to involve our own legal counsel  
19 where it's taken up to weeks to complete. So  
20 weeks, maybe even going into month or two. So we  
21 have seen a wide range of inspection durations.

22 I can tell you that, on average, based  
23 on the data that we did in 2019, on average, our  
24 inspections ranged from four days to ten days.  
25 That is the onsite aspect. So that is the moment

1 that you get your first day on to the home and then  
2 the day that you leave the home.

3 We always allow and account for a few  
4 days just to do those wrap-up activities. So if  
5 we're strictly speaking about the onsite duration,  
6 on average, based on our 2019 results, it ranges  
7 from four to ten days.

8 COMMISSIONER JACK KITTS: Okay. Thank  
9 you. And does the Ministry of Labour, do they work  
10 with you or parallel, or do they come unannounced?  
11 How does the Ministry of Labour work in long-term  
12 care homes?

13 PAMELA CHOU: So usually our  
14 inspections, we go in alone as our own inspectors  
15 unannounced. Now, there are instances where there  
16 are labour-relations issues, health, human  
17 resources that we may -- we may consult with our  
18 partners in Labour, or they may even reach out to  
19 us prior to an inspection being started.

20 But in terms of actually conducting an  
21 inspection, unless it was a need, we usually do the  
22 inspections by going in ourselves unannounced.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Okay. What does Labour concern itself with?  
25 What's its jurisdiction when it goes in, when it

1 becomes engaged with a long-term care home?

2 PAMELA CHOU: Sure. So I can't speak  
3 specifically to the Labour legislations --

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Sure.

6 PAMELA CHOU: -- but I can -- just some  
7 examples could be that if there was a significant  
8 staffing concern or if there was a whistleblowing  
9 case, that might involve Labour doing their own  
10 inspections. But I won't be able to speak,  
11 unfortunately, to the details of the Labour  
12 inspections scope.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Okay.

15 COMMISSIONER JACK KITTS: I can tell  
16 you from my experience in the hospital sector, it's  
17 staff safety is their primary concern.

18 PAMELA CHOU: Yes.

19 COMMISSIONER ANGELA COKE: Occupational  
20 health and safety issues.

21 COMMISSIONER JACK KITTS: Yeah.

22 PAMELA CHOU: Absolutely. Thank you.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Commissioner Coke has a question, Ms. Chou. Just  
25 one sec.

1 PAMELA CHOU: Yeah.

2 COMMISSIONER ANGELA COKE: I'm just  
3 curious as to how many regulations are the  
4 long-term care homes required to comply with?

5 PAMELA CHOU: So under the act, we have  
6 one regulation. If I was to quote how many  
7 legislative references are in the regulation, I  
8 apologize, I don't have that right in front of me  
9 right now.

10 But specifically to the Long-Term Care  
11 Homes Act, there is one regulation.

12 COMMISSIONER ANGELA COKE: Okay. And  
13 how many requirements there that have to be met  
14 under that regulation?

15 PAMELA CHOU: So if I'm understanding  
16 the question correctly, I don't have the specific  
17 numbers under how many requirements under the  
18 regulation. I would have to check the regulation  
19 itself.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Is it fairly in -- just to follow up on that:  
22 Okay, there's one regulation. Are there a lot of  
23 sections to it?

24 PAMELA CHOU: Yes, yes. There  
25 definitely are a lot of sections, and that's the

1 part that I don't have the exact number for.

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 And each one of these sections has to be complied  
4 with?

5 PAMELA CHOU: Correct, yes.

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 Okay. Any idea rough -- I mean, we can find this  
8 out, so don't worry about it, Ms. Chou, but any  
9 sense of how many sections there are, how many  
10 rules there are?

11 PAMELA CHOU: I happen to have it right  
12 open in front of me, and I can see that there is  
13 just over 300 sections in total --

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 Okay.

16 PAMELA CHOU: -- itself.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 That's fine. Thank you.

19 PAMELA CHOU: Are there questions  
20 before I kind of continue?

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 No. Go ahead.

23 PAMELA CHOU: Okay. Thank you.

24 So just real quick, just wanted to talk  
25 about the quality systems and the quality of

1 practice, which are your middle buckets on the  
2 slide in front of you.

3           So quality systems are really those  
4 tools, those creative tools that we use for our  
5 inspection process to help make our process a  
6 little more efficient. So implementing things like  
7 IT applications so that our inspectors can use  
8 electronic systems when they're actually  
9 documenting their inspection findings rather than  
10 hand-writing all of their inspection findings and  
11 gatherings.

12           Now, there are instances where they  
13 must -- they have to use hand-documented notes, and  
14 that is okay. We just ask that, for the majority,  
15 that all of their information is documented in our  
16 system.

17           So that bucket really is to look at the  
18 tools and the applications that can make our  
19 inspection process more efficient.

20           The next bucket over is quality  
21 practice, and this speaks to the work that is  
22 grounded in good policies and guidance so that  
23 there is consistency of practice all across the  
24 board. So you'll know that our program, and I'll  
25 get into this, is across Ontario.

1                   So we have many teams with many  
2 inspectors, and the more people you get, we need to  
3 ensure that there's consistency of practice across  
4 the board. And that's why we have a team that  
5 helps develop our policies and educations and  
6 training materials to support our frontline staff.

7                   And finally, the very last bucket at  
8 the very, very bottom: Sustainability. And so  
9 what we're trying to say here is that our  
10 Inspection Program is not unlike other programs,  
11 that inspection teams constantly reviews the way to  
12 improve our program; now, whether it's to align  
13 with broader government sector compliance and  
14 oversight direction or to the improvement of our  
15 own internal systems to creating new ways of doing  
16 business.

17                   So we're always striving to improve  
18 ourselves, really offering that change culture in  
19 terms of our thinking to meet the demands of what  
20 we need to do to protect the safety of our  
21 residents.

22                   COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Can I just, before you leave that, if there's a  
24 violation or a perceived violation of the  
25 regulation, then you've explained the enforcement

1 practice, namely in inspection, a director's  
2 review, and a hearing.

3 What happens if there's a failure to  
4 comply with a Ministry policy as opposed to the  
5 regulation?

6 PAMELA CHOU: So I'm just -- sorry, I'm  
7 just trying to gather my thoughts for your question  
8 here.

9 So you had -- Commissioner, you  
10 mentioned if there was a failure to comply against  
11 our Ministry's policy and not the legislation  
12 itself?

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Yeah, the situation where the Ministry has a policy  
15 that it wants long-term care homes to respect and  
16 they're not, in the opinion of the Ministry, how do  
17 you deal with that kind of situation? It's not in  
18 the regulation; it's a policy.

19 PAMELA CHOU: Sure. So that's a really  
20 good question and one that I may have to consult  
21 with our legal counsel a little bit further on  
22 that --

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Oh, okay.

25 PAMELA CHOU: -- but what I could say,

1 Commissioner, is that most of our policies, for  
2 example, if it's a policy that's issued by the  
3 director -- so our director, Stacey, she's released  
4 a memo on mandatory reporting and what she expects  
5 the sector and how the sector should report.

6 So the specifics are not necessarily  
7 laid out in the act or the legislation itself, but  
8 the legislation does indicate that you have to  
9 follow the Ministry's or the director's policies  
10 and procedures.

11 So through that, we are able to say  
12 that they didn't meet the mandatory requirements.  
13 So that's one example of how we are able to ensure  
14 compliance against, perhaps, a policy that's based  
15 from our director or Minister's directive that  
16 specifies the details, but then the licensee or the  
17 home didn't follow the broader scope of following  
18 that Minister's directive or the director's  
19 directive.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Thank you. That does answer my question.

22 PAMELA CHOU: Thank you. Okay.

23 If there are no further questions, I'll  
24 move on to the next slide. Great.

25 So this slide right here, I wanted to

1 show everyone a structure of how our branch is laid  
2 out. So you'll see that Stacey is our director,  
3 and underneath her, there are five different senior  
4 managers. So Lynne and I, we appear on the senior  
5 manager buckets.

6 And so on the far right, you'll see me,  
7 and I oversee our CIATT team. So CIATT stands for  
8 Centralized Intake Assessment and Triage Team, so  
9 for short, we can just call them CIATT, or we can  
10 refer to them as the Triage Team. So they are  
11 under me, and I also have the Central Support Team,  
12 which combines the Training and Policy Teams and a  
13 Strategic Planning Team, and that Strategic  
14 Planning Team is really the team that provides the  
15 data analysis for our program.

16 Now, if we move further towards the  
17 left, you will find the senior managers that  
18 oversee the seven Service Area Offices across  
19 Ontario. So we range from Ottawa all the way to  
20 Central West, so this really is all across the  
21 province. And any of the white boxes that you see  
22 under each of the Service Area Offices, those are  
23 satellite offices.

24 So although we may have, for example,  
25 in the North, we have our main office, Sudbury, but

1 the North is a vast geographic area, and so they  
2 cover different satellite offices spanning from  
3 Barrie all the way to Sault Ste. Marie and  
4 Thunder Bay. So it's really just a picture to show  
5 everyone how we are a provincial program spread  
6 across Ontario.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Ms. Chou, before you go on --

9 PAMELA CHOU: Yes.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 -- just on that chart, there are no lines, for  
12 example, from CIATT, Central Support and so on to  
13 you. Is that just the way they drew the chart, or  
14 do they report to you?

15 PAMELA CHOU: So that is an oversight  
16 on our side.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Oh.

19 PAMELA CHOU: They should have lines,  
20 and so good catch, Commissioner, there. So as an  
21 example, you're right, CIATT and Central Support,  
22 there should be lines that goes to my name. And  
23 I'll take Lynne, for example: There should be  
24 lines that go from Toronto to Hamilton, and then  
25 Tammy, London, Central West, and so on.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Understood.

3                   PAMELA CHOU: Thank you for pointing  
4 that out. We can definitely fix that.

5                   Before I move on to the next slide, I  
6 just wanted to share with everyone so that you have  
7 an understanding of how every office is made up.

8                   In the upper left-hand box, we did have  
9 some text information on the breakdown of each  
10 Service Area Office. So under each senior manager,  
11 there are two Service Area Offices, and so let's  
12 just take one office, for example, Ottawa Service  
13 Area.

14                   So we look at Ottawa Service Area.  
15 They will have their own SAO, which we call the  
16 service area manager, and reporting in to the  
17 service area manager, there are two inspection  
18 managers. The inspection managers are the actual  
19 managers for our frontline inspectors. Each SAO  
20 has roughly, I want to say, around 25 inspectors,  
21 and so the inspectors report in to the inspection  
22 managers themselves. So that's kind of how our  
23 organization is divided up and laid out.

24                   At the very, very bottom, there's just  
25 a sentence there just to indicate that our

1 inspectors are health professionals. Mainly,  
2 they're registered nurses. We also have dietitians  
3 and physiotherapists, and across the province,  
4 although they're not health professionals, we do  
5 have three environmental health  
6 consultants/inspectors. So that's kind of the  
7 profile of our inspection frontline staff.

8 COMMISSIONER JACK KITTS: Can I just  
9 confirm, because I think you said it in an earlier  
10 slide, that the director reports to an ADM who then  
11 reports to the DM; is that how the reporting goes  
12 up?

13 PAMELA CHOU: That's correct. Yes.

14 COMMISSIONER JACK KITTS: Okay. Just a  
15 sort of a quick question and your judgment, or you  
16 don't have to answer: Do you think there's enough  
17 inspectors for the number of homes?

18 PAMELA CHOU: Resources of -- what I  
19 can say is resource is always an issue that we look  
20 at, that we consider just by the volume. And on  
21 some further slides down, you'll see the volume  
22 that's coming in to our branch. And so not  
23 including just inspections, we also do inquiries,  
24 and inspectors also conduct some other activities  
25 too.

1                   So the resource constraint is always  
2 something that's on our mind and one that we  
3 struggle with from time to time just to ensure that  
4 we have the right and appropriate make of staff.

5                   COMMISSIONER JACK KITTS: Yeah. I  
6 think I saw in your deck that you're going to talk  
7 about the proportion of inspections that are  
8 critical versus complaints versus proactive.

9                   So I have some questions about that,  
10 but I'll wait until you go through that slide.

11                  PAMELA CHOU: Okay.

12                  COMMISSIONER JACK KITTS: Thank you.

13                  PAMELA CHOU: No problem. Okay. So we  
14 can move on to Slide No. 7.

15                  Just real quick here, this is just a  
16 graphic representation that we are a provincial  
17 program that spans across Ontario, seven different  
18 regional offices, and just a quick mention that our  
19 headquarters is in Toronto, and so that means our  
20 director's office and the Central Support Team are  
21 located in Toronto.

22                  So let's move on to Section No. 2,  
23 which is the Quality Inspection Program, and  
24 that's -- thank you -- on Slide 8.

25                  So on Slide 9 is our foundation. I

1 mentioned earlier that the foundation of our  
2 Inspection Program is rooted in ensuring that the  
3 homes are compliant with the act and regulation.  
4 So to ensure that we can do this through  
5 compliance, we need to ensure that the residents  
6 are continuing to be protected and cared for, their  
7 dignity and rights respected.

8           So in order to do that, we have to  
9 review all incoming issues and take the appropriate  
10 actions through a risk-based approach, and whether  
11 the final action is an inquiry or an inspection,  
12 those are the kind of ways that we do or we deal  
13 with to stay objective and consistent through a  
14 very structured information-gathering and  
15 evidence-gathering process.

16           I will get into the process of our  
17 inspections in a later slide.

18           So let's move on to Slide 10.

19           What I really want to just showcase  
20 here is just to bring it all together in terms of  
21 the long-term care system. So quality in long-term  
22 care, from a systems perspective, involves many  
23 different partners. And so we have partners from  
24 obviously our ministry, Ministry of Long-Term Care.  
25 We also have partners in Ministry of Health. We

1 have partners in the agencies, associations, and  
2 advocacy groups.

3           Every single person or every single  
4 partnership has its own purpose and its goals, and  
5 we really strive to look at the system through four  
6 different, kind of, buckets or windows, so ensuring  
7 that there's transparency throughout the work that  
8 we do; looking at ways to build the capacity of the  
9 sector or long-term care homes; and ensuring that  
10 there's always a quality continuous -- sorry, a  
11 continuous quality improvement plan or program in  
12 place; and finally, that fourth component is the  
13 compliance and inspection.

14           So even though we're talking today  
15 about the Inspections Program, we are -- as we see  
16 ourselves in terms of the quality of the system, we  
17 are one component of the many components that fit  
18 into the puzzle here. And so in order to allow us  
19 to do our program through inspections, we do have  
20 different types of inspections, which I will get  
21 into.

22           Questions so far on this slide?

23           Yes, Commissioner Coke?

24           COMMISSIONER ANGELA COKE: I'm just  
25 wanting to understand how you helped the sector in

1 terms of the dissemination of best practices in  
2 terms of how people can comply from a  
3 quality-management point of view.

4 PAMELA CHOU: So I can speak from what  
5 our branch specifically can do. So whenever we do  
6 identify a good practice that we like to share, we  
7 have a portal that's for the long-term care homes,  
8 and we share those informations through memos and,  
9 for example, our inspection protocol, which we  
10 consider as best practice. We also post that on  
11 the portal so it's transparent for the long-term  
12 care homes to see and use.

13 There are also partnerships where we  
14 have built with the -- for example, the RNAO or the  
15 CNO where they have best practices themselves too,  
16 and from time to time, they would engage with us to  
17 see if their materials would be able to be shared  
18 on our portal for the long-term care homes. So  
19 through that kind of collaboration, we do try to  
20 share different best practices with the sector.

21 I hope that answers your question,  
22 Commissioner.

23 COMMISSIONER ANGELA COKE: Thanks.

24 PAMELA CHOU: Thank you.

25 COMMISSIONER ANGELA COKE: Okay.

1 PAMELA CHOU: Okay. So let's move on  
2 to Slide No. 11. Thank you.

3 So just real quick here, the building  
4 blocks of our Long-Term Care Home Quality  
5 Inspection Program, and I didn't mention this in  
6 the beginning, but if you see "LQIP," it means our  
7 Inspection Program. That's just one of the many  
8 acronyms that we use in our area.

9 So building blocks of our Inspection  
10 Program: There are a lot to -- there is a lot of  
11 focus in long-term care homes. So there's a lot of  
12 attention through the media. We also have ongoing  
13 audits with the Auditor General, Ombudsmen. So  
14 there's a lot of attention on the long-term care  
15 homes sector.

16 And so to ensure that we can  
17 effectively carry on our mandate, our program is  
18 made up of four main inspection types, and these  
19 are complaint inspections, critical incidents,  
20 follow-up inspections, and proactive inspections.

21 I won't spend the details on going  
22 through each inspection on this particular slide  
23 because the next slide will focus on that, but the  
24 one thing that I just did want to bring your  
25 attention to is at the bottom of the box under

1 "Complaint and Critical Incident," there's a little  
2 box that's kind of in dark yellow, it does say that  
3 there are over 2,000 issues or intakes coming in  
4 per month into the program. So that is a huge  
5 volume that we have to manage on a daily and  
6 monthly basis to triage that information.

7 So that is across a number of years,  
8 and that's the average that we got, and you'll see  
9 a little bit more in later slide; I'll show you  
10 some stats for 2019.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 You refer to them as "matters." Is there a  
13 distinction between "complaints" and "matters," or  
14 are they all the same?

15 PAMELA CHOU: So we do use them  
16 interchangeably, Commissioner, and so matters or  
17 issues, we do use them interchangeably.

18 What we really -- what we do mean here  
19 is that issues that's coming in, so whether it's  
20 complaint or critical incidents, those all are  
21 issues that are coming in.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 All right. And so you have to investigate or  
24 triage 2,000 matters, 2,000 complaints a month,  
25 right? And is that number -- you said it was true

1 over a number of years. Is it constant, or is it  
2 rising, or what does it look like? Is it falling?

3 PAMELA CHOU: Good question. So we  
4 would -- and I don't have the exact answer on that.  
5 I would actually have to look at the volumes year  
6 over year to find that information out. But on the  
7 next following slides when I get into the data for  
8 2019, you'll see that it's just short of 2,000.

9 So it could rise and increase based on  
10 the year, and so we can definitely look into the  
11 volume year over year to make that trend analysis.

12 COMMISSIONER JACK KITTS: Ms. Chou, I'm  
13 interested in the grouping of critical incidents  
14 with complaints.

15 Is there a difference in urgency to  
16 respond to a critical incident and/or a complaint?

17 PAMELA CHOU: So the way that is  
18 grouped on this slide in particular, there is no  
19 distinction in terms of a difference in urgency to  
20 respond. It really depends on the actual matter or  
21 the issues that's coming in.

22 We do have policies around how we  
23 assign risk to every individual issue or matter  
24 that's coming in, so whether it's a complaint or a  
25 critical incident, if the issue we see at hand is a

1 high-risk concern -- it doesn't matter if it's a  
2 complaint or a critical incident -- we will deal  
3 with it accordingly based on the risk level that we  
4 assign to it.

5           So I think for the purposes of this  
6 slide, it may have been kind of grouped together in  
7 a way visually because we wanted to show you that  
8 complaint and critical incident are the incoming  
9 volume, whereas follow-up inspections and proactive  
10 inspections are more generated at the service area  
11 level.

12           So you won't have a follow-up  
13 inspection coming into the Ministry because  
14 follow-up inspections is a response to a compliance  
15 order that the inspector had previously issued.

16           And a proactive inspection is something  
17 that's initiated by the service area.

18           So I think for the graphic  
19 representation of this slide, the complaint and  
20 critical incidents were grouped together to show  
21 that those are the stuff that's coming in to the  
22 Ministry.

23           COMMISSIONER JACK KITTS: Okay. Thank  
24 you.

25           COMMISSIONER FRANK MARROCCO (CHAIR):

1 Commissioner Coke?

2 COMMISSIONER ANGELA COKE: So, sorry,  
3 just to clarify, the difference is based on who the  
4 complaint's coming from?

5 PAMELA CHOU: The difference? Um --

6 COMMISSIONER ANGELA COKE: Yeah.

7 PAMELA CHOU: So, no. Let me clarify  
8 that. So the difference in terms of how we respond  
9 and when we respond to -- yeah.

10 COMMISSIONER ANGELA COKE: No, I wasn't  
11 talking about the response. It's more the  
12 incoming. It just seems here that the complaints  
13 are coming from public residents' families, but the  
14 critical incidents --

15 PAMELA CHOU: Yes.

16 COMMISSIONER ANGELA COKE: -- those  
17 ones are proactively brought forward by the  
18 long-term care home.

19 PAMELA CHOU: Yes. That is absolutely  
20 correct. So, you're right. Complaints are public,  
21 and it comes through any means through the public,  
22 and critical incidents are the mandatory stuff that  
23 homes has to report.

24 COMMISSIONER ANGELA COKE: Okay.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 So you could have a situation where a family member  
2 was reporting abuse, an incident of suspected  
3 abuse, and the long-term care facility was  
4 reporting the same incident but for perhaps placing  
5 a different complexion on it --

6 PAMELA CHOU: Yes. You --

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 -- is that right?

9 PAMELA CHOU: Yes. So it would depend  
10 on how the home, what they write in the incident  
11 when they report it to us, but that could very well  
12 happen, and it happens quite frequently, especially  
13 for abuse and neglect situations. A family member  
14 could complain that their loved one was abused and  
15 neglected or received improper care. And that is  
16 one of the mandatory requirements that a long-term  
17 care home would have to report.

18 So even though the complainant has  
19 reported, long-term care homes still has a  
20 responsibility that if they suspect that there was  
21 abuse and neglect, they also have to report a  
22 critical incident intake to the Ministry. At the  
23 Ministry level, we do look to see if there is a  
24 corresponding complaint whenever there is a  
25 critical incident that comes in.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2   So when you say there's over 2,000 matters, if in  
3   this hypothetical, the family member reports an  
4   incident of abuse and the home reports the same  
5   incident but says the person fell or something like  
6   that, is that two matters or one?

7                   PAMELA CHOU:  If it's actually related,  
8   we would conduct one -- well, we will most likely  
9   conduct one inspection to look at the matter.

10                  So if it's the same resident that's  
11   being reported through the complaint and the  
12   critical incident and the matter seems pretty  
13   similar, we can look at that thorough one  
14   inspection.  We'll have two intakes, and we can  
15   look at it through one inspection that looks at  
16   these two intakes.

17                  COMMISSIONER FRANK MARROCCO (CHAIR):  
18   So in terms of this 2,000 matter number, that  
19   situation, that hypothetical would be two or one?

20                  PAMELA CHOU:  So it would be two issues  
21   that's coming in, but if we decided that it's the  
22   same issue being reported and we only did one  
23   inspection -- so your outcome would be one  
24   inspection but two issues coming in.

25                  COMMISSIONER FRANK MARROCCO (CHAIR):

1 All right. Okay. Does that happen a lot where you  
2 have two different reports of the same thing?

3 PAMELA CHOU: Yeah, it does happen on a  
4 frequent basis. I don't have the exact number  
5 on-hand, but it does happen frequently.

6 Thank you.

7 Okay. So let's move on to the next  
8 section, which is the type of inspections, and then  
9 let's go straight into Slide 13. We can consider  
10 this slide as a follow up to the previous slide  
11 that we were just on.

12 So, Commissioner Coke, you had  
13 mentioned that complaints are all public, so that  
14 is correct. Every information that the Ministry  
15 receives from the public -- and it could be from  
16 residents or families, any loved ones -- these are  
17 all public complaints, and they could come in --  
18 most frequently, they come in through our family  
19 support action line. It could also come in through  
20 different correspondences; through mail, even;  
21 through an MPP's office, even.

22 And then there's critical incidents.  
23 So under the legislation, there are mandatory areas  
24 that the licensee of the home has to report on or  
25 the home has to report on; so, for example, abuse

1 is one of them, and Commissioner Marrocco, you had  
2 used that as your example. Other ones include  
3 missing residents, emergencies, disease outbreak,  
4 unexpected death.

5 So those are all kind of the mandatory  
6 reports and the critical incidents that's  
7 legislated under the act and the regulation that  
8 the home must report. So if there is a case like  
9 that, they have to submit a critical incident  
10 report in to the Ministry.

11 And then we have follow-up inspections.  
12 So follow-up are literally any inspections where  
13 our inspector has issued a compliance order, and  
14 compliance orders have a due date. So when the  
15 compliance due date is expired, we have to conduct  
16 a follow-up inspection to determine if that  
17 non-compliance was corrected. And so that's kind  
18 of the reason behind why -- the reason behind why  
19 we would need a follow-up inspection.

20 Now, grouping them together, complaint,  
21 critical incident, and follow-up, we do call those  
22 inspections as "reactive" because we are reacting  
23 to a complaint or a critical incident issue, or we  
24 are reacting to the compliance due date of  
25 something that we previously issued. So that

1 bucket of inspection, we group them as reactive.

2 And then there's another bucket called  
3 a proactive inspection. So these are inspections  
4 where it has specific care areas that the  
5 inspectors would look at. As a couple of examples,  
6 medication or dining may be one of the required  
7 mandatory areas that an inspector would look at.

8 So when they do these proactive  
9 inspections, they may look at other issues that  
10 they see along the way. These inspections  
11 typically start with an initial tour of the home  
12 just to look at a general understanding of the  
13 residents' main home areas.

14 And so in terms of proactive  
15 inspections, right now in our program, we utilize  
16 two different ones. We have the SAO, a service  
17 area initiated inspection, and then we have  
18 resident quality inspections, which we call the  
19 RQIs. So these are the proactive inspections, and  
20 we call them "proactive" because it's not really  
21 initiated based on a complaint or critical  
22 incident. It is one where we have decided to  
23 actively go into the home to look at specific care  
24 areas. And then --

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Can I just ask --

2 PAMELA CHOU: Yes.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 -- as I'm looking at these inspections and  
5 recalling the comment earlier about the number of  
6 matters coming in and the number of inspectors,  
7 have reports been prepared outlining what the needs  
8 are in terms of whether there are -- about the  
9 needs are with respect to inspectors, outlining,  
10 for example, how many are required to have an  
11 appropriate number, that sort of thing?

12 PAMELA CHOU: If I'm understanding your  
13 question correctly, so you're asking around kind of  
14 a workload perspective how many inspectors we  
15 generally need per volume of inspection?

16 COMMISSIONER FRANK MARROCCO (CHAIR): I  
17 think my question's more related to whether there  
18 have been internal assessments of whether you have  
19 an adequate number, how many are needed to provide  
20 you with an adequate number if you don't have an  
21 adequate number, that sort of thing.

22 PAMELA CHOU: So really great question,  
23 Commissioner, but it is something that we are  
24 currently working to look at right now.

25 So we haven't done a fulsome analysis

1 of that particular, I guess, analysis that you just  
2 described, but it is something that we are looking  
3 at in terms of the volume coming in, month over  
4 month or year over year, and if we have the  
5 required resources to manage the incoming volume  
6 and sustain it. So it is work that we are planning  
7 underway.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 But in the past, there are no -- this has been done  
10 in the past, and it's being done again, or was not  
11 done in the past, being done now?

12 PAMELA CHOU: I am not aware of this  
13 being done in the past recent years, so we are  
14 looking at it right now, though.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Thank you. Thank you.

17 PAMELA CHOU: Commissioner?

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 Oh, Commissioner Coke?

20 COMMISSIONER ANGELA COKE: Yeah, I just  
21 want to understand: What is it that would trigger  
22 the decision to do the proactive inspection?

23 And is that based on sort of trends  
24 that you're seeing generally? I'm just trying to  
25 say, what goes into the decision if we're going to

1 do a proactive inspection on X?

2 PAMELA CHOU: Yeah. Really good  
3 question. And so if we do -- so before I address  
4 that, this will lead into my answer to that, is in  
5 the top right-hand corner, you'll see beside the  
6 fact that inspections are unannounced is all  
7 long-term care homes need to receive at least one  
8 inspection a year.

9 So we have seen cases where a long-term  
10 care home has not -- we have not received a  
11 complaint or a critical incident for a long-term  
12 care home. And so in those situations, we might  
13 decide to do a proactive inspection just to get  
14 into the homes and look at their overall aspect  
15 through the different care areas that we have  
16 outlined. So that's one reason why we may do a  
17 proactive inspection.

18 The reason that we may do a proactive  
19 inspection is perhaps through some of the  
20 consultation and the partnerships that we have at a  
21 field level with our partners. Our service area  
22 managers are in collaboration and discussions  
23 frequently with the LHIN, Ontario Health, or Public  
24 Health, for example. And perhaps through that,  
25 there may have been issues that have surfaced or

1 identified or we have heard that may trigger us to  
2 say that, hmm, even though we haven't really seen a  
3 complaint about this that it might be worthwhile to  
4 check in on the homes through a proactive  
5 inspection.

6 So those are the scenarios that I would  
7 say would be most common of why we would do a  
8 proactive inspection.

9 COMMISSIONER ANGELA COKE: Thanks.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Would you do a proactive inspection to see whether  
12 the home had a plan to cope with an outbreak? You  
13 know, of course, we're in the middle of a  
14 pandemic -- we're at some point in the pandemic  
15 process, but setting pandemics aside, just an  
16 outbreak of something. Would that be covered in  
17 the proactive inspection reports?

18 PAMELA CHOU: Yes. So as part of the  
19 SAO initiative and I think also the RQI, IPAC,  
20 inspection and prevention protocols, is one of the  
21 areas that we do look at as part of the proactive  
22 inspections.

23 So if we did do a proactive inspection,  
24 we would most likely look at their IPAC, and I want  
25 to say emergency plans as well, but I am not

1 100 percent certain. I would have to check our own  
2 policies to see what the mandatory areas are for  
3 those proactive areas.

4 So your question, if it will come out  
5 through a proactive inspection, if we did do one,  
6 it would likely come out through that.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 And you said that all of the homes receive at least  
9 one inspection a year. Obviously, some are  
10 reactive and some are proactive. Is there any kind  
11 of a percentage, that sort of thing?

12 PAMELA CHOU: If we're talk -- so maybe  
13 when we talk about the percentage, may I flow to  
14 the next slide? Because I think this might address  
15 your question, Commissioner Marrocco. Would that  
16 be okay?

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Oh. Why don't we -- okay. Certainly you can, but  
19 why don't we hold that. There are questions from  
20 the other Commissioners.

21 Commissioner Kitts?

22 COMMISSIONER JACK KITTS: Yeah, I'm  
23 just following up on that last question. So all  
24 inspections are unannounced. I expect that the  
25 complaint inspections, critical incident system

1 inspections, and follow-up inspections are less  
2 surprising than a proactive.

3 The question is, when you say all  
4 long-term care homes receive at least one  
5 inspection a year, are the complaint, critical  
6 incident, and follow-up, are they focused on the  
7 issue or the matter and not necessarily the whole  
8 inspection that you would do in a proactive of a  
9 whole lot of areas?

10 PAMELA CHOU: Yes, that is correct. So  
11 all of the reactive inspections is focused on the  
12 issue, and we do try to teach our inspectors to  
13 maintain focus on their inspection because  
14 otherwise you could spend days in the long-term  
15 care home to look at various, various issues. So  
16 the reactive inspections are specific to the issue  
17 that has been presented.

18 Now, that's not to say that if an  
19 inspector was doing a complaint inspection on abuse  
20 and noticed that there's some very unsafe practice  
21 of the home in other areas, such as safety and  
22 security or a very significant medication incident  
23 that they saw, they can also initiate to add that  
24 component into part of their inspection as well.

25 COMMISSIONER JACK KITTS: That makes

1 sense, but when you say all long-term care homes  
2 receive at least one inspection a year, if they've  
3 had a complaint or a critical incident, is that the  
4 inspection, or do they -- every long-term care  
5 receives at least one proactive inspection a year?

6 PAMELA CHOU: It's any inspection. So  
7 if they had one complaint inspection that they --  
8 so they have had one inspection a year.

9 COMMISSIONER JACK KITTS: So you could  
10 go -- a home could go years if they have enough  
11 complaints, I suppose, without having a full  
12 proactive inspection?

13 PAMELA CHOU: Yeah, that's -- it could  
14 happen. Now, we have in recent years, usually  
15 there are -- we do conduct multiple inspections for  
16 the different long-term care homes. It's a very --  
17 it's very minimal that we see a long-term care home  
18 really have no issues at all.

19 So I would say that, on average, from  
20 inspection data perspective, you would have  
21 long-term care homes that has had multiple  
22 complaint inspections done or critical incidents  
23 done. So there are different areas that could be  
24 looked at through different inspections, but it's  
25 not to say that all long-term care homes has to

1 receive one proactive inspection a year.

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 Commissioner Coke?

4 COMMISSIONER ANGELA COKE: Just based  
5 on your analysis, what are the sort of top three  
6 issues that surface from the complaints?

7 PAMELA CHOU: So we did do that  
8 analysis, and it's not in the slides, so I can  
9 certainly get back to you on that. What I do want  
10 to say, from the top of what I could remember, plan  
11 of care is one of the top non-compliance areas that  
12 comes through our complaints systems, and I want to  
13 say safe and secure home may be another.

14 But we did do an analysis, or I should  
15 say the program does do an annual review since 2018  
16 of the top ten issues that has come up, and it's  
17 just unfortunate it's not in this particular slide,  
18 but we can follow up with that information.

19 COMMISSIONER ANGELA COKE: So just  
20 following up on that, the whole issue of IPAC and  
21 the home's capacity, expertise, or good practice,  
22 I'm just trying to figure out where that ranks in  
23 the list of issues or problems.

24 PAMELA CHOU: Mm-hm. And I can speak  
25 to -- sorry.

1                   COMMISSIONER ANGELA COKE: Yeah, so I'm  
2 saying, if you don't have it right now, I'd be  
3 interested to see that material.

4                   PAMELA CHOU: Absolutely. We can  
5 certainly share, but to answer your question on  
6 that, I can let you know that for 2019 -- and this  
7 part I do remember. For the 2019 analysis of the  
8 top ten non-compliance areas, IPAC and emergency  
9 plans were not part of the top ten that presented  
10 as top non-compliance issues.

11                   But we can certainly provide you with a  
12 top ten analysis that we did.

13                   COMMISSIONER JACK KITTS: Can I follow  
14 up on that? So back to my question. So if you've  
15 been inspecting homes for abuse and other things  
16 over the past year and you haven't done a proactive  
17 inspection which covers the whole gamut, you  
18 wouldn't necessarily ask about pandemic  
19 preparedness or IPAC compliance because that's  
20 probably part of the proactive inspection but not  
21 the targeted inspection that you seem to be doing a  
22 lot more of; is that correct?

23                   PAMELA CHOU: That is correct.

24                   COMMISSIONER JACK KITTS: Okay. Thank  
25 you.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2   And just a follow-up on that:  Would the Ministry  
3   have a list of which homes had been the subject of  
4   a proactive inspection and which homes had been the  
5   subject of a reactive inspection, say, over the  
6   last two or three years so that you could actually  
7   see which homes we're talking about?

8                   PAMELA CHOU:  Yes, we do have that data  
9   available.

10                  COMMISSIONER FRANK MARROCCO (CHAIR):  
11   All right.

12                  COMMISSIONER JACK KITTS:  And one last  
13   question that's kind of bugging me at the bottom  
14   there.

15                         Inquiries are conducted for  
16   lower-risk complaints.  I'm assuming inquiries are  
17   calls, phone calls, or they're less in-depth than  
18   an inspection?

19                   PAMELA CHOU:  Yes.  So, absolutely  
20   right.  So majority, I would say most of our  
21   inquiries are done via phone calls.  We do have  
22   cases where inquiries may be done onsite, and they  
23   may need to just collect some information from the  
24   onsite perspective.  But most of the inquiries are  
25   done via phone call offsite.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):

2   Go ahead, Ms. Chou.

3                   PAMELA CHOU:   Okay.   All right.   So let  
4   me move on to Slide 14, which is the data slide.

5                   Now, Commissioner Marrocco, pertaining  
6   to your question around volume earlier, let me know  
7   if this addresses it.

8                   So if we just look at the chart that's  
9   on the left-hand side, it gives you a breakdown  
10   just from 2019 perspective, the breakdown of the  
11   volumes of inspections that has been done for all  
12   these different types of inspections.

13                   And so if we look at the pie chart,  
14   which I think is a better pictorial demonstration,  
15   you'll see that critical incidents actually make up  
16   almost half, almost at 50 percent.   It's at  
17   49 percent of the inspection types that we do, and  
18   following that is the complaint volumes that's at  
19   37 percent.   So we are programmed, really --  
20   because of the volume that's coming in, our program  
21   sees a lot of inspections are related to critical  
22   incidents and complaints.   So that kind of speaks  
23   to the volume breakdown of the different types of  
24   inspection.

25                   Now, I mentioned earlier that in a

1 previous slide where I mentioned that roughly we  
2 get around 2,000 issues coming in per month, just  
3 in terms of the scope, looking at 2019, if we just  
4 look at the two square boxes up at the top, you'll  
5 see that for 2019, there were, on average, 313  
6 complaints/issues that's coming in per month and  
7 1,366 critical incident issues coming in per month.  
8 So if you actually add that up, it's close to  
9 1,700.

10 So it's not quite 2,000, as the  
11 previous slide was providing an average that we  
12 noticed throughout the years. 2019 was a little  
13 short of that at 1,700, but still a significant  
14 volume if we were to look at it from a monthly  
15 perspective.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 If we look at the pie --

18 PAMELA CHOU: Mm-hm.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 -- critical incidents and complaints make up  
21 86 percent of the pie, and then the follow-up  
22 amounts to 11 percent.

23 Now, would the follow-up inspections be  
24 mostly in response to the reactive inspections?

25 PAMELA CHOU: Mostly. So I would say

1 mostly but not exclusively. So it could be any  
2 inspection that an inspector decides to issue a  
3 compliance order. So a follow-up inspection is  
4 basically to check to see if the compliance order  
5 was brought back into compliance.

6 So you could have a proactive  
7 inspection where the inspector issued a compliance  
8 order during a SAO-initiated inspection or an RQI,  
9 and in that case, that would be captured under  
10 follow-up inspection as well.

11 So it's not exclusively complaint- and  
12 critical incident-related; it could also be  
13 proactive, but just -- and I say majority and  
14 mostly is reactive inspection-related just because  
15 of the sheer volume of the reactive inspections  
16 that we do.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 All right. And on the left side, then, of the  
19 2,882 inspections, 77 of them were proactive; have  
20 I got that right? Am I reading that correctly?

21 PAMELA CHOU: Yes, yes.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Okay. Do all inspections involve an inspector  
24 physically going to the home?

25 PAMELA CHOU: So normally, the normal

1 practice is that our inspections are normally done  
2 at the home involving a physical -- involving an  
3 inspector physically going onsite to the  
4 inspection.

5 When I talk about what we did during  
6 COVID, we did have to adapt a little bit just so  
7 that we can maintain the safety of our inspectors,  
8 and so the inspections could be done offsite as  
9 well. But on a normal circumstance, we do do our  
10 inspections onsite, so physically.

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 So in 2019, which is the chart we have in front of  
13 us, would the inspections have been done -- would  
14 the inspections have been done in person, by and  
15 large or...?

16 PAMELA CHOU: Yes. So by and large,  
17 they would be mostly done in person.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Okay. Oh, Commissioner. You're on mute,  
20 Commissioner.

21 COMMISSIONER JACK KITTS: Thank you.  
22 I'm sorry. Can you remind us what the proactive  
23 RQI, that's quality improvement, I think. The  
24 other -- what's others?

25 PAMELA CHOU: So other could include

1 your service area-initiated one. And other  
2 inspection could also be that -- I'll just say that  
3 if a -- sometimes it happens where we could  
4 identify a particular issue that we have heard from  
5 the -- sorry, from one of our partners, and we may  
6 choose -- there's actually a type called "other"  
7 that we can select, and we can focus on just that  
8 particular issue that we have heard.

9           So instead of doing a proactive  
10 inspection that looks at different care areas, if  
11 we heard of a particular issue through our  
12 partners, we could initiate an other type  
13 inspection just to look at that.

14           COMMISSIONER JACK KITTS: Okay.

15           PAMELA CHOU: Any further questions on  
16 this one? This slide, I should say.

17           COMMISSIONER FRANK MARROCCO (CHAIR): I  
18 think we're good.

19           PAMELA CHOU: Okay. Thank you.

20           So let me move on to the inspection  
21 process, and that is Section 4. So Slide 16.  
22 Perfect. We'll start with intake.

23           From a technical-term perspective, we  
24 call all of the issues that are coming in, and then  
25 once we log them, we call that an intake. And so

1 it could be anything from a public complaint that  
2 comes in or a critical incident or if we generated  
3 that we need to do a follow-up inspection, we call  
4 that an intake.

5 So this is where we see the quality  
6 system, one of the objectives from our Inspections  
7 Branch earlier on in the slides, one of the  
8 objectives was quality system. This is where we  
9 can see, sort of, our IT system and applications  
10 come into play.

11 All the information and issues that's  
12 coming in is documented and logged as an intake  
13 into our intake application. The formal name is  
14 called Compliance Smart Client, CSC, but  
15 internally, we refer that as our intake form or  
16 intake module, just for easier reference.

17 So the first line of people or line of  
18 staff that receives this information coming in and  
19 creates an intake for it is our triage inspectors.  
20 So those are the inspectors; they are RPNs by  
21 professional designation. They triage the  
22 information that's coming in, and they log it and  
23 create an intake for it.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 When you say all inquiries or inspections start

1 with an intake, the 2,882 matters, are they  
2 inquiries and inspections?

3 PAMELA CHOU: Maybe we'll go back to  
4 Slide 14, yes. So you're talking about 282 [sic],  
5 that number in the table right there?

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 It says -- yeah. There, it says number of  
8 inspections.

9 PAMELA CHOU: Yes. So those are  
10 inspections, and -- those are inspections that are  
11 done. Now, there is a --

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Okay. That's fine.

14 PAMELA CHOU: There is a -- I just want  
15 to point out a small little difference here is that  
16 one intake doesn't necessarily mean one inspection.

17 So you could have one inspection that  
18 actually contains multiple intakes. It could be a  
19 repeated issue that the complainant continues  
20 calling in; maybe we've received three of the same  
21 complaints. We'll group that into one inspection.

22 And so that's why, at the very  
23 bottom -- not at the very bottom, I apologize, but  
24 right at the bottom of that table on the left,  
25 there's a [indecipherable] bar, and that shows the

1 total intakes that's inspected.

2 So out of 8,116 intakes that was  
3 inspected individually -- sorry, individual  
4 intakes, that resulted in 2,882 inspections.

5 So maybe it makes more sense if I say  
6 it in the reverse that out of the 2,882 inspections  
7 that were done, that was a combination of 8,116  
8 intakes.

9 COMMISSIONER FRANK MARROCCO (CHAIR):  
10 Okay.

11 PAMELA CHOU: Thank you.

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 And all 8,000 of them had to be triaged?

14 PAMELA CHOU: That's correct, yes.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 And is there an issue around whether there are  
17 sufficient resources available to do the intakes?

18 PAMELA CHOU: Great question. So in  
19 the past, we did struggle in the past, I want to  
20 say, in 2018 with keeping up with some of the  
21 volumes on triaging, but we did a provincial  
22 cleanup of the backlog of all the -- kind of all  
23 the intakes that's sitting there. And we did have  
24 to solicit the help of our inspectors at the actual  
25 service area level to help kind of clean up that

1 backlog.

2           So we have made significant progress in  
3 cleaning up that inspection volume. So we are  
4 monitoring very carefully on a regular basis that  
5 our current staffing complement of ten triage  
6 inspectors are able to maintain the volumes on a  
7 daily basis that's coming in to the Ministry. So  
8 it is an ongoing review that we always do across  
9 our program.

10           COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Is it done annually?

12           PAMELA CHOU: It's done annually, but  
13 we are actually thinking about doing it a little  
14 bit more frequently. So I can't say that we have a  
15 specific time each year that we do the analysis,  
16 but it is something that we -- whenever possible,  
17 we do look at some of the volume that's coming in  
18 versus the resource capacity.

19           COMMISSIONER FRANK MARROCCO (CHAIR):  
20 Commissioner Coke? Or -- oh, yes, Commissioner  
21 Coke.

22           COMMISSIONER ANGELA COKE: Yes. I'm  
23 just wondering in terms -- what's your sort of  
24 standard in terms of getting back to anybody who's  
25 made a complaint?

1 PAMELA CHOU: I have to double-check  
2 our internal policies for that, but there is a  
3 requirement that I think it was two or three  
4 business days we have to -- once we receive the  
5 intake, we have to place an initial call to the  
6 complainant to acknowledge. So there are timelines  
7 written in our policies on the requirements of  
8 getting back to the complainant.

9 COMMISSIONER ANGELA COKE: Okay.

10 PAMELA CHOU: I will continue, and  
11 let's go to Slide 17.

12 So this particular process flow breaks  
13 down the intake process just a little bit more so  
14 that you have -- you can see behind the scenes how  
15 we assign each intake based on the risk level that  
16 I mentioned a little earlier in my discussion. So  
17 I'll kind of skip the first two little boxes in the  
18 process flow from the left because we've talked  
19 about how information comes in.

20 So at the triage inspector level, if  
21 you look at that first initial diamond, it says:

22 "Potential non-compliance with  
23 the act, yes or no."

24 And so this is our triage inspector's  
25 way that, based on the initial information, is this

1 even a legitimate complaint or -- usually a  
2 complaint -- a complaint that's related to the act  
3 or regulation? And sometimes we do see information  
4 that's not related to the act or regulation; so,  
5 for example, parking fees. That's not something in  
6 the legislation, but that's something that we do  
7 see complainants complain about. So we would  
8 redirect them to other appropriate areas.

9           But if it is related to a potential  
10 non-compliance under the act, then they take --  
11 then our triage inspectors take a number of steps.  
12 So the first step is they will look at the category  
13 of the concern. Under the legislation, there are  
14 seven different categories from improper care to  
15 abuse to failure to comply.

16           So based on the information that our  
17 triage inspector has on-hand at that time, they  
18 will make a distinction as to what category that  
19 issue belongs to, falls into, and they select it in  
20 our intake system.

21           Then they have to make a determination  
22 of the risk level. So we have internal policies  
23 that outline more specifically on how to assess  
24 further risk level. But for the purposes of this  
25 particular slide, we wanted to show you that there

1 are five different levels. You range from 1 to 4,  
2 but that 3 level, the Level 3 is divided up into  
3 3 and 3-plus.

4 And so based on the risk level, that  
5 determines what action the inspectors can now take.  
6 So if it's a low-level risk, so meaning that  
7 something happened but there was very minimal risk  
8 and there was minimal harm or no harm done, then  
9 that could be an inquiry.

10 So your Level 1 and 2, if we start off  
11 at the very bottom of the diamond, your Levels 1  
12 and 2, those are low-level issues, and they would  
13 most likely result in an inquiry. And then  
14 internally for our purposes, written in our policy,  
15 inquiry has to be done within 90 business days.

16 Now, once we get into Risk Level 3 and  
17 above, that's where we enter the inspections  
18 category. So, for example, your Level 3 issue  
19 which resulted in an actual harm, you have to do an  
20 inspection within 60 business days. 3-plus, which  
21 is a little bit more of a significant issue, do it  
22 within 30 business days.

23 And if it is an immediate jeopardy  
24 concern, meaning that, for example, we may have had  
25 an unexpected death that was a suicide or a very,

1 very serious situation with coroner and police  
2 involved, all sorts of red flags, that could be a  
3 Level 4, immediate jeopardy, and we would try to  
4 get an inspector out there to the home immediately,  
5 right away. So that is kind of the risk for --

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Do you keep -- I'm sorry to interrupt.

8 PAMELA CHOU: Mm-hm.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Do you keep track of whether these metrics are  
11 being met or not?

12 PAMELA CHOU: Yeah. So there are  
13 internal audits that we do through our program. We  
14 have quality assurance leads that has been running  
15 kind of the -- I want to say balance scorecard, key  
16 performance indicators that look at these metrics.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Okay. And so you would have a sense, for example,  
19 of whether a Level 3 inspection is actually taking  
20 place within 60 business days or not?

21 PAMELA CHOU: Yes, yes. And we do try,  
22 to our very best of our ability, try to keep within  
23 those target timelines.

24 Now, there are situations where we may  
25 not meet the timelines for whatever reason, and it

1 could be -- I'll just use maybe a Level 3 example.  
2 We needed to do an inspection, but that inspector  
3 that was assigned to do that inspection had to be  
4 called to respond to an immediate jeopardy  
5 situation. So we're taking away that resource that  
6 should have met the timeline to do something more  
7 important.

8 So there are areas where we may not  
9 meet the timeline 100 percent of the time, but we  
10 do try our very best to meet those target  
11 timelines. It is one of the principles that we try  
12 to stick to within our program.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Ms. Chou, before you go on, I did say I'd take a  
15 ten-minute break. I think -- is this a convenient  
16 time to take it in terms of your presentation?

17 PAMELA CHOU: Absolutely. We can take  
18 a break right now if that works for you.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 So why don't we break for ten minutes?

21 PAMELA CHOU: Sure.

22 -- Recess at 10:50 a.m. --

23 -- Upon resuming at 11:02 a.m. --

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 Ms. Chou, carry on.

1 PAMELA CHOU: Fantastic. Thank you,  
2 Commissioners. And so I think I left it on  
3 Slide 17, and I think we wrapped this part up  
4 around the risk levels and then talked about  
5 assignment for intake action.

6 So let's go on to Slide 18, which is a  
7 continuation after the intake process. Now we get  
8 into our inspections process.

9 So once an intake has been assigned and  
10 it's been assigned, for example, as an  
11 inspection -- so any of the Level 3s and up -- that  
12 assignment is then sent in terms of our intake  
13 module or intake form perspective, that is  
14 automatically now sent to the appropriate Service  
15 Area Office for a response.

16 And at that Service Area Office level,  
17 the inspection managers of that Service Area Office  
18 will then assign available inspectors or  
19 appropriate inspectors to conduct an inspection for  
20 the intake or intakes as related to that particular  
21 inspection. And so --

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Does the inspection form contain when the complaint  
24 was received or the intake was received?

25 PAMELA CHOU: Yes, it does. So it does

1 have a field for when the information first came in  
2 and when it was triaged over to the Service Area  
3 Office. So it does have a timestamp for those  
4 fields that you have asked.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 And then can you tell from the form when it was  
7 assigned to a particular inspector?

8 PAMELA CHOU: I would have to  
9 double-check on that particular field.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Okay. Thanks.

12 PAMELA CHOU: All right. So in terms  
13 of the inspections. So now, let's say that  
14 everything is ready; the inspector is ready to do  
15 an inspection. Most of the time, an inspector will  
16 do an inspection plan before they go out. So this  
17 includes who they prepare to talk to or interview;  
18 what kind of records they prepare to ask for  
19 collection; what kind of resident areas they may be  
20 observing during their inspection.

21 So once they actually have their plan,  
22 they go out to conduct the actual inspection onsite  
23 of the long-term care home. That's when they  
24 gather all of their information and their evidence.  
25 They take that, they analyze the situation,

1 complete their findings, and one of the final  
2 actions that they would take to just wrap up the  
3 inspection is that they have to write an inspection  
4 report.

5 So inspection reports, there's two  
6 copies all the time. There's a licensee version,  
7 and there's a public version that's posted online,  
8 and essentially, the public version removes all of  
9 the PI and PHI information that would exist in the  
10 licensee version. There's some --

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Would the report -- do you know whether the report  
13 would tell you how long after the inspection the  
14 report was written?

15 PAMELA CHOU: Yeah. So on the actual  
16 report, there is a report date. So that's the date  
17 of the report that was written, and then within the  
18 body of the report -- so each report is laid out in  
19 a particular format. Within the body, it would  
20 identify the actual dates of the inspection.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 Okay.

23 PAMELA CHOU: And then once they finish  
24 their report, there's actually some post-inspection  
25 activities, just logistical stuff that they have to

1 do; for example, closing out the intake so that  
2 it's completed, done, and off our system.

3           The only thing that I want to -- other  
4 thing that I wanted to mention on this particular  
5 slide is kind of the grey box within that  
6 inspection bucket. And so you'll see where it says  
7 "Tools," and this is where our quality practice  
8 objective really comes into play here.

9           Our team of policy writers -- it's a  
10 small team, but they do an excellent job -- they  
11 write the policies and they do the training for our  
12 inspectors so that they have the proper tools and  
13 protocols to use when they conduct their  
14 inspections. So that's kind of what I wanted to  
15 mention on this particular slide on the inspection  
16 process.

17           Any questions on this before we move  
18 into the very last section?

19           Okay.

20           So let's move on, then, to Slide 19,  
21 which is Section 5, and I'm going to focus now,  
22 turn our attention to our inspections process and  
23 how we adapted during the pandemic.

24           So let's move on to Slide No. 20.

25           What's important to mention here in

1 terms of the role of our inspectors during COVID-19  
2 is that we still maintain our compliance and  
3 enforcement hat on. So we never really lost  
4 that perspective. We still continue to do  
5 compliance and enforcement responsibilities. We  
6 had to make adjustments so that we ensure the  
7 safety of our inspectors and our residents, and we  
8 can talk more about that, and I'm sure you have  
9 questions.

10 And also something that we had to adapt  
11 during the pandemic as part of the broader  
12 government response is a support and monitoring  
13 role. So this is quite different from the normal  
14 compliance and enforcement role that our long-term  
15 care home inspectors would do.

16 So these efforts include making  
17 outbreak -- sorry, making outgoing calls to the  
18 long-term care homes just to check in on them and  
19 see how they are doing. If they are in COVID  
20 outbreak, we ask for some stats around the COVID  
21 outbreak information, like number of active cases;  
22 was it resident or staff; do they have any  
23 COVID-related death. We also support them by  
24 asking questions if they are seeing any critical  
25 concerns with staffing or PPE shortages.

1                   So that would be some of the activities  
2 that we would do under that bucket of support and  
3 monitoring.

4                   COMMISSIONER FRANK MARROCCO (CHAIR):  
5 But when they answer, though, did they answer those  
6 questions in a timely manner?

7                   PAMELA CHOU: So we did -- not every  
8 single home responded actively when we reached out  
9 to them. So some homes were struggling a little  
10 bit, and it wasn't a good time to speak with them.

11                   So we really had to -- the inspectors  
12 really had to use their judgment and not put extra  
13 pressure on the home. So some homes are more  
14 willing to speak to us, and some homes are,  
15 perhaps, occupied in other areas at that time when  
16 we tried to do our outreach to them. So it does  
17 vary across the board.

18                   COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Suppose they reported problems. How was the  
20 Ministry able to assist them? I mean, if they --  
21 how would you be able to assist them?

22                   PAMELA CHOU: Sure. So in the  
23 beginning, there was a lot of partnership and  
24 collaboration that had to be done between ourselves  
25 but also Ministry of Health.

1                   And so through our -- there's a lot of,  
2 I guess I should say, processes set up in terms  
3 of -- from a PPE perspective or staffing shortage  
4 perspective that if we did hear that the home is  
5 struggling significantly with, for example, PPE or  
6 staffing, then there are proper channels that our  
7 inspectors could remind the homes on where to look,  
8 where to seek that information. And oftentimes, we  
9 recommend them, have you contacted your LHIN  
10 representative; have you used the online portal for  
11 staffing matching.

12                   So sometimes they don't even know what  
13 the information exists out there, and in very  
14 serious situations, the inspectors could escalate  
15 it to their manager, and their manager would  
16 escalate it, for example, to a senior manager. And  
17 we would connect with our internal partners at the  
18 Ministry of Health to try to get some escalated  
19 action for these homes that are critically  
20 struggling.

21                   So there are mechanisms that was built  
22 in to allow us to kind of lend that support for the  
23 long-term care homes.

24                   COMMISSIONER JACK KITTS: Can I just  
25 ask, Ms. Chou: When did you start the COVID

1 inspections? Because I'm sort of watching the  
2 reactive concerns and complaints in the thousands  
3 and the number of inspections in the thousands, and  
4 I'm wondering, you know, how many people did you  
5 have left to do this, and did the COVID  
6 investigations or inspections take priority over  
7 the response to critical incidents and complaints,  
8 or were they sort of fit in? And when did that  
9 start?

10 PAMELA CHOU: Sure. So it all kind of  
11 fits in, Commissioner Kitts, and so I think -- we  
12 would have to go back to our data, but from my  
13 recollection, our first kind of COVID intake  
14 started at the beginning of March.

15 And so by legislation, if a home was in  
16 COVID outbreak -- so if they're in outbreak, they  
17 have to report a critical incident.

18 COMMISSIONER JACK KITTS: Right.

19 PAMELA CHOU: So same thing with COVID  
20 as well: They have to report it. We take COVID  
21 outbreak critical incidents very seriously, so when  
22 we do see one come in, our inspectors would  
23 immediately call the home to follow up. And  
24 depending on the risk at hand or the situation, we  
25 may initiate an inspection for that particular

1 home, but that's our key and our cue to  
2 continuously follow with that particular home on a  
3 more regular and frequent basis just to monitor  
4 them.

5 But the intakes do come in, in addition  
6 to all the other intakes, so we -- throughout the  
7 month of April and May, obviously, we saw an  
8 increase in volume of COVID-related intakes, and we  
9 do track COVID-related intakes on a daily basis.  
10 So it -- but we also have to take into account that  
11 there are other higher-risk situations that might  
12 happen during the pandemic such as a very  
13 significant abuse situation that we can't ignore.

14 COMMISSIONER JACK KITTS: So were the  
15 COVID inspections all reactive to an outbreak?

16 PAMELA CHOU: I would have to actually  
17 check on the data to see how many, if -- or, I  
18 should say, if all of them were done in terms of a  
19 reactive inspection.

20 COMMISSIONER JACK KITTS: Okay.

21 PAMELA CHOU: So there may be some that  
22 were proactive, but that's data that we have to  
23 look into.

24 COMMISSIONER JACK KITTS: Thank you.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 How could you ask an inspector -- how could an  
2 inspector be -- not you, but how could an inspector  
3 be directed to go to a home where there was an  
4 outbreak?

5 PAMELA CHOU: Okay.

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 Because the inspector would be exposing himself or  
8 herself to the outbreak.

9 PAMELA CHOU: That's correct. So --

10 COMMISSIONER FRANK MARROCCO (CHAIR): I  
11 mean, you're not immune just because you're an  
12 inspector, right, so...

13 PAMELA CHOU: No, no. We have powers  
14 of inspection, but we're not immune to COVID,  
15 that's for sure. So excellent question,  
16 Commissioner.

17 And so through our work in terms of  
18 protecting our own inspectors and the safety  
19 protocols and policies that we've put in place, we  
20 ensure that our inspectors have the appropriate PPE  
21 supplies before they go in. And we also did do an  
22 ask-around for volunteer inspectors.

23 So there are inspectors -- because  
24 their nature is they want to protect the residents.  
25 So we do have volunteer inspectors that are willing

1 to go into active outbreak homes, and so if in a  
2 situation that we really needed to send an  
3 inspector into a COVID-positive home, we do have  
4 the ability to do that.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 Did you always have the appropriate personal  
7 protective equipment, or did you have to get that?

8 PAMELA CHOU: We would -- we had to get  
9 that. So it was --

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 But when did you get it?

12 PAMELA CHOU: Oh, I -- I would have to  
13 check back on the date.

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

16 PAMELA CHOU: Yeah. It wasn't  
17 immediate, but we had to arrange with Ministry of  
18 Health to get the central supply and ship that to  
19 our -- either our offices, our inspectors went to  
20 pick it up, or our administrative assistants played  
21 a role, a huge role, in disseminating that PPE out  
22 to our inspectors.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 When that cruise ship got into difficulty, the  
25 first one, I guess, in January, was there a

1 recognition at that time that that had an  
2 implication for -- that kind of transmission had an  
3 implication for long-term care homes?

4 PAMELA CHOU: What I can say, from my  
5 perspective and my understanding, was that we were  
6 certainly heightened through the appropriate media  
7 concerns and political nature, conversations that  
8 we had to be involved in.

9 Particularly, just from our perspective  
10 at Inspections Branch, we did start making note of  
11 some of these outbreak numbers, but I think the --  
12 but I should say that I am unable to speak to kind  
13 of that broader pandemic planning during that time  
14 since the first kind of case arrived in Ontario.  
15 So unfortunately, I can't speak to that part.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 But I guess what I was asking was -- another way of  
18 putting it, perhaps, is in terms of proactive  
19 inspections --

20 PAMELA CHOU: Mm-hm.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 -- which would presumably include warning people  
23 that there was a problem on the way, were there  
24 proactive inspections of that nature prior to March  
25 or April? I mean, I'm talking about January or

1 February.

2 PAMELA CHOU: My understanding is that  
3 there were not. It's one of the things that we can  
4 check in our data just to confirm.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 Okay. Thanks.

7 PAMELA CHOU: Okay. All right. So  
8 let's move on to just Slide 21, just a little bit  
9 more on those support outreach calls with the  
10 long-term care homes, and we kind of talked about  
11 them.

12 So what I wanted to flag here is that  
13 when we do make those calls, I mentioned that we  
14 asked for COVID outbreak status and then flag for  
15 any issues as critical, like work refusal,  
16 staffing, PPE, and anything that we can possibly do  
17 to support the home.

18 The other thing that's really valuable  
19 from these ongoing support calls is that that data  
20 became real-time and fed into what's now called a  
21 long-term care COVID-19 daily report.

22 So that report started on March 19th.  
23 Our director sent it out to many, many different  
24 recipients that range from Ontario Health to the  
25 LHINS to hospitals -- all of our internal

1 partners -- and this became really valuable to give  
2 that real-time perspective of the information that  
3 our inspectors were collecting. And that  
4 information was used at various tables, like the  
5 Command Table, and it's also posted publicly on the  
6 Ministry's website.

7 Questions around this?

8 So maybe we'll move into --

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Ms. Chou, actually, this is a question.

11 Commissioner Kitts?

12 COMMISSIONER JACK KITTS: Yeah, I'm

13 sorry, Ms. Chou. The monitoring -- so it was the  
14 long-term care inspectors that were providing the  
15 data to the Ministry of Health and Ministry of  
16 Long-Term Care and Ontario Health in real-time from  
17 the homes; is that what you said?

18 PAMELA CHOU: Yeah. So let me clarify  
19 that a little bit. So an example is our inspectors  
20 speak with the home, they collect the data for that  
21 day, and then they document that information into a  
22 database.

23 And at the end of each day, someone  
24 from our program goes into that database and rolls  
25 out the daily numbers. That daily number then

1 becomes the daily report, and that gets shared  
2 across to our different partners.

3 COMMISSIONER JACK KITTS: Okay. So at  
4 that time, there was no inspections going on. It  
5 was just relying on the homes to provide the data  
6 in real-time?

7 PAMELA CHOU: Correct. Yes.

8 COMMISSIONER JACK KITTS: Okay. Thank  
9 you.

10 PAMELA CHOU: Thank you. Okay.

11 So we'll move on to Slide No. 22.

12 I'm not sure how familiar everyone is  
13 with this particular report. It has a couple  
14 names. It's sometimes referred to as a situation  
15 report, but we know it as the long-term  
16 care/retirement home risk assessment report. This  
17 report is actually produced by the Ministry of  
18 Health through their Emergency Operations Centre.

19 And on this report, there are a number  
20 of COVID risk levels or risk areas that the report  
21 focuses on, and different areas could include  
22 staffing, PPE, IPAC, and also outbreak information.

23 So on the previous slide, I mentioned  
24 that that real-time data that our inspector  
25 collects, that also feeds into this greater report,

1 the risk assessment report. So this report is the  
2 master report, that we like to call it, that  
3 contains it all.

4 So I want to talk about how we at  
5 Inspections Branch actually used this risk  
6 assessment report.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Can I just stop you before you do that?

9 PAMELA CHOU: Sure.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 This is an assessment of long-term care facilities,  
12 but it's produced by the Ministry of Health from  
13 data supplied by the Ministry of Long-Term Care?

14 PAMELA CHOU: They actually receive the  
15 data from many different sources. So they also  
16 receive data from retirement homes as well.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Okay.

19 PAMELA CHOU: And even though it's  
20 Ministry of Health product -- but it is coming  
21 through their Emergency Operations Centre, so they  
22 do have a play in the long-term care sector.

23 And some of the other informations  
24 could be coming from Ontario Health, which they  
25 have different leads that provides assessments

1 around staffing or PPE shortages.

2 Information could also be coming from,  
3 I want to say, public health areas, like public  
4 health units, around IPAC program and management.  
5 So they --

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 Why -- you maybe can't answer this, but why  
8 wouldn't that information, as it related to  
9 long-term care homes, anyway, and I don't know  
10 about retirement homes, but why wouldn't that  
11 information go to the Ministry of Long-Term Care  
12 for assessment? Why would it go to the Ministry of  
13 Health; do you know?

14 PAMELA CHOU: No, I don't have the  
15 answer to that.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Okay.

18 Commissioner Coke? You're on mute.

19 COMMISSIONER ANGELA COKE: So I'm just  
20 wondering, the Emergency Operations Centre, is that  
21 a shared function between the two ministries, or  
22 it's strictly in the Ministry of Health?

23 You broke apart, and some of your  
24 functions are shared, and I'm trying to understand  
25 if that's a shared one or strictly belongs to

1 Health.

2 PAMELA CHOU: My understanding is that  
3 it strictly belongs to Health as part of their  
4 department, but we do work with them to receive  
5 information like this from them.

6 I think the important thing here is  
7 that during the pandemic, we've had to work  
8 extremely closely with the Ministry of Health  
9 because a lot of information and even data is  
10 shared back and forth.

11 COMMISSIONER ANGELA COKE: Okay.

12 PAMELA CHOU: Commissioner Kitts?

13 COMMISSIONER JACK KITTS: So is it fair  
14 to say that this sort of data spreadsheet to refer  
15 to levels of staffing -- PPE, IPAC, and I guess  
16 compliance with other things -- this didn't exist  
17 before March, whatever date it was that the  
18 inspectors started getting the data to give to the  
19 Ministry of Health? So this data sheet would not  
20 have existed pre that date?

21 PAMELA CHOU: Yeah, my understanding is  
22 that it did not.

23 COMMISSIONER JACK KITTS: Okay.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 Commissioner Coke?

1                   COMMISSIONER ANGELA COKE: So just a  
2 bit related to that: Do you actually have  
3 somewhere that you categorize or rank the homes  
4 based on their compliance performance outside of  
5 the COVID-specific rating or ranking here?

6                   Just in your regular business, as I'm  
7 trying to figure out the compliance performance of  
8 the homes: Is there a way you categorize, you  
9 know, low, medium, high performance pre-COVID?

10                  PAMELA CHOU: Yeah. So as part of our  
11 regular process, we do have a report called the  
12 long-term care performance report that we share  
13 with all long-term care homes and the LHINs.

14                  Now, this report doesn't categorize the  
15 homes in terms of high, medium, or low, but it does  
16 have performance indicators that allow each home to  
17 see how they're doing against a provincial average  
18 or a benchmark. So it is a report that shows  
19 performance but just not in terms of ranking it  
20 high, medium, and low.

21                  COMMISSIONER ANGELA COKE: Did you find  
22 any correlation between that report and the low or  
23 high performance during COVID?

24                  PAMELA CHOU: So we did just a very  
25 rudimentary analysis at the beginning of -- I can't

1 remember the exact date, but one of the things that  
2 we did notice is that we are seeing homes that may  
3 have been flagged for, for example, higher-area  
4 enforcement activity on our long-term care  
5 performance reports. We thought maybe they would  
6 have a correlation with COVID outbreak, but there  
7 isn't a strong correlation there.

8 Now, we didn't do significant analysis  
9 around that, but that was just some of the initial  
10 quick look that we did -- we did look at.

11 So to say that, did we do a fulsome  
12 analysis? No, we have not, but just on quick view,  
13 we didn't see much correlation with what we did  
14 see.

15 COMMISSIONER ANGELA COKE: Okay.

16 PAMELA CHOU: Okay. So just to wrap up  
17 on this slide because I think it's important for  
18 you to know how inspectors actually use this  
19 particular assessment.

20 So you'll see that, based on the  
21 different kind of risk categories, a colour is  
22 assigned to each home, and I'm not able to speak to  
23 the methodology behind assessing or assigning the  
24 colours, but what we do use the colours for is if  
25 we do see a red home or even sometimes a yellow

1 home, that's kind of flagged on our radar.

2 And so that's our sign to, one,  
3 definitely start following up more frequently on  
4 those support and monitoring calls. It could also  
5 mean that we need to schedule an inspection for  
6 those red homes that have popped up.

7 So we do use this report in a couple of  
8 different ways to flag our own activity.

9 COMMISSIONER FRANK MARROCCO (CHAIR):  
10 The report, just take one -- perhaps deal with a  
11 specific home or resident. Allendale, for example,  
12 it's green previously, whatever "previously" means,  
13 and it's green currently.

14 So were there proactive inspections  
15 done to try to figure out why Allendale seemed to  
16 do okay from start to finish or at least from start  
17 to wherever we are?

18 PAMELA CHOU: No. So, not that I am  
19 aware of.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 All right. And so Amica Bayview Gardens -- I'm  
22 just asking these questions to complete the  
23 questioning -- it goes from green to yellow.

24 PAMELA CHOU: Mm-hm.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Were there proactive inspections to try to figure  
2 out what was going in the wrong direction at that  
3 place?

4 PAMELA CHOU: Yeah, so those might be  
5 instances where we may have done an inspection, and  
6 we would need to check what type of inspections  
7 they were done as. It's possible that that  
8 particular home already had a number of complaint  
9 intakes that's there, and we may have done a  
10 complaint -- and we may have done a complaint  
11 inspection to look at this home's situation but  
12 also address those complaint intakes.

13 So we would have to check on the type  
14 of inspections that were done.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 And you said a minute ago that your Ministry did  
17 not assign these colours?

18 PAMELA CHOU: Mm-hm.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 So who did, do you know?

21 PAMELA CHOU: I would say that the  
22 methodology is -- the methodology behind this would  
23 probably be through the Ministry of Health, so I  
24 won't be able to comment on the methodology behind  
25 it.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2 No, no. But your best guess is that the Ministry  
3 of Health assigned these ratings, these colours,  
4 green, yellow, red?

5                   PAMELA CHOU: That is my best guess,  
6 yes. Correct.

7                   COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Okay.

9                   Commissioner Kitts?

10                  COMMISSIONER JACK KITTS: Yeah. So my  
11 question may not be fair given that you weren't  
12 part of the methodology because I was wondering,  
13 you know, if you're green, I assume that your  
14 staffing, your PPE, IPAC compliance is good; if  
15 you're yellow, you may have, I guess, a default in  
16 one or more of those; and if you're red, I was  
17 wondering if that meant that they were actually in  
18 outbreak.

19                  But if you know the answer, let me  
20 know; otherwise, I think it's probably a question  
21 for whoever created the methodology and assigned  
22 the class.

23                  PAMELA CHOU: Yeah. Excellent  
24 question, Commissioner Kitts. So it could be a  
25 combination. So it could be a home that's in

1 yellow could also be in outbreak and experiencing  
2 some other issues. A home in red would be an  
3 outbreak and probably a lot of other issues. So it  
4 could be a combination.

5 We have seen -- just from our  
6 inspectors' perspective, we have seen homes that  
7 are tagged as yellow, but they're not in COVID  
8 outbreak, but they have other issues like staffing.

9 COMMISSIONER JACK KITTS: Yeah. So the  
10 other question I've asked before, and it also may  
11 not be fair, is because staff are involved  
12 significantly in all of this, is the Ministry of  
13 Labour, was there any collaboration or any  
14 cooperation or any working together between the  
15 inspections of long-term care, your inspections,  
16 and Ministry of Labour's presence?

17 PAMELA CHOU: Yes. And so there were  
18 presence of Ministry of Labour and specific for  
19 issues around staffing or safety of staff, and I  
20 think I do have that. I think in the very last  
21 slide, I talk about our partners, and Ministry of  
22 Labour is one of the ones that during our site  
23 visits for these homes that Labour would be a  
24 partner that's there as well.

25 COMMISSIONER JACK KITTS: Right. But

1 it is fair to say that once this started that  
2 the -- it looks like the inspection team's role was  
3 basically supporting and monitoring the data and  
4 stuff but not actually going into the homes. Is  
5 that wrong, or is that what happened?

6 PAMELA CHOU: So it's not wrong, but we  
7 did continue to do inspections throughout COVID,  
8 especially around the May area. We did still  
9 conduct inspections as required. So we're still in  
10 there doing inspections, so that's still part of  
11 our role.

12 On one of the slides upcoming, we are  
13 also involved in what's called a team visit, and  
14 that involves many partners, like, from Public  
15 Health or Ontario Health, including us and may  
16 include Labour, that a team goes in to look at  
17 different issues like staffing or PPE. Our  
18 inspectors, as part of that team, was involved in  
19 the IPAC assessment. So we actually call that IPAC  
20 assessment site visit.

21 So our role, in addition to support and  
22 monitoring at this time during the pandemic, also  
23 includes the compliance aspect and also includes  
24 the site visit support as part of the greater team.

25 COMMISSIONER JACK KITTS: Okay. Thank

1 you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 Now, Ms. Chou, on the chart where it says "date" --

4 PAMELA CHOU: Yes.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 -- what does that mean?

7 PAMELA CHOU: So my understanding is  
8 that that's the date that the colour was last  
9 changed, but I think the best area to comment on  
10 this is most likely Ministry of Health, but that's  
11 our understanding is that that's the date that the  
12 colour last changed.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Okay. I appreciate what you just said, that it's  
15 not your chart, but would there have been an -- for  
16 example, the Amica Bayview Gardens went from green  
17 to yellow, and would I be reading this right, do  
18 you think, that the last time anybody inspected  
19 that place would have been -- what is that,  
20 May the 6th? Yeah, I guess it's May the 6th.

21 PAMELA CHOU: So that wouldn't be the  
22 last inspection date. That may have been the last  
23 assessment date from that team perspective.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 Okay.

1 PAMELA CHOU: Commissioner Coke, I  
2 think you had a question?

3 COMMISSIONER ANGELA COKE: Yeah.  
4 Actually, it was just back to the issue of your  
5 inspectors.

6 Did you have to come to a formal  
7 agreement with your union and what they could or  
8 couldn't do?

9 PAMELA CHOU: Yeah. So we did do  
10 disclosures to the union in terms of our  
11 expectation of the inspectors. We assured that  
12 they were provided training and PPE supplies, so we  
13 had to do disclosures to the union. They were  
14 well-informed.

15 COMMISSIONER ANGELA COKE: Okay.

16 PAMELA CHOU: Believe it or not, we're  
17 almost at the end of our discussion. So let's move  
18 on to Slide 23.

19 And we did address some of these topics  
20 already where I mentioned that, throughout the  
21 pandemic, we did continue to do our inquiries and  
22 our inspections. We continued to triage everything  
23 based on risk.

24 One of the highlights here that I  
25 wanted to mention was that the Minister -- our

1 Minister Fullerton announced in April that we  
2 always had an action line that complainants from  
3 the public can call in to, and we've always called  
4 it the long-term care action line.

5 But obviously during this height of the  
6 pandemic, people are struggling to find answers and  
7 support, so that action line was repurposed and  
8 called the long-term care family support action  
9 line. So they can still call in to report a  
10 complaint, but lots of times what we were finding  
11 was that the issues coming in through this  
12 particular channel were people seeking information.

13 So they needed clarity, for example, on  
14 some of the directives, No. 3 requirements. So  
15 this allowed that channel for the complainants to  
16 ask their question, and it didn't necessarily  
17 always result in an inquiry or an inspection to be  
18 conducted at the home. Sometimes it was providing  
19 the information.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 Was there a -- you said there always was this  
22 action line. Was its capacity increased during  
23 COVID?

24 PAMELA CHOU: We would have to check on  
25 the volume of increase, but initially when we did

1 take a look, there was an increase in the volume  
2 that came in through this particular telephone  
3 line.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Was there an increase in the capacity to receive  
6 the increased complaints?

7 PAMELA CHOU: So I would say that we  
8 had to make adjustments internally. So instead of  
9 all of our triage inspectors handling some of the  
10 initial calls -- because we only have ten across  
11 the province -- we had made a decision that any  
12 complaints coming in through this call, our triage  
13 inspectors will still document it and log it, but  
14 they will send it immediately to the inspectors who  
15 would be, actually, the first line of outreach to  
16 the complainant.

17 Under normal practices, our triage  
18 inspectors are the ones that does the outreach  
19 first with the complainant, but because we needed  
20 to ensure that complainants receive a consistent  
21 person to talk to in terms of better support, our  
22 inspectors were asked to place those initial calls  
23 with the complainant.

24 So that being said, we had the capacity  
25 because there's a lot more long-term care

1 inspectors than the ten triage inspectors to manage  
2 the volume that was coming in through the action  
3 line at that time.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Did the negotiation with the -- or the disclosure  
6 to the union and all that went on, how long did  
7 that take?

8 PAMELA CHOU: I would have to check the  
9 dates to date, but I think we released our first  
10 disclosure around mid-April, and subsequently, we  
11 had done a few other disclosures all the way up  
12 until July.

13 So there were -- between the period of  
14 April to July, we did do a number of disclosures  
15 with the union.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 And I think I'm just maybe asking the same question  
18 that Commissioner Coke asked: The disclosure is  
19 one thing, but were there any, then, negotiations  
20 surrounding whether the inspectors would go to the  
21 homes?

22 PAMELA CHOU: Right. And so I  
23 personally am not able to speak to that level of  
24 detail because our director, Stacey, was involved  
25 in a number of direct conversations with union

1 reps. So that conversation would have happened at  
2 her level.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Thank you.

5 Commissioner Coke?

6 COMMISSIONER ANGELA COKE: So just for  
7 confirmation, how you dealt with this is through  
8 redeployment of resources or changing of your  
9 process, but you never got any additional  
10 resources --

11 PAMELA CHOU: Mm-hm.

12 COMMISSIONER ANGELA COKE: -- and, you  
13 know, if you had a surge of requirements and  
14 inspections, what sort of surge capacity do you  
15 have? Your inspectors, I'm assuming they have to  
16 be trained.

17 But what sort of other capacity do you  
18 have if you need that surge capacity?

19 PAMELA CHOU: Right. And that is a  
20 question that we have asked as part of our own  
21 planning.

22 So we don't really have a pool of surge  
23 capacity or surge resources to get into, so, like  
24 you mentioned, Commissioner, what we did to ensure  
25 that the work got done was redeployment of job

1 assignments during this time.

2 COMMISSIONER ANGELA COKE: I'm just  
3 curious, you know: There are folks who have been  
4 in this business who may be retired, so there isn't  
5 any sort of reach-back to any of those folks who  
6 might be able to come in on a short-term sort of  
7 contract or something?

8 PAMELA CHOU: Right. And that is not  
9 something that I'm personally aware of that was  
10 discussed in terms of planning. So I'm not aware  
11 of that.

12 COMMISSIONER ANGELA COKE: Okay.

13 PAMELA CHOU: Okay. All right. So  
14 just moving on to Slide 24, real quick here is that  
15 we had a number of -- I mentioned earlier that we  
16 partnered with different areas a lot, and Public  
17 Health Ontario was one of the areas that we  
18 partnered with significantly. And we offered not  
19 just PPE, but we offered training on IPAC to our  
20 inspectors.

21 And part of the most important thing  
22 here to note is that all the inspectors had to  
23 confirm with their managers that they completed all  
24 the recommended training. Our team worked a lot on  
25 not just pulling together training materials or

1 consolidating them but also supporting inspectors  
2 through key messages and answering questions and  
3 answers for inspectors just so that they know how  
4 to best respond to the complainants or the  
5 long-term care homes that they are working with.

6 And there were multiple memos and  
7 directives and emergency orders issued at that  
8 time, so it was very important that, as a program,  
9 we kept a documented key message document that's  
10 available to support our inspectors and that our  
11 inspectors are appropriately trained on all of the  
12 areas that they need to be trained in before they  
13 enter a long-term care home.

14 Okay. So --

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 So when it says that they received appropriate  
17 personal protective equipment, did they also  
18 receive training on how to put it on and that sort  
19 of thing?

20 PAMELA CHOU: Yeah. And so part of the  
21 training resource documents includes, like, donning  
22 and doffing of the PPE; how to dispose of the PPE.  
23 So that's all included in the list of the training  
24 materials that we supplied.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 And so then they have to read the materials  
2 themselves and apply the instructions and the  
3 materials to what they're doing; is that the idea?

4 PAMELA CHOU: Yes, yes. And Public  
5 Health Ontario also supported us by offering  
6 webinar sessions to go through some of the details  
7 with our inspectors.

8 Earlier on in the slide, I mentioned  
9 that across the province, we have three  
10 environmental consultant inspectors. These  
11 individuals are very knowledgeable in IPAC  
12 practices, so if there were specific questions that  
13 an inspector had that was beyond training  
14 materials, those environmental consultants would  
15 become a resource too.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 When were the webinars, do you know?

18 PAMELA CHOU: I'm sorry?

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 When were -- you said there were webinars which  
21 would be instructive in nature. When were they?

22 PAMELA CHOU: I believe they took place  
23 in April. We can find the exact date.

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 That's fine.

1 PAMELA CHOU: Okay. Slide 25, just  
2 further to that, it's just a snapshot of the  
3 consolidated resource that was put together that we  
4 shared with our inspectors, and the only other  
5 thing that I wanted to mention on this slide is  
6 that, as part of the broader ongoing sustainability  
7 work that we're looking at developing, our area is  
8 looking at creating an IPAC resource guide to  
9 further assist inspectors in determining the  
10 compliance of long-term care homes during  
11 respiratory infections, COVID included.

12 So it's just -- in addition to that, we  
13 wanted to prepare some additional guides for our  
14 inspectors.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 What does it mean when you say you're looking at  
17 preparing a guide?

18 PAMELA CHOU: Oh, then let me clarify.  
19 We are working on preparing this guide. We  
20 actually have the draft ready and just need to  
21 finalize it.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 Thank you.

24 PAMELA CHOU: It's [indecipherable].

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Yes, Commissioner Kitts.

2 COMMISSIONER JACK KITTS: Was there a  
3 guide for infection prevention and control for  
4 inspectors doing proactive inspections prior to  
5 COVID?

6 PAMELA CHOU: Yeah, we had inspection  
7 protocols that focuses very strictly on the  
8 legislation, the requirements under the  
9 legislation, but we did have a protocol for IPAC.

10 Now, this guide that we're developing  
11 is just to further help the inspectors understand  
12 how to apply, for example, that particular  
13 protocol.

14 COMMISSIONER JACK KITTS: Okay. Thank  
15 you.

16 PAMELA CHOU: And then the last two  
17 slides: So Slide 26 is, I mentioned briefly  
18 earlier, that our inspectors were part of a greater  
19 team, and mainly, their primary role was around  
20 IPAC assessment.

21 So we might not have been the lead on  
22 the IPAC assessment; it's often led by, for  
23 example, Public Health, but we were part of that  
24 team. And so every team member that was part of  
25 that IPAC assessment would be using a checklist.

1 And that checklist, I believe, was developed by  
2 Public Health Ontario. So everyone is using  
3 something very consistent when they go into the  
4 home to do this IPAC assessment.

5 And some of the things that the team  
6 members would be looking for during these  
7 assessment is do they have proper screening, do  
8 they have proper hand hygiene, maintaining social  
9 distancing, just to name a few. So really focusing  
10 on the outline based on the directives.

11 COMMISSIONER JACK KITTS: Just a  
12 question on the team.

13 PAMELA CHOU: Mm-hm.

14 COMMISSIONER JACK KITTS: Were there  
15 members of the infection prevention and control  
16 teams -- I think they're mainly in hospitals.

17 Were there specialists in infectious  
18 diseases, IPAC experts on this team, or did Public  
19 Health manage that?

20 PAMELA CHOU: So my understanding is  
21 that each assessment is a little different. So  
22 depending on the situation, they may actually have  
23 hospital representatives that are specialized in  
24 IPAC to support that particular team.

25 It's not always, but it's different

1 across the different assessment.

2 COMMISSIONER JACK KITTS: Were these  
3 teams created in response to the crisis, or were  
4 they created pre-crisis?

5 PAMELA CHOU: My understanding is that  
6 it was created as a response to the crisis.

7 COMMISSIONER JACK KITTS: Okay. Thank  
8 you.

9 COMMISSIONER FRANK MARROCCO (CHAIR):  
10 Do you know when they were created?

11 PAMELA CHOU: I think we first got our  
12 notification from our director around late April, I  
13 want to say, and so we most likely started doing  
14 the IPAC assessments around early May.

15 Okay.

16 And finally, our very last slide, just  
17 to reiterate the fact that we did partner with a  
18 lot of different areas.

19 So Labour, you'll see that they are  
20 listed on here, and all of the other partners that  
21 I mentioned previously, they are on here as well.

22 Ontario Health plays a significant role  
23 in the leadership in terms of when all the partners  
24 are gathered together, but it's an active process,  
25 active and ongoing process, I want to say, a lot of

1 collaboration, and it's one of those things that we  
2 continue to plan for effort and respond around the  
3 COVID pandemic.

4 So it's just kind of a last slide to  
5 wrap this up to indicate that throughout this  
6 journey of the COVID pandemic, there was a lot of  
7 people involved. So inspections one was component,  
8 but we had to -- in order to make things work, we  
9 had to partner with a number of different areas.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 When you say "hospital partners," what do you mean?

12 PAMELA CHOU: Some of our homes have  
13 hospitals who are helping them out, and they could  
14 be helping them through administration or providing  
15 staff to the home. So that's what I mean by our  
16 hospital partners.

17 COMMISSIONER JACK KITTS: Who are the  
18 long-term care home licensee and administrators?  
19 What level is that?

20 PAMELA CHOU: So long-term care home  
21 administrators are the ones that are at the home  
22 level. So they are the administrators that kind of  
23 watch over the logistics and, I guess, the  
24 administration of long-term care home.

25 And each long-term care home has a

1 licensee, so that person doesn't necessarily work  
2 in the long-term care home, but they need to ensure  
3 that the licence and operations of their long-term  
4 care homes -- and they could have many long-term  
5 care homes -- are operating properly.

6 So our conversations often need to  
7 involve them because they're the ones making those  
8 operational decisions that need to make sure that  
9 the homes are back on track or work with their  
10 partners to ensure that the homes are back on  
11 track.

12 COMMISSIONER JACK KITTS: Is that an  
13 owner or a board chair? Is that who the licensee  
14 is?

15 PAMELA CHOU: Yeah, it could be an  
16 owner. I'm not sure about board chair. We can  
17 provide details on that.

18 COMMISSIONER JACK KITTS: Yeah.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 You said that they were charged, I guess, with  
21 implementation.

22 Was that consensual in the sense that  
23 they had to agree? How did you achieve that?

24 How did you achieve deciding on what  
25 had to be done and then implementing?

1 PAMELA CHOU: Right. So --

2 COMMISSIONER FRANK MARROCCO (CHAIR):  
3 Not you personally, but this meeting, collaboration  
4 with partners.

5 PAMELA CHOU: Right. So every  
6 situation could -- every situation could be a  
7 little bit different. So I'll take more of a --  
8 for example, more of an extreme case, for example.

9 We have some long-term care homes that  
10 are currently under interim or temporary  
11 management, for example, by a hospital partner.  
12 And so throughout that partnership, they could  
13 enter into a voluntary agreement, or it could be a  
14 mandatory management agreement that there has to be  
15 different sustainability -- or, I should say, plans  
16 that are in place. So these plans are discussed  
17 with the hospitals and the licensees obviously, but  
18 it could involve us, Ontario Health, and the LHINs.

19 So those plans are very individual for  
20 each home, and each home has to make sure that  
21 those plans are set out, and it's still an ongoing  
22 process that we are -- part of our role would be to  
23 make sure that the home has a sustainability plan,  
24 but we're not the only -- I guess I should say  
25 inspections isn't the only area that would review a

1 plan that is set out for the home or by the home.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Would these meetings come to a decision about  
4 something?

5 PAMELA CHOU: It could. It could.

6 I've not been involved in a meeting myself --

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 All right.

9 PAMELA CHOU: -- but it could very well  
10 be a specific topic or a topic in general.

11 COMMISSIONER FRANK MARROCCO (CHAIR):

12 And then it would be voluntary on the members to  
13 implement the decision?

14 PAMELA CHOU: I won't be able to speak  
15 to that, but I would think that if a home needs to  
16 come into normal operations, then there are certain  
17 areas that they would need to achieve to do.

18 COMMISSIONER JACK KITTS: Just another  
19 question around -- you know, I'm thinking of the  
20 inspectors. There's a number of inspectors in each  
21 year.

22 Was there any discussion around the  
23 inspectors' feelings or beliefs around the level of  
24 preparedness of long-term care homes for COVID at  
25 the provincial level or regional level or local

1 level? Was there any sense of, this is going to be  
2 problematic; these are going to be okay?

3 Were there any discussions that would  
4 be had like that?

5 PAMELA CHOU: I would say that in terms  
6 of formalized discussions that focus specifically  
7 on that, we -- there wasn't -- it wasn't  
8 specifically focused on that.

9 There were discussions where our  
10 director has met with all staff to share highlights  
11 and any upcoming next steps or plans with all of  
12 our staff, and through those staff meetings,  
13 questions would -- we would have inspectors that  
14 may ask questions either through their managers or  
15 directly to our inspectors.

16 So we do allow that open channel of  
17 feedback from inspectors to their managers, which  
18 gets rolled up into greater discussion if we need  
19 to.

20 But a focused meeting on inspector  
21 views on the pandemic, we didn't do that.

22 COMMISSIONER JACK KITTS: Okay. Thank  
23 you.

24 PAMELA CHOU: That's actually the end  
25 of the slide, and I took us right to noon.

1                   Is there anything in particular  
2 from...?

3                   COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Commissioner Coke?

5                   COMMISSIONER ANGELA COKE: Yeah, I just  
6 want to clarify something more general.

7                   So every home does not have a full  
8 proactive annual inspection, and is that due to  
9 taking a risk-based approach to lessen burden on  
10 the homes, or you simply wouldn't have the  
11 resources or capacity to do that?

12                   I think most people expect that every  
13 home is getting at least one inspection annually,  
14 but that doesn't sound as if that's really  
15 necessarily the case based on your earlier slides.

16                   So I just want to be clear on that and  
17 why that is.

18                   PAMELA CHOU: Right. So every home  
19 does get an inspection once a year, but to answer  
20 your question around, is it proactive and was it a  
21 resource constraint, it was a real --

22                   COMMISSIONER ANGELA COKE: A full  
23 inspection. Because if they're coming around,  
24 inspecting on one specific complaint, that doesn't  
25 tell you what's happening in the rest of the place.

1 PAMELA CHOU: No.

2 COMMISSIONER ANGELA COKE: So once a  
3 year is not a comprehensive systemic sort of review  
4 every year. I'm trying to be sure that's not  
5 what's happening.

6 PAMELA CHOU: Right. And so I can't  
7 say that for those homes that didn't receive a  
8 proactive inspection if all of the care areas in  
9 the home was looked at. So that's one.

10 The other thing is in terms of  
11 proactive inspection, resource availability was a  
12 concern. So that is a realistic concern that we  
13 have to consider.

14 Proactive inspections do take  
15 significant amount of resource time, and so we have  
16 to be able to manage the volume that's sitting  
17 there as risks that are coming in through those  
18 complaints and critical incidents.

19 And so we had to find a balance that  
20 allows us to still address those Level 3 --  
21 especially those Level 3-plus and any 4s, those  
22 higher-risk areas that may not have been done in a  
23 proactive inspection -- you're right -- but we had  
24 to manage all of that volume and respond to those  
25 risks; otherwise, it's risk sitting there.

1                   So as a program, we had to make the  
2 decision to go risk-based, and -- so our program is  
3 risk-based. And so that is why we focus on the  
4 risk that's coming in the door, and then we also do  
5 the proactive inspections.

6                   But as part of the response on how we  
7 can actually get all of those risks addressed is to  
8 ensure that we actually do those reactive  
9 inspections first.

10                   COMMISSIONER ANGELA COKE: Did you used  
11 to do annual inspections in the way I'm describing?

12                   PAMELA CHOU: You mean annual proactive  
13 inspections?

14                   COMMISSIONER ANGELA COKE: Yeah, in the  
15 past.

16                   PAMELA CHOU: Yes. To answer your  
17 question, yes, we did do that in the past.

18                   COMMISSIONER ANGELA COKE: Okay. And  
19 so is it just responding to the increase in volume  
20 that made you have to switch to this risk-based  
21 approach?

22                   PAMELA CHOU: Yeah. So it was in 2018,  
23 in the fall of 2018, that our program switched to a  
24 risk-focused approach, and part of the significant  
25 rationale behind it is the significant volume that

1 was sitting there and the complaint and critical  
2 incidents. So those are unknown risks that if we  
3 don't inspect on it, we don't know the outcome. So  
4 we needed to address those risks.

5 So also through our Auditor General's  
6 recommendation, and they did a report on this in  
7 2015, so out of that recommendation was a  
8 recommendation for the program to also be  
9 risk-focused. So throughout the years, we've had  
10 to make adjustments, and we've had to turn to a  
11 risk-based approach.

12 In addition to that, the broader OPS  
13 direction in terms of compliance is taking on a  
14 more risk-focused approach as well to compliance in  
15 general, so we wanted to also adhere to the  
16 principles behind that.

17 So there was a number of factors that  
18 allowed our program to make the decision to be more  
19 risk-focused in our approach in 2018.

20 COMMISSIONER ANGELA COKE: Okay. Thank  
21 you.

22 COMMISSIONER FRANK MARROCCO (CHAIR):  
23 All right. Well, I think that exhausts our  
24 questions, and I want to thank you, Ms. Chou, for  
25 the presentation. It's extremely helpful, and

1 thank you for responding to the questions to the  
2 extent that you were able to do that. But it's  
3 very helpful to us, and thanks very much.

4 PAMELA CHOU: Thank you.

5 JUDITH PARKER: Commissioners, it's  
6 Judith Parker. I just want to jump in -- I'm  
7 sorry, Pam, to step on your toes there. I just  
8 wanted to jump in.

9 I know we're running out of time, but I  
10 wanted to add something to supplement what Ms. Chou  
11 had said in regards to a question that  
12 Commissioner Marrocco had very early on.

13 And that was with respect to the time  
14 it takes to do a review and appeal and what's  
15 happening in the background when that takes place,  
16 and I wanted to make sure that the Commission was  
17 aware that there is no stay of any decision by an  
18 inspector or a director during an appeal process.

19 And a stay can be obtained, but the  
20 Appeal Board and the Divisional Court at the second  
21 level of appeal cannot grant that stay without  
22 having consideration to certain statutory  
23 requirements about the harm that it may cause to  
24 residents.

25 So we wanted to make sure that that was

1 clear, that the normal statutory appeal under the  
2 Statutory Powers Procedures Act doesn't apply.

3 We also --

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Ms. Parker -- Ms. Parker, let me stop you there for  
6 a minute just so that we all understand what you're  
7 saying.

8 MS. PARKER: Mm-hm.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Is what you're telling us that the order that  
11 certain things be done in response to the  
12 inspection has to be carried out even if there's a  
13 review, unless you get a specific order to the  
14 effect that you don't have to carry out the order  
15 during the review period?

16 JUDITH PARKER: That's correct,  
17 Your Honour. So I've put up on the screen  
18 Section 166 of the Long-Term Care Homes Act, and  
19 there is a parallel provision at 170.

20 166 deals with the first level of  
21 appeal with respect to an appeal to the HSRB, the  
22 Health Services Appeal and Review Board, and  
23 Section 170 is for the further appeal that's  
24 available from a decision of the HSRB to the  
25 Divisional Court, and both of them operate in the

1 same mechanism.

2 They say that despite the SPPA, there  
3 is no automatic stay of a decision made under this  
4 act, although the Appeal Board and the Divisional  
5 Court can order otherwise in writing upon being  
6 satisfied that a stay will not cause harm to or  
7 risk of harm to a resident.

8 So, you know, the act, as I understand,  
9 that these appeals may take time, but the risk to  
10 the resident takes precedence over the normal  
11 process, which would be -- you would expect a stay  
12 in most administrative appeal mechanisms.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 Thank you.

15 JUDITH PARKER: So we just wanted to  
16 supplement that quickly because we understand that  
17 might be an important point for you.

18 And we also wanted to ask -- there were  
19 a number of items that Ms. Chou was referencing  
20 that she might be able to obtain in terms of  
21 answers to questions, so we would appreciate if we  
22 could get a copy of the transcript so we can ensure  
23 that our notes are complete in terms of the  
24 follow-ups that we would like to provide to you.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 You certainly can.

2 MS. PARKER: Thank you.

3 COMMISSIONER FRANK MARROCCO (CHAIR):  
4 Ms. Drummond, will you make sure that Ms. Parker  
5 gets a copy of the transcript tomorrow?

6 Usually the transcripts are ready the  
7 next day.

8 JUDITH PARKER: Okay, great. Thank you  
9 very much, Your Honour.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 All right. Well, Ms. Chou, unless there are  
12 further interventions, thank you very much.

13 PAMELA CHOU: Thank you for the  
14 opportunity. Take care, everyone.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 Ms. Haves, thank you.

17 MS. HAVES: Goodbye.

18 COMMISSIONER JACK KITTS: Thank you.

19 COMMISSIONER FRANK MARROCCO (CHAIR):  
20 We'll regroup in about 15.

21

22 -- Adjourned at 12:06 p.m.

23

24

25

1 REPORTER'S CERTIFICATE

2  
3 I, OLIVIA ARNAUD, CSR, Certified  
4 Shorthand Reporter, certify:

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

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18 Dated this 15th day of September, 2020.

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