

# Long-Term Care COVID-19 Commission Mtg.

Registered Nurses' Association of Ontario  
on Tuesday, September 29, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 29th day of  
September, 2020, 3:00 p.m. to 5:00 p.m.

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1 BEFORE:

2 The Honourable Frank N. Marrocco, Lead Commissioner

3 Angela Coke, Commissioner

4 Dr. Jack Kitts, Commissioner

5

6 PRESENTERS:

7 REGISTERED NURSES' ASSOCIATION OF ONTARIO:

8 Doris Grinspun, CEO

9 Morgan Hoffarth, President

10 Dr. Angela Brathwaite Cooper, Immediate Past

11 President

12 Julie Rubel, Board member

13 Irmajean Bajnok, Acting Director of Nursing &

14 Health Policy

15 Heather McConnell, Associate Director IABPG Centre

16 Daniel Lau, Director of Membership and Services

17 Marion Zych, Director of Communications

18

19 PARTICIPANTS:

20 Alison Drummond, Assistant Deputy Minister,

21 Long-Term Care Commission Secretariat

22 Ida Bianchi, Counsel, Long-Term Care Commission

23 Secretariat

24 John Callaghan, Counsel, Long-Term Care Commission

25 Secretariat

1 Lynn Mahoney, Counsel, Long-Term Care Commission  
2 Secretariat  
3 Derek Lett, Policy Director, Long-Term Care  
4 Commission Secretariat

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6  
7 ALSO PRESENT:

8 Deana Santedicola, Stenographer/Transcriptionist  
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1 -- Upon commencing at 3:04 p.m.

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3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Hello, Ms. Grinspun, nice to meet you.

5 DORIS GRINSPUN: Good to meet you.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 We have Commissioner Kitts, I think you

8 may know.

9 DORIS GRINSPUN: I do.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 And Commissioner Angela Coke.

12 COMMISSIONER ANGELA COKE: Hello.

13 DORIS GRINSPUN: Hello, how are you?

14 COMMISSIONER ANGELA COKE: Good, thank

15 you.

16 DORIS GRINSPUN: And as we speak, when

17 I do the presentation, I will be introducing all

18 our people, as we speak.

19 COMMISSIONER FRANK MARROCCO (CHAIR):

20 That is fine.

21 DORIS GRINSPUN: But you can see the

22 names of my President and immediate Past President

23 on the screen already.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 All right. And sorry we were late.

1 The previous presentation went a little longer than  
2 we anticipated, so --

3 DORIS GRINSPUN: No worries.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Good. Thank you.

6 All right. And there is Deana who is  
7 transcribing this, so there will be a transcript of  
8 it.

9 DORIS GRINSPUN: No problem, and we  
10 will get a copy of that transcript?

11 COMMISSIONER FRANK MARROCCO (CHAIR):  
12 Of course.

13 DORIS GRINSPUN: That is good, because  
14 that will serve for us to do a paper, for real, I'm  
15 talking.

16 COMMISSIONER FRANK MARROCCO (CHAIR):  
17 Okay.

18 DORIS GRINSPUN: For real, because what  
19 you will hear from us is the chronology of events  
20 and what RNAO did at each stage and then we will  
21 open for questions.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Before you do that, if you have a  
24 website, would you mind putting a link on your  
25 website to our website so that if your members want

1 to find out what we are up to, they can just click  
2 on that link and --

3 DORIS GRINSPUN: A hundred percent,  
4 hundred percent.

5 PG --

6 COMMISSIONER FRANK MARROCCO (CHAIR):  
7 That is fine. Thank you.

8 DORIS GRINSPUN: PG, you will do that,  
9 okay? Fantastic.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Now the only other thing is we have  
12 tended to ask questions as the presentation goes  
13 along.

14 DORIS GRINSPUN: A hundred percent.

15 COMMISSIONER FRANK MARROCCO (CHAIR):  
16 All right. Okay.

17 DORIS GRINSPUN: I can do this on my  
18 sleep, just so you know. I don't know if that is a  
19 good thing. I think it is not a good thing.

20 COMMISSIONER FRANK MARROCCO (CHAIR):  
21 We'll try to --

22 DORIS GRINSPUN: This is how serious it  
23 is, but I can do that in my sleep. In fact, you  
24 will laugh about this, and you can listen to it  
25 after, Dahlia Kurtz, a reporter, had set up an

1 interview with me for Sunday morning, and believe  
2 it or not, I was sleeping, and my husband came with  
3 the phone and said, We forgot the interview! We  
4 forgot the interview!

5 And I did the interview almost on my  
6 sleep. So here you go. You can listen to it, and  
7 it was pretty sharp still.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Okay. Well, in that case, I think that  
10 covers about everything, so if you are ready, we  
11 are ready.

12 DORIS GRINSPUN: We are totally ready  
13 and feel free to interrupt us. We prepared a  
14 presentation of more or less, I would say, an hour,  
15 so if you interrupt in between for questions, it  
16 should be very good.

17 And of course, what we want to hear at  
18 the end is your remarks and where you think that  
19 the Commission will be able to make any impact, and  
20 I should say in parentheses if at all, and you will  
21 hear why the "if at all". It is not a disrespect  
22 to you. We know the work of the Commission and  
23 from Walkerton.

24 It is in respect to really, I would  
25 say, all the governments with whom I am working,

1 which is all of them, for the last 24 years, and it  
2 is pretty dramatic.

3           So you will hear some of that in our  
4 remarks, and the remarkable piece I would say both  
5 about RNAO and probably many of the other people  
6 that you have heard so far, as well as of nurses  
7 themselves, is that we don't become jaded. That  
8 quite frankly to me is the remarkable thing, and I  
9 tip my hat to my colleagues that have been with me  
10 on this journey for many, many years and to those  
11 that are newer in the journey and younger.

12           I think it is a testament to nurses'  
13 and others' resilience, and to the absolutely  
14 determination that things need to be better.

15           But do we have hopes? Quite frankly,  
16 no, and you will hear why, and you will hear where  
17 we are going because we don't have hopes.

18           So let me get going with that and share  
19 with you. As we go, I will ask people to do their  
20 hands up. So Morgan, my co-President, she started  
21 her term in June, and she was, though, President  
22 Elect in the Board during this entire ordeal.

23           Angela Cooper, who is my immediate past  
24 President who has been with the Board for 12 years,  
25 and she was the President up to June, so again part

1 of the ordeal.

2 And then PG who you spoke with before,  
3 she certainly has been part of the ordeal,  
4 including until 3:00, 4:00, 5:00 a.m. every morning  
5 on more than one occasion, and then as I mentioned,  
6 other items you will hear my colleagues that were  
7 on the same 24 by 7 during the entire pandemic.

8 So we are the professional association,  
9 and I want to clarify that for you because that  
10 means not that we have a bad relationship with the  
11 union, which is ONA, we have absolutely a very good  
12 relationship, and with other organizations, both  
13 within nursing and outside of nursing, but our role  
14 is different.

15 Our role is healthy public policy, and  
16 within that you will -- whatever topic -- and Jack  
17 can attest to that, Jack Kitts can attest to that,  
18 whatever topic we tackle, we tackle it not with  
19 nurses at the centre, quite frankly, but with the  
20 people of Ontario, whether it is in this case  
21 residents in long-term care and, as you will hear  
22 throughout the presentation, Ontarians in general.

23 We are, I would say, the strongest  
24 voice in nursing, and if you don't believe it, go  
25 to the website and go to the media, and you will

1 see that we surpassed just during this period 500  
2 interviews.

3           What is most to me and to my colleagues  
4 inspiring is the respect that the system as a  
5 whole, whether it is cities, governments, from all  
6 parties and opposition parties, as well as other  
7 health organizations, the respect that they have  
8 for RNAO, and it is because we are very much a fair  
9 and a balanced voice. We applaud when it is  
10 deserved, and we quite frankly scream when we are  
11 in pain because of what we see from the system, and  
12 you will see a lot of the latter today.

13           Even though Premier Ford can tell you  
14 with no doubt, and so can Dr. Williams, that at the  
15 beginning of this ordeal we were applauding, very  
16 soon, very soon after we realized that it was a lot  
17 of rhetoric and not a lot of action.

18           We do have two programs at RNAO that  
19 are the pillars of content of RNAO.

20           One is healthy public policy, and today  
21 we are tackling with you only the aspects related  
22 to long-term care because that is what the interest  
23 of the Commission is, but we do policy for many  
24 other aspects, social determinants of health,  
25 environmental determinants of health, nursing human

1 resources in general, health system restructuring,  
2 we are extremely involved with that, but we will  
3 not unfortunately be able to touch on those aspects  
4 today.

5           The second pillar of RNAO is the Best  
6 Practice Guidelines Program, which is the signature  
7 program of the association in terms of  
8 evidence-based practice, so much so that my  
9 colleague Irma Jean Bajnok, who is here today, and I  
10 co-led a book, and that is a program that has  
11 brought and continues to bring a lot of shine and a  
12 lot of attention to Ontario, to Ontario both  
13 governments past and present and also to nurses  
14 past and present because it is a program that has  
15 extended all over the world with 20 countries,  
16 many, many governments, and of course, they cover  
17 the costs when they extend that to their  
18 governments and to their countries, and it is about  
19 in 20 countries. It is in different languages. So  
20 it has served even on trade policy, just so you  
21 know.

22           And we will touch very, very briefly on  
23 it as it relates to long-term care, but really we  
24 will not do justice. There is a whole program on  
25 long-term care dedicated to it.

1           So with that, let me tell you what we  
2 plan to present to you.

3           We are going to share with you both  
4 relevant actions and relevant reports to the topic  
5 at hand, which is the failings, I would say, of  
6 government and related agencies during COVID-19  
7 towards long-term care specifically.

8           We will share with you very briefly  
9 about VIANurse and what it is, and Daniel Lau, my  
10 colleague, Director of Membership and Services,  
11 dedicated his entire team to it during the  
12 pandemic, at no cost to the government or to users.

13           You will hear about ECCO 3.0, which  
14 tells you there is a 2.0 and a 1.0, and we will  
15 tell you about that.

16           You will hear about our report on the  
17 long-term care system failings released on June 5,  
18 evidence-based practices, which I mentioned to you  
19 briefly, long-term care Basic Care Guarantee, a  
20 report released on June 20 to Minister Fullerton  
21 and everybody else, Reuniting Families, a report  
22 released on July 15, and the Premier's Office  
23 credit RNAO for inspiring to the changes, and I  
24 would say that is the silver lining of this entire  
25 ordeal, that the Premier pushed the issue of

1 reuniting families, although still very  
2 compromised, and we will speak about that.

3           And then additional contributions of  
4 RNAO, if that was not enough, all those reports on  
5 tackling COVID-19, you will hear about our blog,  
6 webinars, resources, Facebook, et cetera, and then  
7 you will hear about the Speech from the Throne on  
8 national standards for long-term care and why we  
9 are asking that.

10           So this is the tragedy of this  
11 pandemic. The tragedy is that we started at a good  
12 place on the pink side, and while that started then  
13 to decrease, and we kind of levelled the curve, the  
14 right side, long-term care became more and more and  
15 more of the casualties.

16           And I want to tell you already at the  
17 beginning, because I want you to take note of that  
18 and hopefully one day you can answer to me that off  
19 the record or on the record or in the report that  
20 you will issue, I want to know -- because that is  
21 what is actually taking sleep from me and my  
22 colleagues at night, who, in which office and why  
23 made the decision -- because it ought to have been  
24 a decision, such a tragedy cannot just happen, who  
25 made the decision to abandon residents of long-term

1 care, and their staff by extension?

2 We need to know because that happened.  
3 I have heard some insiders and outsiders telling me  
4 when and where, but I think it behooves the  
5 Commission to be honest and to make a statement on  
6 that, as it happened, as you know, in  
7 Switzerland -- in Sweden with the issue of  
8 abandoning the older persons and not giving them  
9 even oxygen but only morphine. I don't think that  
10 is what happened here, but an abandonment it was  
11 because we didn't put the resources. We didn't do  
12 anything, including PPE on time.

13 And so when Angela Cooper Brathwaite,  
14 my President at the time, made this statement, it  
15 was already a disaster:

16 "Seniors are dying. LTC staff  
17 members are disheartened and  
18 exhausted, and families and  
19 communities are devastated that such  
20 a horrifying debacle can happen in  
21 our rich province."

22 And while the Premier will tell me, and  
23 he has, this happened in all the countries, yes, it  
24 is true, but we live in Ontario, and we work in  
25 Ontario, and for once, with the discussions that I

1 had directly with the Premier and with Minister  
2 Elliot at the time -- Minister Fullerton really  
3 never extended her phone calls to us, but the other  
4 two did, while at the beginning I believed and my  
5 colleagues by extension from my conversations  
6 believed that they were sincere and that they  
7 wanted to do something better, at this point, I  
8 don't.

9           So let me tell you the preamble to  
10 this. Before we -- so I was actually with my  
11 Director of Policy Matt Kellway in a meeting with  
12 Minister Fullerton's staff the day that the  
13 pandemic was called a pandemic by Dr. Tedros. I  
14 was in fact -- they had asked me to say what did we  
15 want in terms of staffing because that had come  
16 from the report from the Gillese Inquiry, yet  
17 another inquiry, and I was saying, you know, you  
18 are not going to hear much new from me or from RNAO  
19 because we have said it over and over and over.  
20 The staffing is inadequate. It has been for the  
21 last 15 years, I said at the time, and what we need  
22 is more RNs, more RPNs, we need PSWs more, and we  
23 need one Nurse Practitioner for every 120  
24 residents, and we have been asking this from 2012  
25 in a report called the "Mind the Gap Report", which

1 is not one of the reports we are presenting to you  
2 today.

3 And my machine alerted me that there  
4 was a new message, the BlackBerry, to which I  
5 looked, and here it was Dr. Tedros announcing that  
6 this was a pandemic. And I need to tell you, I  
7 stood up, and I said, You already heard from me, I  
8 understand you don't have additional questions.  
9 With all due respect, I need to leave because I  
10 need to go to the office to get -- to put in motion  
11 the plans that we have ready, because to differ  
12 from our government, we actually had plans ready.

13 So for an organization to have plans  
14 ready but the government to continue to say low  
15 risk, low risk, is unfathomable from the get-go.

16 So I went to the office and met with my  
17 Director of Membership and Services, Daniel Lau,  
18 and with my colleague, Associate Director from the  
19 Best Practice Guidelines Program, and they are both  
20 attending today, and I said, we need to set in  
21 motion the VIANurse, and we need to get as many  
22 nurses to volunteer. I said first for ICUs in case  
23 that they will be short because likely they will be  
24 the first ones short. Then we need to do for  
25 Telehealth at the same time because Telehealth will

1 be bombarded with testing, et cetera, and of  
2 course, long-term care because they are the most  
3 vulnerable, as is also shelters, et cetera.

4 So we launched VIANurse with about at  
5 the time 4,000 RNs and NPs, RPNs, and nursing  
6 students. It evolved into a system of 8,000 or  
7 more of RNs, NPs, nursing students, and RPNs,  
8 including a good portion of about 600 that were  
9 dedicated for nursing homes that had an outbreak.

10 So this group of people basically was  
11 ready to go to homes with an outbreak. I do not  
12 need to tell you the number of times that I called  
13 government to start with, Dr. Williams, Helen  
14 Angus, the Premier himself, Minister Fullerton,  
15 Minister Elliot, because she was, you know, at the  
16 time the Minister, the agencies, the homes, et  
17 cetera, to tell them we have nurses, take them,  
18 because you don't have enough people there to take  
19 care of your people and because government had not  
20 yet launched their own site. It was launched way  
21 before the March 13 that we did.

22 It was such a disillusionment for us to  
23 know that government was in their briefings of the  
24 Premier and the Minister not even acknowledging the  
25 existence of VIANurse until basically I pushed it

1 through in my blogs, because I pushed it through  
2 not because VIANurse was important and will bring  
3 us any revenue -- because as I said, it was free of  
4 charge and is and then we closed it, and I will  
5 tell you why, but we pushed it through because we  
6 had nursing homes calling us that they needed  
7 resources and the government was nowhere to be  
8 found for resources at the time.

9 We closed it on July 30th, and remember  
10 that day, because we will get to that stage during  
11 the presentation, and I will tell you at that time  
12 why we closed VIANurse and why we are not  
13 re-opening VIANurse, even if we are asked.

14 So there are four reports that are  
15 critical for you to know that we issued. We issued  
16 ECCO 3.0 on May 12th, which was the 200 years of  
17 Florence Nightingale birthday, and I will speak  
18 about that briefly on my behalf of my colleagues at  
19 RNAO.

20 We issued the "Long-Term Care Systemic  
21 Failings, Two Decades of Staffing", and we issued  
22 that soon after the Canadian Armed Forces report.  
23 We issued then "The Nursing Home Basic Care  
24 Guarantee" on June 10th, demanding action on  
25 something that we had been speaking for years

1 already, and we issued then on July 15 out of  
2 desperation the report of "Reuniting Families and  
3 the Five Steps to Follow", because families were  
4 already were with us in touch I would say since  
5 probably even May, desperate, desperate about their  
6 loved ones, and we worked with them first going to  
7 the Premier to intervene, going to Minister  
8 Fullerton with no even responses at the time, but  
9 the Premier's Office, yes, responded, and took some  
10 of the cases themselves.

11           And then we issued the report, and of  
12 course, the rest is history.

13           So ECCO 3.0 had two previous reports  
14 that the province I thought was starting to listen  
15 under the leadership of Christine Elliot. When  
16 Christine Elliot issued the report on the Ontario  
17 Health Teams, we were hopeful at the time maybe  
18 someone is listening here about the health system  
19 restructuring. Maybe we are going to move to more  
20 community care, because after all, that is where  
21 most of us live. After all, that is where older  
22 persons also want be. They don't want to be in  
23 institutions.

24           I need to tell you on behalf of my  
25 colleagues and I that my biggest disillusionment

1 came with the announcement of the mega homes  
2 attached to each hospital yet again that happened  
3 recently, because that tells you that we are back  
4 to the same old same. Hospitals, hospitals,  
5 hospitals.

6 But people don't want to live in  
7 hospitals, nor do they want to live in nursing  
8 homes, quite frankly.

9 So why a government that says that it  
10 wants to keep people at home would invest so much,  
11 so much in nursing homes and worse even, why would  
12 those nursing homes be attached to hospitals rather  
13 than, let's say, to home care or to community care  
14 or to primary care or stand-alone, and here is what  
15 we are saying in ECCO 3.0.

16 We are saying that the anchoring -- and  
17 it is the same as we said in 2.0 and in 1.0, and I  
18 will point to you what is the only difference. We  
19 said -- we are saying, once again, that the system  
20 needs to be anchored actually in primary care, that  
21 primary care is your entry to the system, because  
22 any cost-effective system and any high-functioning  
23 system in any OECD country is in primary care. And  
24 in fact, even in Cuba, that is not OECD, is  
25 focussed on primary care.

1           And if you look at the results of those  
2 countries that actually have stronger primary care,  
3 they are doing way better in the pandemic overall  
4 anyways.

5           So once again, the pandemic is pointing  
6 out that we got it wrong here in Ontario, and by  
7 and large in Canada, by focussing most of the eggs  
8 in the basket of hospital care.

9           We are also saying that community care  
10 needs to be much stronger, so people can be  
11 supported through home care and through supportive  
12 services of Meals on Wheels, et cetera, in their  
13 homes if they need, so that we can retain older  
14 persons and other people that are not older but may  
15 have disabilities as vibrant members of our  
16 community.

17           We have 12 -- we have -- I will go  
18 through the recommendations, but only  
19 recommendation 6 is completely new, and I will tell  
20 you what it is in a second.

21           So you have universal reach, upstream  
22 approach to care, interprofessional primary care,  
23 comprehensive care coordination anchored in primary  
24 care. We are asking that the 4500 care  
25 coordinators -- and we have been asking for that

1 from before even the LHINs dissolved -- that they  
2 be moved to primary care. Write in your notes what  
3 happened with those 4500 care coordinators, because  
4 if you ask me and if you ask many, I don't know  
5 what they were doing. At one point I recommended  
6 to government and so did Lisa Levin from AdvantAge  
7 Ontario to put the care coordinators in long-term  
8 care to help them with the shortages there. That  
9 didn't happen.

10           Enhanced community care across the  
11 continuum, and then this is the new one, long-term  
12 care as home. We have been saying, we have been,  
13 all of us, us at RNAO included, conceptualizing  
14 long-term care as this, you know, thing on the  
15 side, that this is institutional care that you go  
16 when you cannot be at home, rather than if you  
17 think long-term care, that we keep saying is the  
18 home of older persons, is the homes of ta-da-da,  
19 but we never have treated them as homes.

20           If they are home, they actually should  
21 be part, first of all, mandatory component of the  
22 Ontario Health Teams. It is not. It is not a  
23 mandatory sector. The only mandatory sectors are  
24 primary care, hospital care, right, and home care,  
25 not long-term care.

1                   So obviously, we are not even  
2 conceptualizing them as a mandatory part of the  
3 system.

4                   And then evidence-based practice,  
5 optimizing digital health and full scope of  
6 practice, and then we have transition  
7 recommendations, leading with primary care,  
8 aligning funding to the quadruple aim, embracing  
9 Ontario Health as a single system planner, and  
10 integrating and streamlining Public Health, and we  
11 still will say that is necessary, despite of the  
12 role of the Public Health Units during the  
13 pandemic, the diversity of performance, the  
14 variation of performance, is such that we still  
15 believe that it needs to be streamlined.

16                   Powering Health Professionals With  
17 Evidence-Based Tools, we do need to tell you that  
18 this program should be mandatory for every single  
19 long-term care home. Right now it is not  
20 mandatory. We serve about 150 nursing homes, all  
21 of them doing better. Their outcomes regardless of  
22 the guidelines that they choose, whether it is  
23 falls prevention, whether it is palliative care,  
24 whether it is pressure injuries, whether it is  
25 incontinence, person-family centred care, you name

1 it, they are performing better those homes that  
2 actually had a formal component of our program.

3 They are not charged, because this is a  
4 government-funded program, and it is serving, as I  
5 said, not only Ontario, about 600 health care  
6 organizations in Ontario, it is also serving about  
7 an equal number of organizations around the world,  
8 covered of course by their governments, and again,  
9 we don't charge a fee, so it doesn't make RNAO any  
10 richer, but it is something that we know it has a  
11 huge impact and hence why we share it with the  
12 world with agreement from government and everybody  
13 else.

14 And in response to the quadruple aim,  
15 in response to the quadruple aim, in the sense that  
16 it improves patient experience, it improves patient  
17 outcomes, it lowers costs, because when you have  
18 less falls, less pressure injuries, et cetera, you  
19 have of course lower costs, and that is a type of  
20 lowering cost that we all should be proud about,  
21 because it is not about doing with less stuff. It  
22 is doing with better practice, and that is the  
23 type of vision that Ontario should have for the  
24 health system and long-term care also.

25 We right now are presenting a proposal

1 to the government. We have a meeting in fact this  
2 Friday. There was a program on integrating the  
3 evidence-based guidelines of RNAO across the entire  
4 system of long-term care through best practice  
5 order sets. It was led by at the time, the first  
6 round was led by PointClickCare, OLTC, and one more  
7 that I forgot. What is the name of the third  
8 partner? Think Research.

9 And we were approached by both the  
10 sector organizations, especially AdvantAge Ontario  
11 and OLTC, and also by PointClickCare, that they  
12 wanted us to take this over because OLTC said they  
13 are not going to lead this again. So there has  
14 been a huge investment in funding that potentially  
15 will go down the tube, and we did agree that we  
16 will propose to the government, but we are going to  
17 continue only with PointClickCare because we do not  
18 think that the work done at the time by Think  
19 Research was the type of work that is of the  
20 caliber that we need for long-term care, and hence  
21 why we will propose to continue with PointClickCare  
22 and with the sector as a whole.

23 We will see where it goes, but that has  
24 the potential to strengthen significantly the  
25 practice, not only of nurses, of all health

1 providers, including PSWs, in long-term care  
2 through the order sets which are evidence-based  
3 from RNAO based on the guidelines.

4 And we will help them integrate that  
5 into their EMRs.

6 The other pieces of the quadruple aim  
7 is integrated and coordinated health system with a  
8 stable workforce, which we don't have in long-term  
9 care.

10 Equitable access to safe,  
11 person-centred and high quality care, which again  
12 the order sets can help and our program can help,  
13 but without staffing, it will be very difficult to  
14 materialize in real actions every single day, in  
15 every single encounter.

16 And transparent oversight and public  
17 accountability, which we do not believe we have in  
18 long-term care, and the system that we have for  
19 surveillance of long-term care, the visits, et  
20 cetera, are only punishing when things are wrong  
21 but not when things are right, and also there is no  
22 referral to what you do, like the programs of RNAO  
23 and others where things are going wrong, and we  
24 need a system that is more balanced so people can  
25 get some inspiration when they are doing well, not

1 only be punished or penalized when they are not  
2 doing right.

3 That is not to say that we support  
4 houses that have had in our view negligent or  
5 criminal behaviours not to be tackled with, and we  
6 will talk about that during the Throne Speech piece  
7 because that is one of the pieces, as you know,  
8 that the Prime Minister is proposing.

9 COMMISSIONER JACK KITTS: Doris, can I  
10 ask a question?

11 DORIS GRINSPUN: Yes.

12 COMMISSIONER JACK KITTS: So I want to  
13 see if I understand what you are proposing in this  
14 model. Clearly you are proposing that health  
15 care -- parts of the health care sector work  
16 together with long-term care because they are not  
17 going to be able to solve this on their own.

18 DORIS GRINSPUN: Yes, but, Jack, not in  
19 the way that hospitals will take over as it has  
20 happened.

21 COMMISSIONER JACK KITTS: Yes.

22 DORIS GRINSPUN: And I know you come  
23 from the hospital sector, so I on purpose mention  
24 that, because I believe, Jack, that there is a real  
25 attempt by OHA and CEOs in particular of large

1 hospitals to create big empires again.

2 We are not for empires of anybody. You  
3 know what our empire? The public. The public.  
4 Because if you don't have a balanced system, there  
5 is always a loser. And right now the loser is  
6 long-term care, to a certain extent also home care.

7 COMMISSIONER JACK KITTS: Yes. So  
8 you -- and I agree with you on this, that you  
9 described the three pillars of the health care  
10 system being primary care, hospital care, acute  
11 care, and home and community care. Those three  
12 need to be in sync.

13 DORIS GRINSPUN: In sync, and long-term  
14 care needs to be part of it. It has been siloed  
15 out.

16 So when you look, for example, right  
17 here, what we added in -- if you look at our ECCO,  
18 I think ECCO 3.0, Jack, will really give you a lot  
19 of food for thought. Here is where we are saying,  
20 but you know what the answer was of Minister  
21 Fullerton and actually even Christine, I believe?  
22 Oh, it is already there. Well, it is not, Jack,  
23 you know it is not.

24 COMMISSIONER JACK KITTS: Yes. So I  
25 agree with you completely, Doris. It is hard to

1 believe, I am sure, but I agree totally.

2 DORIS GRINSPUN: No, I am not not  
3 believing because your colleagues can tell you that  
4 when Deborah told me I gave Jack your number  
5 because he wants to see it, I said it is a good  
6 thing they put Jack, because you have been way more  
7 balanced than some other CEOs, but still you bring  
8 that perspective of the hospitals, right?

9 COMMISSIONER JACK KITTS: Right, so --

10 DORIS GRINSPUN: And I think we need to  
11 bring the perspective of Ontarians.

12 COMMISSIONER JACK KITTS: Yes. So you  
13 have watched the Ontario Health Teams, which are  
14 formed on a nucleus of primary care, acute care,  
15 and home and community care, and long-term care is  
16 part of that.

17 So you are saying --

18 DORIS GRINSPUN: No, it is not. It is  
19 not, Jack. It is not. It is not a mandatory part  
20 of that, and we are saying it ought to be  
21 mandatory, the same as primary care and home care.

22 COMMISSIONER JACK KITTS: Yes, and I  
23 agree. So you're --

24 COMMISSIONER FRANK MARROCCO (CHAIR):  
25 If I could just say one thing.

1           The reporter, in order to take it down,  
2 it is better if one person speaks at a time, so if  
3 you could -- otherwise, we won't get a transcript.

4           DORIS GRINSPUN: I am with you. Sorry  
5 about that.

6           COMMISSIONER JACK KITTS: Okay. So  
7 what you are saying is primary care, acute care,  
8 sub-acute care, need to work together, bring  
9 long-term care into it, but it should be led by  
10 primary care? Have I got that right?

11           DORIS GRINSPUN: That is correct, but I  
12 want to be on record, given that you are recording  
13 and I will get the transcripts, that we are not  
14 saying at RNAO that at the centre of the universe  
15 is hospitals.

16           COMMISSIONER JACK KITTS: Okay.

17           DORIS GRINSPUN: We are not saying. We  
18 are saying at the centre of the universe is primary  
19 care.

20           COMMISSIONER JACK KITTS: Okay.

21           DORIS GRINSPUN: And all of that -- and  
22 what is happening with the announcement of the new  
23 homes is that it is hospital care. If you look at  
24 the performance of the system, when I got the phone  
25 call of Minister of Treasury -- Minister of

1 Treasury, remind me? From -- he has Orchard Villa  
2 under him.

3 No, if you can Google, Marianne, the  
4 Minister that is in charge of Orchard Villa.

5 So I got the phone call at about 11:00  
6 p.m. one day, and in that phone call was the  
7 Minister telling me, can I help with Orchard Villa  
8 before things were public, that it was a disaster  
9 what had happened with the residents and that he  
10 was excruciatingly in pain.

11 And I believe that, and I believe that  
12 to this day that he was.

13 Then I had a subsequent call made by  
14 Kevin Smith, who was put in charge of the long-term  
15 care table with the then CEO of -- Susan.  
16 Lakeridge or something. In that area, basically.  
17 And -- I have the notes. I don't recall who else,  
18 but I can look for you, telling me of the disaster  
19 that was happening. And I said, Send me the name  
20 of the operator, and we will sent people right  
21 away. This was at 11:00, 12:00, whatever, at  
22 night.

23 Days and days passed. I have all the  
24 emails. I can tell you one thing, Jack. Someone  
25 one day has a Freedom of Information on the emails

1 that I have, including about Williams, changing  
2 Williams, et cetera, ain't going to be fun because  
3 the answers of Ministers are there. And I am not  
4 going to offer them. But I am telling you that  
5 that is why I say who made the decision and where  
6 and when.

7 So I never got the name of the  
8 operator. The difficulties of going to sleep  
9 knowing that I knew that in Orchard Villa likely  
10 residents were by themselves, who knows what was  
11 happening in those rooms. The many requests that I  
12 did to Kevin and others to put me on that table so  
13 we could help them with VIANurse, et cetera,  
14 because the government still didn't have anything  
15 for redeployment. And the list goes on and on and  
16 on.

17 It is excruciating because it took so  
18 long until a solution was made; i.e., bring the  
19 Army in.

20 So the solutions that the government  
21 brought is, bring the Army and bring the hospitals.  
22 No system in the world that I know that is a good  
23 system, in Scandinavia and other places where  
24 seniors are treated with the respect and dignity  
25 that they deserve, is being centred on a hospital

1 or the Army.

2 But here -- because you will see in  
3 future reports that I will share with you, because  
4 we have had 21 years of inaction, of rhetoric and  
5 of drama, but without funding attached, this is  
6 where we end up in a pandemic, and this is where we  
7 will be now in the second wave, and you will see  
8 and I will show you, because long-term care, the  
9 same as hospital care -- and Jack, you know in  
10 hospitals you cannot function if you don't have  
11 enough staff that can treat people. I can put all  
12 the BPGs in the world that I want, all the best  
13 practice guidelines. If there is no people to  
14 implement them, it ain't going to happen, both  
15 doctors, nurses, PSWs. Whoever you put, you need  
16 enough people also.

17 Long-term care, that is not the case.  
18 The hospitals will say, the Army will say, I don't  
19 know who is next will say, they deserve -- if we  
20 are going to continue to have resident, people  
21 going to long-term care, and even if we will  
22 have -- and I hope at some point we will -- better  
23 home care, we still will need long-term care,  
24 perhaps less, but we will need, because at some  
25 point families simply cannot handle sometimes

1 people at home, for a variety of reasons.

2           And some people don't have families.  
3 So we will need long-term care. But those  
4 long-term care agencies as -- homes, called homes,  
5 but they are not homes today, need to be equipped  
6 with the staffing, and we don't have enough of  
7 that, and we have proposed already since 2/12,  
8 okay, the right model, and now more and more, with  
9 the knowledge -- and so that is our BPGs, and if  
10 they are incorporated into EMRs, it only will help  
11 more, and with other resources, IPAC, that doesn't  
12 depend only on hospitals, and oversight that  
13 doesn't depend only on doctors or hospitals  
14 because, Jack, you know that for doctors, for most  
15 of them, this is the second or third job. This is  
16 not their primary job.

17           Hence, why we have been saying for  
18 years and years one nurse practitioner per 120  
19 residents and, you know, all we have at this point  
20 is about 60 or 70. Government promised, past  
21 governments, they announced a few, then this  
22 government took it on and announced another few,  
23 and then all of a sudden they stopped.

24           Like, you know what is so frustrating  
25 overall with our system and the politics in it? It

1 is that it is not about policy. It is all about  
2 politics, and honestly, it is not just with this  
3 government. Any government that I have worked  
4 since I came to RNAO many, many years ago, if you  
5 are not pushing and pushing and pushing and pushing  
6 and pushing, things don't happen.

7 I remember when I said to Eric Hoskins  
8 about off-loading devices, I said, Eric, why are we  
9 paying \$70,000 for an amputation and this little  
10 device that is called, you know, off-loading device  
11 that costs anywhere between \$120 and \$1200, which  
12 is nothing, we don't pay? People need to pay out  
13 of their pocket, and they can't. And you know what  
14 his answer to me because he was so honest, Doris,  
15 because there is so much going on that we don't  
16 even know what is going on, so many details. And  
17 if people scream, then we listen. So yeah, I have  
18 become a screamer. I am not going to tell you -- I  
19 am not going to tell you, only Marion knows,  
20 because I needed to vent with someone, so I vented  
21 with my Director of Communications yesterday, but  
22 don't put that in the transcript please, but I will  
23 tell you. I got a call last night out of the blue  
24 from a PC insider telling me the following.

25 Oh, my gosh, so you really have become

1 the shit-disturber? And you know what my answer  
2 was? Because I respect the person hugely. I said,  
3 What do you need? I am not even asking who send  
4 you. Just tell me what do you need. What is it  
5 that you want, Doris? I said, Well, all the  
6 reports are out there. I can send them again to  
7 you. Staffing, keep the families in, give  
8 evidence-based practice, insert it in the system,  
9 and treat nursing homes the way they need to be  
10 treated.

11 So I mean -- you know, but the system  
12 cannot work with the one that screams the most,  
13 which is what has become. And we have this  
14 Commission just because of that, with all due  
15 respect.

16 The system needs to become a system  
17 because the public needs it, because they pay with  
18 their taxes. That is why we need the system.  
19 Because you will need it, I will need it, your  
20 family, my family, and the neighbour.

21 And we don't behave that way.

22 Let me get back to the presentation,  
23 because if not, we will get into lamenting only.

24 And this is not new, by the way. This  
25 is with any government is whoever screams the most

1 and push the most, and right now, I said to my  
2 colleagues -- and my Board is totally on that  
3 page -- if we don't get, you know, Heather --  
4 Heather, do like this so they know.

5 Heather one time told me, because she  
6 works closely with long-term care on the  
7 evidence-based practice, told me, Doris, now is our  
8 time, meaning about long-term care. And I said,  
9 Heather, absolutely, and I promise you we ain't  
10 going to stop until it happens, because if during  
11 COVID and now with the second wave, which will be a  
12 disaster again, if we cannot fix long-term care  
13 now, let me tell you something, to Mr. Marrocco and  
14 to you, Jack -- I don't know him so I cannot bring  
15 myself to call him Frank, but let me tell you  
16 something. If we don't get something now better  
17 for long-term care -- and that is what I am begging  
18 you, Mr. Marrocco, to make a difference -- we never  
19 will.

20 If this government will not respond  
21 with the pressure they have, no future government,  
22 I don't care of which party, will respond. This is  
23 our last kick at the can.

24 So RNAO will do whatever it takes,  
25 including taking residents of nursing homes and

1 their families to the streets in the middle of  
2 COVID if we don't see action, because it is  
3 unfathomable the announcement yesterday of the  
4 Premier and the Minister about a little bit of  
5 money for staffing. It is absurd. You know, I  
6 didn't even want to comment. When media called me,  
7 I didn't want to just blast because I am sick and  
8 tired of saying a step in the right direction. We  
9 don't need more steps in the right direction. We  
10 need substantive action. People are dying. People  
11 will continue to die. The staff are choking.  
12 Their families are devastated.

13 And I don't know how we can live with  
14 that. I honestly don't know. OECD is -- you know,  
15 we are double the OECD countries in terms of the  
16 people we have lost, double the residents that the  
17 rest of OECD lost. How do we explain that if it is  
18 not a decision in some room somewhere by whoever  
19 saying, You know what -- someone had the guts to  
20 say it in the media -- they are going to die  
21 anyways, because that is what some said in the  
22 media. Well, that is not nurses and that is not  
23 RNAO and never will be.

24 So be ready for a bigger fight because  
25 we are going to put it if we need. I am not saying

1 to you. I am saying that we are going to keep  
2 going until we see a solution, and if then there is  
3 none, well then we will take care of it in other  
4 ways.

5 So getting back to the quadruple aim,  
6 if we were to have the right staffing, if we were  
7 to put evidence-based practice in place, if we were  
8 not only to penalize the bad behaviours but also to  
9 celebrate the good ones, we will see the quadruple  
10 aim accomplished, for the system and for long-term  
11 care.

12 So that was ECCO, and then came the  
13 following reports that I want to bring you  
14 together. We will -- ECCO I presented to you. We  
15 will present to you now the two reports that we did  
16 post the Army, post the Canadian Armed Forces  
17 report.

18 So first post the Canadian Armed Forces  
19 report, we did acknowledge that this was a  
20 long-standing issue, because it is. You know when  
21 Minister Fullerton says we inherited a bad system,  
22 it is true. What she forgets to say is that they  
23 are already over two years or more in power. So if  
24 they inherited a bad system -- you know what, Jack,  
25 you will know and, if not, ask Deborah, I inherited

1 a sinking RNAO, and my President, Angela, can tell  
2 you because actually she was around at the time.

3 RNAO was sinking. It was almost gone,  
4 okay? It had 11,000 members. It had almost no  
5 staff. It was sinking.

6 Well, in a year, I turned it around  
7 with my people that I brought on board. I expect  
8 the same from government. I expect that the  
9 government that has been already in power more than  
10 two years doesn't say anymore, I inherited a bad  
11 system, but a government that has taken actions.

12 And what aches me is I truly -- I  
13 didn't believe Fullerton, honestly. I know  
14 Minister Fullerton from way before. She fought me  
15 on the issue of privatization, by the way. I was  
16 tolling the system. I was not allowing the system  
17 to become strong, et cetera, et cetera, because of  
18 universal access.

19 I am not going to go there. You can  
20 Google it. You can Google Danielle Martin that is  
21 now VP at the Women's College, Doris Grinspun, and  
22 Minister Fullerton, and you are going to get very  
23 entertained with articles that she wrote.

24 In any case, I am not talking about  
25 her, but I did believe the Premier. I absolutely

1 believed the Premier because the Premier I think is  
2 not -- and don't quote me on this, is not a Ph.D.  
3 prepared person, but he has a heart in my view.  
4 And I kept saying to the media, What we need for  
5 this is a heart. You need a heart. You don't need  
6 just Ph.D.s.

7 (DISCUSSION OFF THE RECORD.)

8 In any case, I did believe the Premier  
9 that he meant that he will fix long-term care. I  
10 truly did. I don't anymore. I don't anymore.  
11 Because the actions have not followed.

12 At RNAO, we -- can we continue?

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Yes, somebody is not muted and is  
15 talking.

16 DORIS GRINSPUN: PG, can you mute  
17 people?

18 (DISCUSSION OFF THE RECORD.)

19 DORIS GRINSPUN: It will be nice if  
20 people that attend are not on the phone, but so be  
21 it.

22 In any case --

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Well, I don't know who it was.

25 DORIS GRINSPUN: I don't know either.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2                   I think it was Ms. Zych who was on the  
3 phone.

4                   DORIS GRINSPUN: Could be, could be,  
5 could be, but they need to turn the phones off to  
6 my colleagues and whoever it is.

7                   In any case -- I don't know, I got  
8 interrupted, and my train of thought went.

9                   COMMISSIONER FRANK MARROCCO (CHAIR):  
10                  Well, you were saying you thought that  
11 the --

12                  DORIS GRINSPUN: The Premier will  
13 respond, yes.

14                  COMMISSIONER FRANK MARROCCO (CHAIR):  
15 Yes. Right.

16                  DORIS GRINSPUN: I did. I did, for two  
17 reasons. Because he appeared very sincere when he  
18 was talking, both in the briefings and also when he  
19 spoke with me directly, but at the end of the day  
20 at RNAO, we don't go just by what people say. We  
21 go mainly by what people do.

22                  And so far we have seen nothing.

23                  Whether it is the Minister or whether  
24 it is the bureaucrats, it is irrelevant to RNAO,  
25 because I can tell you, if my President, Angela

1 before and Morgan now, and the Board wanted  
2 something, right, and I would say with much  
3 passion, yes, yes, yes, yes, and et cetera, et  
4 cetera, and then I don't deliver, they will go by  
5 the actions, and they ought to go by the actions  
6 because the rest is all -- when actions don't  
7 follow the speech, they become rhetoric, and that  
8 is when you stop believing, and that is what is  
9 happening here, and that is the risk of the  
10 Premier, that what he has said that he is sincere  
11 he will fix, he will -- that nothing has followed.  
12 Nothing has followed, and I will demonstrate that  
13 to you.

14           So then we spoke -- we released the  
15 report, sorry. We said it is long-term care, and  
16 we released the report of the systemic failings in  
17 long-term care following the Canadian Armed Forces  
18 report. We released the report basically saying  
19 that there is serious understaffing, lack of  
20 regulated staffing because the reality is that  
21 there is a 9 percent RN, 13 percent RPN or  
22 something like that, and the rest is all  
23 unregulated staffing.

24           Inadequate staff or infection control  
25 and prevention, so it is not that they don't know

1 how to do it. They don't even have the resources  
2 to do it. How can they do it?

3 Challenges in behavioural responses,  
4 because there is not enough, again, staff support,  
5 and lack of support to staff or poor staff morale,  
6 because how long can you work short-staffed whether  
7 you are a PSW poorly paid and asked to work in  
8 three places to make a living or whether you are an  
9 RN that you are the only RN in the entire home or  
10 two RPNs or three in the entire home. It cannot be  
11 a good morale.

12 And then there are financial  
13 disincentives to improve residents' outcomes,  
14 because as some of the for-profit nursing homes  
15 told me, why would we join your Best Practice  
16 Guidelines Program when then we are doing better  
17 and the funding is pulled away, because I don't  
18 know if you know, Mr. Marrocco and Jack, that  
19 that's the model this wonderful province has, and I  
20 have spoken with Minister Fullerton and her staff  
21 till no end about this.

22 But when homes are doing better, next  
23 year they get less funding. It is like if Air  
24 Canada doesn't have a crash, let's take all the  
25 pilots and put it in automatic pilot. Something

1 doesn't make any sense. If homes are doing well,  
2 they should be able to keep the funding for  
3 actually re-investing in more staff.

4 So then that was in -- that report we  
5 released on June -- where is the date? Here I have  
6 the date. That report was in June 5th, and then on  
7 June 10th, we released actually the report. So the  
8 report on June 5th is the one I just mentioned to  
9 you, "The Long-Term Care System Failings, Two  
10 Decades of Staffing and Funding Recommendations".

11 Basically we took all the reports that  
12 existed to date, and we listed the recommendations  
13 and report after report says the same and the same.

14 So we don't need -- this is why,  
15 Mr. Marrocco, you may have heard us at the  
16 beginning that we supported the Commission and then  
17 I came out and it became a big thing in the media  
18 with huge re-tweets to Laura Stone, I think, that  
19 published that in The Globe and Mail. Basically I  
20 said we don't need the Commission, I'm sorry. We  
21 don't need the Commission, because it will be used  
22 again as one more excuse to delay action.

23 We have -- when I realized, when my  
24 staff brought to me the 35 reports in 21 years, I  
25 said, done, we don't need any Commission. It will

1 be more of the same.

2           What we need is actions. And so that  
3 is when we put that report out, and then soon after  
4 in June 10 we put the report of the "Nursing Home  
5 Basic Care Guarantee", nothing that Minister  
6 Fullerton didn't know, nothing that Minister Elliot  
7 didn't know, nothing that Minister Deb Matthews  
8 didn't know. This goes back to the Liberal  
9 government also.

10           We have been asking in the "Mind the  
11 Gap Report" the same that we are asking here. We  
12 didn't have the smarts at the time to call it  
13 "Nursing Home Basic Care Guarantee", but if you  
14 look in the Mind the Gap Report, our recommendation  
15 about long-term care, you will see the same, okay?

16           So what is it that we ask? At the time  
17 you may remember that Minister Fullerton needed to  
18 put out her recommendations in response to Justice  
19 Eileen Gillese's public inquiry, which, you know,  
20 is one after another, one after another, one after  
21 another, and yet no action. And she needed to put  
22 a report and table it to the legislature on July  
23 31st, 2020.

24           Well, that report came. It recommended  
25 four hours of care. It recommended other things,

1 and yet nothing has happened again, right?

2           So to that report of Minister  
3 Fullerton, we provided in June 10 our  
4 recommendations for her July 31st report, and that  
5 is the "Nursing Home Basic Care Guarantee Staffing  
6 Formula", which basically says, four worked hours  
7 of direct nursing and personal care each day,  
8 within 24 hours, for each resident as follows: 48  
9 minutes of an RN. Now, if anyone will tell me that  
10 48 minutes in 24 hours for an RN is too much, then  
11 let's pack and go home because the rest is rhetoric  
12 again.

13           We said 60 minutes of an RPN per 24  
14 hours per each resident, and 132 minutes of PSW.  
15 Four worked hours, because right now what they are  
16 getting is 2.6, 2.7 hours of mainly PSW, and that  
17 is insufficient. Insufficient both in volume of  
18 care and in the type of care that is necessary to  
19 ensure that residents in nursing homes have both a  
20 dignified life and also better -- not the best, but  
21 better health outcomes because they are living  
22 there. They are not dying there. They are living  
23 there. And if they are living there, and this is  
24 their home, they deserve to have both dignified  
25 life there and also better outcomes so they can die

1 not of a pressure ulcer, not of a fall. They can  
2 die because their time came.

3 And we said also there that we need one  
4 full-time RN specializing in infection control, and  
5 that has not happened yet, and also that we need  
6 one Nurse Practitioner per 120 residents, each  
7 single home in this province should have, because  
8 what happened during COVID is the same that  
9 happened during other events like SARS. It is that  
10 doctors, this is not their first usually job,  
11 right, for most of them, and when it is something  
12 like COVID or SARS, they don't show up in person,  
13 and this has been all over the media.

14 And I am not disregarding the work of  
15 physicians. I am saying we need to deal with  
16 reality. For Nurse Practitioners, when you are one  
17 Nurse Practitioner per 120 residents, that is your  
18 full-time employment, so you are there. And  
19 Heather and I, and Irma Jean, another of my  
20 colleagues, we spent twice a week with all the  
21 Nurse Practitioners throughout COVID  
22 trouble-shooting, helping them do resources. You  
23 have no idea, and if we have the records, we can  
24 send them to you how much they cry on those calls,  
25 how much they cry on what was going on in these

1 nursing homes, and I am more than willing to set up  
2 for you a session for you to speak with them.  
3 Devastating, devastating because they didn't have  
4 the sufficient staff even to delegate what was  
5 going on.

6           And yet this is only 60, about 60 of  
7 the nursing homes that have Nurse Practitioners.  
8 All the rest of this province don't even Nurse  
9 Practitioners.

10           So we are recommending that, and if  
11 that they cannot find a Nurse Practitioner, it can  
12 be a clinical nurse specialist to take care of the  
13 residents, to be with them.

14           So this is our staffing formula. We  
15 are not going to move away an inch from the  
16 staffing formula, and you will hear towards the end  
17 of the presentation that now we are working on this  
18 with the federal government because we basically  
19 gave up on the provincial government, and that is a  
20 sad statement.

21           We are also saying that nursing homes  
22 should always have staff that work full-time for  
23 them, as much as possible, and not that it is  
24 moving from one place to another all the time.

25           In the worst of times, they bring

1 disease from one place to another. In the best of  
2 times, they cannot provide continuity of care and  
3 caregivers to the residents because they are  
4 divided into two, three homes. No one, no one, I  
5 don't know of any CEO, and I don't know of any  
6 Chief Nurse, with all due respect, and I don't know  
7 of any CEO of organizations like mine that work for  
8 three different associations or that has not three  
9 different sites of a hospital but three different  
10 hospitals.

11           Why are we asking the staff that work  
12 in long-term care to work in that way? Why?  
13 Because we don't want to give them benefits. Well,  
14 then don't ask that they will stick around and give  
15 good quality care, and we are not the union. I am  
16 telling you this from a policy perspective. It  
17 will not result in good care, not for our PSWs, not  
18 for RNs, not for RPNs, not for anybody, because  
19 people need to be engaged in their work. They need  
20 to feel the passion to do good care. They need to  
21 know the rules of that place. They need to be  
22 engaged with the rest of the staff. They need to  
23 want to be there and do good care, and this is what  
24 we are trying to do with our evidence-based  
25 guidelines program, and then you have this

1 hodgepodge of people working in three places. You  
2 know, I feel for them, and my colleagues feel for  
3 them.

4           So that is very important too. We are  
5 also saying they need to have compensation. If I  
6 was a union leader, ah, poor government. If I was  
7 a union leader, which I never will because I don't  
8 like too much bureaucracy, but if I was, I would be  
9 saying same compensation across all sectors,  
10 period, because long-term care, it is not, it is  
11 not easier than an ICU. Let me tell you.

12           If that is the case, please send the  
13 CEOs of hospitals to work inside a nursing home for  
14 a week. Not even more, for a week. They in and  
15 then let's see if I hear again -- or chief nurses  
16 or anybody, I hear again -- or any of us that, Go  
17 to long-term care because, you know, that is  
18 easier. It is not easier, absolutely not. In many  
19 ways, it is more difficult, okay?

20           And you need to have expertise, and you  
21 need to have the knowledge.

22           And then we are also saying that  
23 full-time employment with benefits should be the  
24 way to go if we want people engaged and sticking  
25 around for 10, 15, 20 years to work with people

1 that need them, that are complex, that are  
2 vulnerable, that need them the way that residents  
3 in long-term care need, because in a hospital --  
4 and my entire life, by the way, was hospital care,  
5 just so you know, but in a hospital, we have people  
6 for a few days, maybe a few weeks if you are in  
7 rehab like I was for awhile.

8 But in long-term care, they are there.  
9 This is their home, or at least we say that. At  
10 least we say that. Let's behave like that, and you  
11 know, in my home I have the same husband for -- I  
12 don't know. He is making me a coffee now for about  
13 40 years, you know. I stick with the same guy. I  
14 don't know, in nursing homes, I bet you the  
15 residents want the same family, the same  
16 caregivers, the same everything, and they can't  
17 have it the way it is now.

18 So then we got so desperate that we  
19 wouldn't see anything in Minister Fullerton's  
20 report that we issued what we issue always when we  
21 are desperate, which is an Action Alert, and this  
22 was the Action Alert that got, I believe -- I don't  
23 recall -- thousands and thousands of people, not  
24 only nurses, nurses, PSWs, people from the public,  
25 demanding that the government implement The Nursing

1 Home Basic Care Guarantee.

2 And after that, I want to move -- let  
3 me stop there so you can ask me any questions about  
4 The Nursing Home Basic Care Guarantee because then  
5 I will move about the second report, which is  
6 the -- third report, which is Reuniting Families.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 We usually take a break, so if you are  
9 going to move on to another report, maybe we'll  
10 take ten minutes.

11 DORIS GRINSPUN: Let's do.

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Okay.

14 DORIS GRINSPUN: Let's do. Thank you  
15 very much. So we will reconnect?

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Ten minutes. Don't disconnect.

18 DORIS GRINSPUN: Oh, okay, very good.

19 I will put on mute because I want to have a coffee.

20 -- RECESSED AT 4:14 P.M.

21 -- RESUMED AT 4:28 P.M.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Ms. Grinspun, if you are there, you  
24 have to turn on your camera.

25 (DISCUSSION OFF THE RECORD.)

1 COMMISSIONER FRANK MARROCCO (CHAIR):  
2 Your camera is off. Can you turn on  
3 your camera?

4 DORIS GRINSPUN: Yes, I will.

5 COMMISSIONER FRANK MARROCCO (CHAIR):  
6 There we go.

7 DORIS GRINSPUN: I was in the kitchen,  
8 which is two steps, so I heard you, and I came  
9 back. Thank you.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 Okay. I didn't mean to rush.

12 DORIS GRINSPUN: No, no, no, that is  
13 good, that is good. Thank you.

14 COMMISSIONER FRANK MARROCCO (CHAIR):  
15 So we are all here, I think, so --

16 DORIS GRINSPUN: Very good, very good.

17 COMMISSIONER FRANK MARROCCO (CHAIR):  
18 Commissioner Kitts and Commissioner  
19 Coke. Yes, Commissioner Coke.

20 COMMISSIONER ANGELA COKE: Before you  
21 go on, I just wanted to ask a question. Are there  
22 any jurisdictions that have adopted anything  
23 similar to your nursing home basic guarantee?

24 U/T DORIS GRINSPUN: They don't call it  
25 nursing home Basic Care Guarantee, but

1 jurisdictions have better staffing than ours, yes.  
2 I believe New Brunswick -- actually, check New  
3 Brunswick, and we can check for you too.

4 I believe that actually they have  
5 mandated staffing levels in New Brunswick. I will  
6 check -- we will check for you and send you.

7 COMMISSIONER ANGELA COKE: I'm sorry --

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 That is fine. Thank you.

10 COMMISSIONER ANGELA COKE: Sorry, just  
11 another --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Commissioner Coke, go ahead.

14 COMMISSIONER ANGELA COKE: Just one  
15 other quick question. Other than the funding, is  
16 there any other sort of barrier or challenge to  
17 implementing it?

18 DORIS GRINSPUN: No, because you  
19 know -- and I say this with respect, comments like  
20 Minister Fullerton in the legislature the other day  
21 like this, you don't snap a finger and create  
22 staffing. Number one, they are not helpful because  
23 staff receive them as disrespectful. Number two,  
24 they are incorrect, because with VIANurse, we  
25 deployed thousands of nurses and PSWs also to

1 nursing homes that were even in an outbreak.

2 So yes, there is staffing. What is  
3 needed is the notion of stability. It is very  
4 difficult for homes to hire people, even with the  
5 conditions that they have now, right? So I am not  
6 even saying the issue of full-time and the issue of  
7 excellent benefits, but even with the benefits as  
8 they are, if they knew that they will have "X"  
9 amount of money to hire more this, more this and  
10 more that, they would be able to.

11 Then if you layer into that better, you  
12 know, pay for PSWs, for example, and better  
13 benefits, right, if they become full-time, you will  
14 be flooded with. We have a lot of even new  
15 graduates that love long-term care but are not  
16 willing -- you know, they are not willing to be the  
17 only RN or two RNs for 500 residents because they  
18 are afraid of their licensure. Same with RPNs.

19 So if we make it attractive, the sky is  
20 the limit. The sky is the limit.

21 U/T Now, you asked me about other  
22 jurisdictions. I had the privilege of being asked  
23 by OECD to review a report that I believe has not  
24 been released, which is on safety in long-term care  
25 homes amongst OECD countries, and I will ask

1 permission, and I will send it to you, if they give  
2 me. They asked me both because of the role of RNAO  
3 but also my expertise on the topic, and there are  
4 countries that are doing better than us for sure, a  
5 hundred percent in many ways.

6           What was interesting in the report --  
7 and then they ask us, again, to do a piece which is  
8 actually profiled in the report -- is that those  
9 homes in Ontario that are using the evidence-based  
10 guidelines of RNAO through the agreement that we  
11 have -- and I said to you we don't charge a penny  
12 for that. In fact, we train them, we support them,  
13 because it is an Ontario Government funded project  
14 since 1998, so many previous governments -- all the  
15 governments, all the parties -- well, not NDP  
16 because they have not been in government, but all  
17 the others, yes.

18           It is a government that is -- it is a  
19 program that started with Elizabeth Witmer, and it  
20 continues to this day. That is the Living  
21 Marvels (phonetic), and in that OECD report it is  
22 being profiled because within Canada and within  
23 Ontario in particular, the homes that are part of  
24 the BPSO, Best Practice Spotlight Organization, it  
25 is called, they are performing better, better in

1 terms of pressure injuries, less pressure injuries,  
2 less falls, et cetera.

3           So it is a mix of both. It is a mix of  
4 the funding that they need for staffing, make the  
5 program of BPGs mandatory, and there is no reason  
6 why not, and if they don't want to make it  
7 mandatory because the for-profit homes will tell  
8 you, if we do better, they take our money away,  
9 then make it as the -- when the inspectors come, if  
10 they are not doing well, then make it at least  
11 mandatory then. You know, like there is not enough  
12 mechanisms to make care even without COVID as good  
13 as it should be.

14           So I don't know if that answers the  
15 question, but --

16           COMMISSIONER ANGELA COKE: It does.  
17 Thank you.

18           DORIS GRINSPUN: So moving forward, so  
19 I guess our biggest disillusionment is that nothing  
20 happened after July 31st when the report of the  
21 government, of their own expert panel, was issued,  
22 right, with the four hours of care. Nothing  
23 happened.

24           And yet we didn't give up because we  
25 never give up, I think. And what we did then is we

1 issued -- actually you will see later on another  
2 Action Alert that says it is not too late, and to  
3 this day we will say it is not too late. We said  
4 to homes and to government, you need to use the  
5 summer to prepare for the fall, because if not, we  
6 will have a second tragedy.

7           And the tragedy is that nothing  
8 happened in the summer because there was, again, no  
9 directive from government here is the funding, hire  
10 people. So nothing happened in the summer. And we  
11 are very concerned that we will be again in the  
12 same predicament that we were before. You can look  
13 already at Nathan Stall and others that the  
14 pandemic -- that the homes with outbreak are going  
15 up, right?

16           So that is in relationship to staffing.

17           We want to talk with you now about the  
18 second report that we issued related in July 15, I  
19 believe, related to reuniting families. You know,  
20 at the beginning, when families were kept out, RNAO  
21 didn't say a thing, and I would say in my heart and  
22 my brain more than heart, I believe it was the  
23 right thing. You know, I mean, we don't want to  
24 bring more COVID. The homes are not doing good.  
25 But pretty soon after -- families are very

1 connected with us, always, always -- we started to  
2 hear from families, and we started to hear from  
3 families, but also we started to hear from staffing  
4 nursing homes not only that they didn't have enough  
5 hands and brains and hearts to care for residents  
6 because, number one, the staffing was deficient as  
7 it was, and number two, many people got ill or  
8 their kids or their family members, some didn't  
9 want -- especially within the PSWs didn't want to  
10 work, because if I'm working in three places, I  
11 choose the one that doesn't have COVID, naturally,  
12 right, for them.

13 So the staffing was becoming worse and  
14 worse and worse, and yet we were not hiring to  
15 prepare for the second wave, and that still has not  
16 happened.

17 And the families also started to tell  
18 us that residents were not only dying of COVID,  
19 yes, COVID for sure, but also when you have COVID,  
20 and you have more difficulty eating or drinking  
21 because of COVID, if there is not enough staffing,  
22 dehydration sinks in. If you are not seeing your  
23 family, which gives you the will to live, then you  
24 give up. You give up.

25 And to a certain extent, also that

1 happened in nursing homes, a failure to thrive of  
2 residents, that they didn't see their loved ones,  
3 they didn't have enough staff to be with them both  
4 physically and emotionally, and so that is when we  
5 issued the report. First I called the Premier's  
6 Office. I talked with Rana at length. We brought  
7 a few families that were devastated both for the  
8 residents and for themselves, and Rana was very  
9 helpful at the Premier's Office.

10           And then we issued the report that  
11 speaks about reuniting families, and that is in  
12 July 15, I believe, and you can see the steps that  
13 we issued, and then the government moved forward  
14 with putting, you know, the parameters for opening  
15 the homes, and we surely hope at the RNAO that the  
16 homes will not be closed again in the second wave  
17 because we still don't have the staffing. Not only  
18 that, this time not only we don't have the  
19 staffing, but staff are exhausted. In many of the  
20 homes, the vacations were cancelled, believe it or  
21 not, for staff.

22           So staff are exhausted, demoralized,  
23 fearful, and we haven't had staff. So if we close  
24 the doors to families, it will be a tragedy of  
25 major proportions, worse than the first time.

1           So that is important, and I think -- to  
2 the Commissioner, I think it is critical that you  
3 issue an interim report. You know, I know that  
4 your deadline is, if I am not wrong, April. I  
5 absolutely think -- and your staff hinted to us in  
6 the first meeting -- that you really should  
7 consider a report, and I wouldn't wait even for  
8 February. I would do it sooner rather than later  
9 with some basics, because by the time if not that  
10 you issue a second report, tragedy will be already  
11 there.

12           So I don't want to go through the steps  
13 because you can review again, and I want to leave  
14 time for other questions, and because this is the  
15 one thing actually that has happened, so it gives  
16 us hope that, you know, government, if they want,  
17 they can listen.

18           And by the way, when I say government,  
19 if they want they can listen, I refer to any  
20 government, not just the government today. It is  
21 any government, future too and previous too.

22           Let's move now to the other  
23 contributions that RNAO has done in addition to  
24 this important report of ECCO and of the -- well,  
25 the ECCO, the LTC Systemic Failings, the

1 Evidence-Based Practices, Reuniting Families, and  
2 LTC Basic Care Guarantee, or Nursing Home Basic  
3 Care Guarantee, to other contributions that we have  
4 done from the get-go, not only for nursing homes,  
5 but I will also point in particular to the ones of  
6 nursing homes.

7           So we launched very soon after COVID  
8 was -- before even was deemed a pandemic, we  
9 launched a portal. We, I said to you, launched  
10 VIANurse, and you have the -- we presented on that  
11 to you.

12           I launched a blog. This is the one  
13 that I owe my life to PG that needed to -- at 3:00  
14 a.m. I will ring to her with her permission to send  
15 to everybody, and it was daily. It was daily at  
16 beginning, and now because things are a bit better  
17 and because we are also all exhausted, it is  
18 weekly, I send it every Friday, so it went from  
19 daily to twice a week, and basically in that report  
20 we shared everything that RNAO was thinking,  
21 everything that RNAO was advocating for, everything  
22 that we wanted them to know.

23           We also did invited pieces by different  
24 people on different topics that we thought were  
25 important. So by all means it is something that

1 you can -- you can Google Doris COVID-19 blog  
2 long-term care, and you will find anything that we  
3 have said or done with long-term care, in addition  
4 to what we shared.

5 We also had an entire team that works  
6 with long-term care on regular basis on the  
7 evidence-based guidelines. We dedicated this team  
8 of experts because they are all experts, and they  
9 work each with different homes, with different  
10 nursing homes.

11 We -- in addition to the evidence-based  
12 practice, we asked them to develop resources that  
13 nursing homes needed and that were not forthcoming  
14 soon enough, so you can see all of that on the  
15 website.

16 And Heather McConnell who is with us  
17 today leads that group.

18 And then we had, as I mentioned before,  
19 the webinars for long-term care nurse practitioners  
20 to help them troubleshoot, as well as COVID-19  
21 webinars for everybody, as well as we issue three  
22 groups on Facebook, and you can see them there:  
23 Connecting Families, where families could share  
24 tips for, you know, talking with a loved one  
25 through the virtual way or visits before they

1 became visits virtual, et cetera, et cetera. You  
2 can look, it is all there, and you can see what we  
3 did there; sharing and tackling difficult issues  
4 and concerns for staff only, not for families; and  
5 then the peer-to-peer sharing experiences,  
6 supporting one another and building resilience to  
7 cope, because it was very, very tough in general  
8 for all nurses, and I would say in particular to  
9 those in long-term care because it was tougher than  
10 the other sectors no doubt, no doubt.

11           And then because we don't give up, when  
12 we didn't see that nothing happened in the report  
13 of Minister Fullerton on July 31st, we basically  
14 sent another Action Alert demanding government  
15 action, and that they needed to start to hire  
16 people in August, because if not, we will be in a  
17 huge pickle for second wave.

18           And we are in a huge pickle, I would  
19 share with you. We are already hearing from homes.  
20 Hopefully this time we are not in a pickle on the  
21 issue of PPE. I hope. I cannot say with certainty  
22 not. At this point, we don't hear the same  
23 concerns that we heard. They were humongous. I  
24 spent my life in the first wave with the Premier's  
25 Office and the Minister's Office and the staff

1 troubleshooting to which homes to send PPE in the  
2 evening because they were devastated. They didn't  
3 even have for the same day.

4 I don't hear the same now, but I also  
5 don't hear that we have PPE for two months or three  
6 months for every single nursing home, which is what  
7 they should have.

8 And here is where we are now, right?

9 So Nathan Stall, which I really suggest  
10 you speak with, very, very balanced physician from  
11 Mount Sinai. He puts his data daily on Twitter.  
12 Please look at that because it is critical.

13 And then I would suggest that you read  
14 the stories of Liz Braun in the Toronto Sun who  
15 often, often writes about long-term care. It is a  
16 passion of hers. I suggest you speak with her.

17 I suggest you speak with Moira Walsh.

18 I do think maybe that you should do a  
19 table with reporters that work on this, and I will  
20 be more than willing to send you a few names  
21 because they have a story. They have a story to  
22 tell, and they can give you a lot of also advice  
23 and a lot of their perspective, which is critical.

24 So it was a tragedy. In our view of  
25 RNAO, it is still a tragedy. The idea that Quebec

1 did of flooding the system with only PSWs and going  
2 to work, because PSWs without regulated staff will  
3 be lost, will not be able to provide the quality of  
4 care and oversight that residents that are complex  
5 without COVID, and even more complex with COVID,  
6 require.

7 So the issue of having the RNs, having  
8 the RPNs, and having the Nurse Practitioners is as  
9 critical as having also more PSWs.

10 And then came the Throne Speech, so we  
11 said, Okay, we are getting nothing done here at  
12 home in Ontario, so let's go to the feds.

13 So I connected with Prime Minister  
14 Trudeau's staff, and we sent our asks, which are  
15 three areas only, and it falls under a recovery for  
16 all, which is an international movement.

17 And we basically focussed on three  
18 areas.

19 One is the safe care for all seniors,  
20 especially in long-term care, and we did ask from  
21 them that they adopt The Nursing Home Basic Care  
22 Guarantee for the country, and we send them the  
23 materials; and then that we end homelessness; and  
24 then to reinstate Canada's Chief Nurse, that when  
25 we used to have during Prime Minister Harper, it

1 was deemed redundant, and we believe that if we had  
2 had a Chief Nurse in the country, as we have in  
3 Ontario, it would have been very helpful because it  
4 can inform policy much better.

5 So as part of the Just Recovery for  
6 All, these are the three issues that we are  
7 focussing on.

8 And as you I am sure have heard is that  
9 the Prime Minister committed to do national  
10 standards for home care, for nursing homes. I was  
11 very disheartened, very disheartened when I heard  
12 already Ontario, Quebec -- and I don't remember who  
13 is the third one, Alberta, I think, already  
14 bickering, don't impose standards on us. Don't  
15 tell us what to do. Give us the money.

16 I don't know about you. I can only  
17 speak about my family, but I think most families,  
18 when we support our kids to go to university, we  
19 support them to go to university, and if the kids  
20 start to fool around and don't go to university and  
21 do something else, we say, Okay, do it on your own.  
22 We don't give you any more money.

23 So I don't know why it would be any  
24 different with taxpayers' dollars. This is not the  
25 money of the Prime Minister from his pocket. This

1 is taxpayers' dollars, and if they will be put for  
2 national standards for helping long-term care, once  
3 and for all, given that this is not only an Ontario  
4 problem, let's have national standards as we did  
5 during, by the way, the health accord. And I am  
6 not saying you need a new health accord, but during  
7 the health accord, they segmented a pool of money  
8 for moving us all from primary care not being  
9 really part of the system to not only primary care  
10 being central to the system but also to become  
11 interprofessional teams, so team-based care.

12           And that actually I think it was a  
13 ten-year commitment absolutely delivered. Today,  
14 you have Family Health Teams. You have many more  
15 community health centres than before. You have  
16 Nurse Practitioners, health clinics. All of that  
17 came from that health accord, and we see the same  
18 type of model being mimicked for the issue of  
19 long-term care and to creating national standards  
20 for long-term care with strings attached, and you  
21 know what? If not all provinces want to  
22 participate, if Quebec or Alberta decide they don't  
23 want, I think our Premier is wise enough to say we  
24 will participate because, after all, he said he was  
25 committed to deliver on better care for long-term

1 care and for residents.

2 And so this is a chance that I think we  
3 need to be on board regardless of what other  
4 provinces or jurisdictions do.

5 So we are issuing -- and you will see  
6 it very soon -- an Action Alert to say to the Prime  
7 Minister don't cave in. Absolutely yes, national  
8 standards for long-term care, and yes, with strings  
9 attached for those national standards, and that  
10 Action Alert will likely go out either tomorrow or  
11 the day after, but this week for sure, and we are  
12 going to push for that very much so because, as I  
13 said at the beginning, this is our -- well, not our  
14 last kick at the can, but this government's last  
15 kick at the can.

16 And so for us it is very important that  
17 our own government say yes and yes to national  
18 standards and absolutely yes with strings attached  
19 and that our government use our model of Basic Care  
20 Guarantee, adopt the model and push it nationally  
21 and play a leadership role for the country and  
22 really turn the tide around to be a positive  
23 outcome both for the government and most  
24 importantly for the residents and the staff and the  
25 families in long-term care homes.

1                   So this is interesting. Florence  
2 Nightingale in 1867 -- Jack will like this -- says:

3                   "My view you know is that the  
4 ultimate destination is the nursing  
5 of the sick in their own homes... I  
6 look to the abolition of all  
7 hospitals and workhouse infirmaries.  
8 But it is no use to talk about the  
9 year 2000."

10                  Well, we are in the year 2020, not in  
11 2000. RNAO is not asking for the abolition of all  
12 hospitals, absolutely not, but we absolutely are  
13 saying it is time to move to caring for people in  
14 their homes because that is where people live, and  
15 if they need to be in -- so the first priority in  
16 terms of seniors is let's care for them in their  
17 homes, and you will see us with the campaign on  
18 that soon.

19                  And when they cannot be no longer at  
20 home, then let's treat nursing homes also as their  
21 home because rhetorically we say it is, but in  
22 actuality, we don't behave that way.

23                  So this is our team, the previous Board  
24 and at the top. We don't have a recent picture of  
25 the new Board because we haven't been physically

1 too much together. Well, we haven't been at all  
2 together, and then at the bottom is my amazing,  
3 amazing staff. To remind you -- or you don't know,  
4 so I am not reminding you. When I came to RNAO, we  
5 had about 9,000 members and, I think, 21 staff.  
6 Today we have 45,000 members, and we have, I think,  
7 close to 100 staff, so the organization has  
8 changed.

9 Yes, it is a power house, but what we  
10 pride the most is that we use the power to the  
11 benefit of Ontarians, and this time is for those in  
12 nursing homes, so I hope you can make a difference  
13 because we need you to make a difference.

14 So I will stop there for questions.  
15 This is Banksy from the UK, the painter painting a  
16 child that is not picking up the usual heroes but a  
17 nurse. Here you go.

18 Any questions that you have for any of  
19 my colleagues or any comments -- any comments from  
20 my colleagues?

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 I am just -- I have a lot of questions,  
23 actually, but do you have a sense of why the area  
24 has been neglected? And you said it didn't matter  
25 really which government was in power. Do you have

1 a sense of why that is or was?

2 DORIS GRINSPUN: Yes, so two things.

3 First of all, it didn't matter what

4 government is in power, you are totally right.

5 There is a big difference this time, a big

6 difference. We have COVID-19, so it is even more

7 unforgettable, and the Premier knows that.

8 I think, you know, people focus on the

9 issue of for-profit and not-for-profit, and there

10 is plenty of evidence, and we could, if we wanted,

11 pick on that, but at RNAO, we are extremely

12 pragmatic. No one is going to close all the

13 for-profit homes, not in home care and not in

14 long-term care, so that is why what we chose is

15 this Basic Care Guarantee.

16 So if you are for-profit or you are

17 not-for-profit, your business, make your profit in

18 something that is not the Basic Care Guarantee

19 staffing that you need. So I think we tackle that

20 in that way more, but likely has a bit to do with

21 that.

22 The associations, both of them, OLTC

23 and AdvantAge Ontario, and both because they also

24 have for-profits and not-for-profits, quite

25 frankly, they don't want to be told what type of

1 staffing to have.

2 So you know what? This is not the time  
3 for the associations of long-term care. This is  
4 really -- if you can focus on one thing, focus on  
5 the families and the residents and what they need.  
6 Listen to all the rest, but focus there.

7 I can tell you that my colleagues that  
8 work in long-term care and the coordinators that  
9 work with the homes in this program that we have  
10 dedicated for the evidence-based guidelines -- we  
11 have 17 coordinators that work directly with the  
12 600 homes, they will tell you without staffing --  
13 Heather can tell you, I met with them before this  
14 meeting with you today, and I said I want to tell  
15 you what I will be sharing. And I didn't do a  
16 whole presentation. I just said which reports.

17 And Heather can tell you what they said  
18 to me. Doris, go for staffing. Go get them. Go  
19 get them. They are choking. Our people are  
20 choking. They need the staffing. They don't have  
21 the staffing. And they don't have the money for  
22 the staffing.

23 And until they don't get a directive,  
24 here is the money, and the money is with strings  
25 attached to staffing, they aren't going to do it.

1                   COMMISSIONER FRANK MARROCCO (CHAIR):  
2                   So secondly -- and then I'll stop and  
3 see if there is -- it isn't really in your mind a  
4 question of people willing to do the work.

5                   DORIS GRINSPUN: No, no.

6                   COMMISSIONER FRANK MARROCCO (CHAIR):  
7                   It is a question of the -- it is just  
8 not financially attractive?

9                   DORIS GRINSPUN: Absolutely. Well, it  
10 is not that it is not financially attractive.  
11 Right now all they have -- all they can have on  
12 staffing is one RN -- actually two because the  
13 government added -- I don't remember if it is this  
14 government or just the previous one when they  
15 ended -- one more RN. So I don't recall when it  
16 happened.

17                   But that is all they have, two RNs for,  
18 let's say, 500 residents. It is impossible. And  
19 not all of them have a Nurse Practitioner, and then  
20 on the RPN side, they also don't have enough. And  
21 then they don't have enough PSWs.

22                   That is why I said it is an issue of  
23 volume. They need to move from the 2.6, 2.7 hours  
24 of care to four worked hours of care, and worked  
25 hours doesn't include vacation and sick time,

1 right? And they also need to change the skill mix,  
2 because if they will do it à la Quebec, which is  
3 mainly PSWs with a little course, it is not going  
4 to improve. We will be back talking the same.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Okay. Anybody else have any -- any of  
7 the other Commissioners want to ask any questions?  
8 Yes, Commissioner Kitts.

9 COMMISSIONER JACK KITTS: I just want  
10 to come back to your last comments, and I believe  
11 you said we need national standards to achieve  
12 safer care in long-term care homes.

13 I think you said that you agree that  
14 the federal government should tie funding to the  
15 provinces to achieve those standards, and I don't  
16 know if I got this right, but you suggested the  
17 RNAO nursing home guarantee could set the basis of  
18 those standards.

19 DORIS GRINSPUN: Yes, and I added to  
20 that, Jack, that the Premier, our Premier, could  
21 play a leadership role of saying here is what  
22 Ontario has adopted from the professional  
23 association. Here is what we are willing to sign  
24 if you give us the money.

25 COMMISSIONER JACK KITTS: Okay. Thank

1 you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 All right. That is clear.

4 Commissioner Coke, any questions?

5 COMMISSIONER ANGELA COKE: I just had  
6 one question.

7 You mentioned earlier on that you had  
8 set up -- is it the VIANurse?

9 DORIS GRINSPUN: Yes.

10 COMMISSIONER ANGELA COKE: That system,  
11 and were able to be successful in getting nurses  
12 deployed.

13 DORIS GRINSPUN: Nurses, so RNs, RPNs,  
14 and PSWs, all of the above. Because students,  
15 after they finish the first year of university,  
16 they can work as PSWs, so all of the above.

17 COMMISSIONER ANGELA COKE: But you said  
18 that you stopped, and I wasn't quite sure why you  
19 had stopped that.

20 DORIS GRINSPUN: I will show you why.  
21 I will show you vividly why. Here you go. Because  
22 that didn't happen. Because nothing happened with  
23 hiring. And as I said in my blog at the time, and  
24 I announced to the government and to the employers,  
25 we cannot constantly be the band-aid solution for

1 the system, and we are not going to re-open.

2 So we do have a parallel, RN careers.  
3 We always have had it for many, many years. But  
4 the RN Careers is for any sector at any time, and  
5 it is for a fee. VIANurse was for no fee, and we  
6 are not going to not re-open it because it was not  
7 for a fee or a fee. That to us, truly secondary.

8 It is just that we cannot any longer  
9 have band-aid solutions. We can't. We can't. We  
10 live -- so send the hospitals, send the Army, use  
11 VIANurse, all band-aid solutions, when we did  
12 nothing in the summer to get ready, and we are not  
13 doing to this moment nothing.

14 So but VIANurse proves you that the  
15 people are there, that you can get people if you  
16 want. Put the funding, put the directive of what  
17 is it that people can hire and, you know, make them  
18 not just for a little bit of time.

19 You know what? Adopt the Basic Care  
20 Guarantee. We will re-open the VIANurse tomorrow.  
21 If the government adopts the Basic Care Guarantee  
22 and then the rest of the country can mimic, we will  
23 re-open VIANurse tomorrow.

24 Daniel, show your face. Where is  
25 Daniel? Daniel Lau, who is the Director of

1 Membership and Services, has nothing to do with  
2 really this piece. He is the one that run 24 by 7,  
3 I mean 24 by 7, including weekends and at night.  
4 We had homes that called us at night, a few hours  
5 later they had the staffing. So people are there.

6 So that is why I don't buy this idea  
7 you don't just snap the finger and get staffing.  
8 Yes, you do snap the finger and get staffing if you  
9 commit that those people will be hired on permanent  
10 basis, not just for a week or two as a band-aid  
11 approach.

12 So I hope that you understand the  
13 rationale for it, because it comes from desperation  
14 that we need permanent solutions. That is from  
15 where it comes.

16 COMMISSIONER ANGELA COKE: Thank you.

17 DORIS GRINSPUN: And my Board, by the  
18 way, was part of that decision, and so was my  
19 staff. I brought it first to senior management,  
20 and they were all on board, and I brought it to the  
21 Board to say here is what we will be doing because  
22 we cannot be a band-aid solution any longer.

23 COMMISSIONER FRANK MARROCCO (CHAIR):  
24 Commissioner Kitts?

25 COMMISSIONER JACK KITTS: Yes, just a

1 follow-up on the staffing, and I understand that  
2 sometimes in a crisis you do have to reach for some  
3 band-aids, and I am wondering -- we have been told  
4 that -- I think it is Workforce Ontario has  
5 thousands of international graduates in nursing or  
6 other things that could serve in a pinch as --

7 DORIS GRINSPUN: That happened already,  
8 Jack, in the wave one, and bottom line, more people  
9 came to VIANurse than to Workforce Ontario.

10 COMMISSIONER JACK KITTS: Sorry, I  
11 didn't hear the last part.

12 DORIS GRINSPUN: More people came to  
13 VIANurse than to Workforce Ontario for whatever  
14 reason, and we helped match the people also by the  
15 way. So we send people directly to the places.

16 So I agree that sometimes you do need a  
17 band-aid approach. We did that on wave one. We  
18 had all the summer, Jack, to fix, if we truly  
19 wanted to fix, and you have heard no directive from  
20 government about here is the funding except for a  
21 little bit yesterday that was nothing.

22 You have heard no commitment to  
23 staffing standards, and don't ask me. I mean, I  
24 think Commissioner Marrocco said it. Do I know the  
25 why? Is it because they are more committed to the

1 operators of the homes? I don't know. I don't  
2 know. And quite frankly, that is the job of the  
3 Commission, not mine.

4 COMMISSIONER FRANK MARROCCO (CHAIR):  
5 Well, thank you for that.

6 DORIS GRINSPUN: You have the answer.

7 COMMISSIONER FRANK MARROCCO (CHAIR):  
8 Thank you for that expression of  
9 support.

10 DORIS GRINSPUN: No, no, I want to hear  
11 the answer. I will be so thrilled if I could  
12 understand.

13 COMMISSIONER FRANK MARROCCO (CHAIR):  
14 You know, I guess we have run out of  
15 questions, and, Ms. Grinspun, this has been very  
16 informative, and it has given us a little different  
17 perspective than the one we had before you started,  
18 so thank you very much for that.

19 We may be back, if you'll --

20 DORIS GRINSPUN: Absolutely.

21 COMMISSIONER FRANK MARROCCO (CHAIR):  
22 If you will -- but you have to promise  
23 not to view us as a band-aid because we don't see  
24 ourselves as a band-aid.

25 DORIS GRINSPUN: No, I don't see you as

1 a band-aid, but I have worked -- first of all, you  
2 were with Walkerton, and I remember that, and you  
3 delivered an excellent report and some changes  
4 happened, so no, I don't see you as a band-aid.

5 But you would agree with me that any  
6 government, regardless of the party, will leverage  
7 in whatever they can leverage to give less money.  
8 Honestly, that is the reality.

9 And the time has come, this is the time  
10 for long-term care. If not during COVID, it will  
11 never ever happen.

12 COMMISSIONER FRANK MARROCCO (CHAIR):  
13 Well, we may be back, with your permission, but  
14 thank you. Thank you very much for this afternoon.  
15 Very helpful.

16 DORIS GRINSPUN: Thank you. Thank you  
17 very much.

18 COMMISSIONER FRANK MARROCCO (CHAIR):  
19 Okay. Thank you. Good-bye, everybody,  
20 and thank you, all, for participating.

21

22

23 -- Adjourned at 5:07 p.m.

24

25

1 REPORTER'S CERTIFICATE

2  
3 I, DEANA SANTEDICOLA, RPR, CRR,  
4 CSR, Certified Shorthand Reporter, certify:

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

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

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

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**WORD INDEX**

< \$ >

**\$120** 36:11  
**\$1200** 36:11  
**\$70,000** 36:9

< 1 >

**1.0** 13:14 21:17  
**10** 47:4 48:3  
52:25  
**100** 73:7  
**10th** 19:24 46:7  
**11,000** 41:4  
**11:00** 32:5, 21  
**12** 9:24 22:17  
**12:00** 32:21  
**120** 16:23  
35:18 49:6, 17  
**12th** 19:16  
**13** 18:21 44:21  
**132** 48:14  
**15** 13:22 16:21  
20:1 52:25  
60:18 62:12  
**150** 24:20  
**17** 75:11  
**1867** 72:2  
**1998** 58:14

< 2 >

**2.0** 13:14 21:17  
**2.6** 48:16 76:23  
**2.7** 48:16 76:23  
**2/12** 35:7  
**20** 12:15, 19  
13:20 52:25  
**200** 19:16  
**2000** 72:9, 11  
**2012** 16:24  
**2020** 1:16  
47:23 72:10  
84:16  
**21** 34:4 46:24  
73:5  
**24** 9:1 10:7  
48:8, 10, 13  
80:2, 3  
**29th** 1:15

< 3 >

**3.0** 13:13 19:16  
20:13 21:15  
29:18

**3:00** 1:16 10:4  
64:13

**3:04** 5:1  
**30th** 19:9 84:16  
**31st** 47:23  
48:4 59:20  
66:13  
**35** 46:24

< 4 >

**4,000** 18:5  
**4:00** 10:4  
**4:14** 54:20  
**4:28** 54:21  
**40** 53:13  
**45,000** 73:6  
**4500** 22:24 23:3  
**48** 48:8, 10

< 5 >

**5** 13:17  
**5:00** 1:16 10:4  
**5:07** 83:23  
**500** 11:1 57:17  
76:18  
**55:25** 4:6  
**57:22** 4:6  
**5th** 46:6, 8

< 6 >

**6** 22:19  
**60** 35:20 48:13  
50:6  
**600** 18:8 25:5  
75:12

< 7 >

**7** 10:7 80:2, 3  
**70** 35:20

< 8 >

**8,000** 18:6

< 9 >

**9** 44:21  
**9,000** 73:5

< À >

à 77:2

< A >

**a.m** 10:4 64:14  
**abandon** 14:25  
**abandoning**  
15:8

**abandonment**  
15:10

**abolition** 72:6,  
11

**absolutely** 9:13  
10:11 38:9  
41:25 52:18  
63:5 70:13  
71:7, 18 72:12  
76:9 82:20

**absurd** 39:5  
**access** 27:10  
41:18

**accomplished**  
40:10

**accord** 70:5, 6,  
7, 17

**accountability**  
27:17

**aches** 41:12

**achieve** 77:11,  
15

**acknowledge**  
40:19

**acknowledging**  
18:24

**Acting** 2:13  
**action** 11:17  
19:24 39:2, 10  
46:22 47:21  
53:21, 22 60:2  
66:14, 15 71:6,  
10

**actions** 13:4  
27:14 41:11  
42:11 44:5, 6  
47:2

**actuality** 72:22

**acute** 29:10  
30:14 31:7

**added** 29:17  
76:13 77:19

**addition** 63:23  
65:3, 11

**additional** 14:3  
17:8

**Adjourned** 83:23

**adopt** 68:21  
71:20 79:19

**adopted** 55:22  
77:22

**adopts** 79:21

**AdvantAge** 23:6  
26:10 74:23

**advice** 67:22

**advocating**  
64:21

**afraid** 57:18  
**after** 7:25  
11:16 19:22  
20:20, 21 46:13  
47:3, 20 54:2  
59:20 60:25  
64:7 70:24  
71:11 78:15

**afternoon** 83:14

**agencies** 13:6  
18:16 35:4

**ago** 36:4

**agree** 26:15  
29:8, 25 30:1,  
23 77:13 81:16  
83:5

**agreement**  
25:12 58:10

**ah** 52:6

**ahead** 56:13

**aim** 24:8 25:14,  
15 27:6 40:5, 10

**ain't** 33:2  
34:14 38:9

**Air** 45:23

**Alberta** 69:13  
70:22

**Alert** 53:21, 22  
60:2 66:14  
71:6, 10

**alerted** 17:3

**aligning** 24:8

**Alison** 2:20

**allowing** 41:16

**amazing** 73:2, 3

**amount** 57:9

**amputation** 36:9

**anchored** 21:20  
22:23

**anchoring** 21:16

**Angela** 2:3, 10  
5:11, 12, 14  
9:23 15:13  
41:1 43:25  
55:20 56:7, 10,  
14 59:16 78:5,  
10, 17 80:16

**Angus** 18:14

**announced**  
35:21, 22 78:24

**announcement**  
21:1 31:22 39:3

**announcing**  
17:5

**answers** 33:3  
59:14

**anticipated** 6:2

**anybody** 29:2  
51:18 52:16  
77:6

**anymore** 41:10  
42:10

**anyways** 22:4  
39:21

**appear** 4:6

**appeared** 43:17

**applaud** 11:9

**applauding**  
11:15

**approach** 22:22  
80:11 81:17

**approached**  
26:9

**April** 63:4

**area** 32:16  
73:23

**areas** 68:15, 18

**Armed** 19:22  
40:16, 18 44:17

**Army** 33:19, 21  
34:1, 18 40:16  
79:10

**articles** 41:23

**asked** 16:14  
19:13 45:7  
57:21, 22 58:2  
65:12

**asking** 14:9  
16:24 22:24, 25  
37:3 47:10, 11  
51:11 72:11

**asks** 68:14

**aspects** 11:21,  
24 12:3

**Assistant** 2:20

**Associate** 2:15  
17:18

**ASSOCIATION**  
2:7 10:8 12:7  
77:23

**associations**  
51:8 74:22 75:3

**attached** 21:2,  
12 34:5 70:20  
71:9, 18 75:25

**attempt** 28:25

**attend** 42:20

**attending** 1:15  
17:20  
**attention** 12:12  
**attest** 10:17  
**attractive** 57:19  
76:8, 10  
**August** 66:16  
**automatic** 45:25  
**awhile** 53:7

< B >

**back** 21:3  
37:22 40:5  
47:8 55:9 77:4,  
10 82:19 83:13  
**bad** 10:10 40:8,  
21, 24 41:10  
**Bajnok** 2:13  
12:9  
**balanced** 11:9  
27:24 29:4  
30:7 67:10  
**band-aid** 78:25  
79:9, 11 80:10,  
22 81:17 82:23,  
24 83:1, 4  
**band-aids** 81:3  
**Banksy** 73:15  
**barrier** 56:16  
**based** 27:3  
**Basic** 13:19  
19:23 47:5, 13  
48:5 54:1, 4  
55:23, 25 64:2  
68:21 71:19  
74:15, 18 79:19,  
21  
**basically** 18:10,  
25 32:16 44:18  
46:11, 19 48:6  
50:18 64:19  
66:13 68:17  
**basics** 63:9  
**basis** 65:6  
77:17 80:10  
**basket** 22:8  
**becoming** 61:13  
**begging** 38:17  
**beginning**  
11:15 14:17  
16:4 46:16  
60:20 64:16  
71:13  
**behalf** 19:18  
20:24

**behave** 37:21  
53:10 72:22  
**behavioural**  
45:3  
**behaviours**  
28:5 40:8  
**behooves** 15:4  
**believe** 8:1  
10:24 24:15  
27:17 28:24  
29:21 30:1  
32:11 41:13, 25  
42:8 53:22  
56:2, 4 57:23  
60:19, 22 62:12,  
20 69:1 77:10  
**believed** 16:4, 6  
42:1  
**believing** 30:3  
44:8  
**benefit** 73:11  
**benefits** 51:13  
52:23 57:7, 13  
**Best** 12:5  
17:19 26:4  
34:12 45:15  
48:20 51:1  
58:24  
**bet** 53:14  
**better** 9:14  
16:7 22:3  
24:21 25:1, 22  
31:2 34:22  
38:16 45:16, 22  
48:20, 21, 25  
56:1 57:11, 12  
58:4, 25 59:8  
64:16 69:4  
70:25  
**Bianchi** 2:22  
**bickering** 69:14  
**big** 29:1 46:17  
74:5  
**bigger** 39:24  
**biggest** 20:25  
59:19  
**birthday** 19:17  
**bit** 39:4 64:16  
74:20 79:18  
81:21  
**BlackBerry** 17:4  
**blast** 39:7  
**blog** 14:5  
64:12 65:1

78:23  
**blogs** 19:1  
**blue** 36:23  
**Board** 2:12  
9:22, 24 38:2  
41:7 44:1 71:3  
72:23, 25 80:17,  
20, 21  
**bombarded** 18:1  
**book** 12:10  
**bottom** 73:2  
81:8  
**BPGs** 34:12  
35:9 59:5  
**BPSO** 58:24  
**brain** 60:22  
**brains** 61:5  
**Brathwaite** 2:10  
15:13  
**Braun** 67:14  
**break** 54:8  
**briefings** 18:23  
43:18  
**briefly** 12:22  
13:8, 19 19:18  
**bring** 12:11  
19:2 30:7, 11  
31:8 33:18, 21  
38:14 40:13  
50:25 60:24  
**brought** 12:11  
33:21 41:7  
46:24 62:6  
80:19, 20  
**Brunswick** 56:2,  
3, 5  
**building** 66:6  
**bureaucracy**  
52:8  
**bureaucrats**  
43:24  
**business** 74:17  
**buy** 80:6

< C >  
**caliber** 26:20  
**call** 31:25 32:5,  
6, 13 36:23  
38:15 47:12  
55:24  
**Callaghan** 2:24  
**called** 16:13, 25  
18:12 35:4  
36:10 39:6

58:25 62:5 80:4  
**calling** 19:6  
**calls** 16:3 49:24  
**camera** 54:24  
55:2, 3  
**campaign** 72:17  
**Canada** 22:7  
45:24 58:22  
**Canada's** 68:24  
**Canadian** 19:22  
40:16, 18 44:17  
**cancelled** 62:20  
**CARE** 1:7 2:21,  
22, 24 3:1, 3  
10:21 11:22  
12:23, 25 13:7,  
17, 19 14:8, 14  
15:1 18:2, 19  
19:20, 23 20:20  
21:13, 14, 20, 21,  
23, 25 22:2, 8, 9,  
11, 22, 23, 24  
23:2, 3, 7, 8, 10,  
12, 14, 15, 17, 24,  
25 24:7, 19, 23,  
25 25:5, 24  
26:4, 20 27:1, 9,  
11, 18, 19 28:15,  
16 29:6, 9, 10,  
11, 14 30:14, 15,  
21 31:7, 8, 9, 10,  
19, 23 32:15  
34:8, 9, 17, 21,  
23 35:3, 4 38:6,  
8, 12, 17, 22  
40:3, 11 42:9  
44:15, 17 46:9  
47:5, 13, 15, 25  
48:5, 7, 18  
50:12 51:2, 12,  
15, 17, 20, 23  
52:10, 17 53:3,  
4, 8 54:1, 4  
55:25 57:15, 24  
59:12, 22 61:5  
64:2, 3 65:2, 3,  
6, 19 66:9  
67:15 68:4, 19,  
20, 21 69:10  
70:2, 8, 9, 11, 19,  
20, 25 71:1, 8,  
19, 25 72:16  
74:13, 14, 15, 18  
75:3, 8 76:24

77:12 79:19, 21  
83:10  
**careers** 79:2, 4  
**caregivers** 51:3  
53:16  
**caring** 72:13  
**case** 8:9 10:20  
17:22 34:17  
41:24 42:8, 22  
43:7 52:12  
**cases** 20:10  
**casualties** 14:15  
**cave** 71:7  
**celebrate** 40:9  
**central** 70:10  
**Centre** 2:15  
10:19 31:14, 18  
**centred** 24:25  
33:25  
**centres** 70:15  
**CEO** 2:8 32:15  
51:5, 7  
**CEOs** 28:25  
30:7 52:13  
**certain** 29:6  
61:25  
**certainly** 10:3  
**certainty** 66:21  
**CERTIFICATE**  
84:1  
**Certified** 84:4  
**certify** 84:4  
**cetera** 14:6  
18:1, 3, 17  
22:12 25:18  
27:20 33:2, 13  
41:17 44:3, 4  
59:2 66:1  
**CHAIR** 5:3, 6,  
10, 19, 24 6:4,  
11, 16, 22 7:6,  
10, 15, 20 8:8  
30:24 42:13, 23  
43:1, 9, 14 54:7,  
12, 16, 22 55:1,  
5, 10, 14, 17  
56:8, 12 73:21  
76:1, 6 77:5  
78:2 80:23  
82:4, 7, 13, 21  
83:12, 18  
**challenge** 56:16  
**Challenges** 45:3  
**chance** 71:2

<b>change</b> 77:1 <b>changed</b> 73:8 <b>changes</b> 13:23 83:3 <b>changing</b> 33:1 <b>charge</b> 19:4 25:9 32:4, 14 58:11 <b>charged</b> 25:3 <b>check</b> 56:2, 3, 6 <b>Chief</b> 51:6 52:15 68:24 69:2 <b>child</b> 73:16 <b>choking</b> 39:11 75:19, 20 <b>choose</b> 24:22 61:11 <b>chose</b> 74:14 <b>Christine</b> 20:15, 16 29:21 <b>chronology</b> 6:19 <b>cities</b> 11:5 <b>clarify</b> 10:9 <b>clear</b> 78:3 <b>Clearly</b> 28:14 <b>click</b> 7:1 <b>clinical</b> 50:12 <b>clinics</b> 70:16 <b>close</b> 62:23 73:7 74:12 <b>closed</b> 19:4, 9, 12 62:16 <b>closely</b> 38:6 <b>coffee</b> 53:12 54:19 <b>Coke</b> 2:3 5:11, 12, 14 55:19, 20 56:7, 10, 13, 14 59:16 78:4, 5, 10, 17 80:16 <b>co-led</b> 12:10 <b>colleague</b> 12:9 13:10 17:18 <b>colleagues</b> 9:9 10:6 11:3 14:22 16:5 19:18 20:25 30:3 38:2 43:6 49:20 52:2 73:19, 20 75:7 <b>College</b> 41:21 <b>come</b> 16:15 28:22 59:9	77:10 83:9 <b>comes</b> 80:13, 15 <b>commencing</b> 5:1 <b>comment</b> 39:6 <b>comments</b> 56:19 73:19 77:10 <b>COMMISSION</b> 1:7 2:21, 22, 24 3:1, 4 8:19, 22 11:23 15:5 37:14 46:16, 20, 21, 25 82:3 <b>Commissioner</b> 2:2, 3, 4 5:3, 6, 7, 10, 11, 12, 14, 19, 24 6:4, 11, 16, 22 7:6, 10, 15, 20 8:8 28:9, 12, 21 29:7, 24 30:9, 12, 22, 24 31:6, 16, 20 42:13, 23 43:1, 9, 14 54:7, 12, 16, 22 55:1, 5, 10, 14, 17, 18, 19, 20 56:7, 8, 10, 12, 13, 14 59:16 63:2 73:21 76:1, 6 77:5, 8, 9, 25 78:2, 4, 5, 10, 17 80:16, 23, 24, 25 81:10, 24 82:4, 7, 13, 21 83:12, 18 <b>Commissioners</b> 77:7 <b>commit</b> 80:9 <b>commitment</b> 70:13 81:22 <b>committed</b> 69:9 70:25 81:25  <b>Communications</b> 2:17 36:21 <b>communities</b> 15:19 <b>community</b> 20:20 21:13 22:9, 16 23:10 29:11 30:15 70:15 <b>COMPANY</b> 84:22	<b>compensation</b> 52:5, 9 <b>completely</b> 22:19 29:25 <b>complex</b> 53:1 68:4, 5 <b>component</b> 23:21 25:2 <b>comprehensive</b> 22:23 <b>compromised</b> 14:2 <b>conceptualizing</b> 23:13 24:2 <b>concerned</b> 60:11 <b>concerns</b> 66:4, 23 <b>conditions</b> 57:5 <b>connected</b> 61:1 68:13 <b>Connecting</b> 65:23 <b>consider</b> 63:7 <b>constantly</b> 78:25 <b>content</b> 11:19 <b>continue</b> 17:14 26:17, 21 34:20 39:11 42:12 <b>continues</b> 12:11 58:20 <b>continuity</b> 51:2 <b>continuum</b> 23:11 <b>contributions</b> 14:3 63:23 64:3 <b>control</b> 44:24 49:4 <b>conversations</b> 16:5 <b>Cooper</b> 2:10 9:23 15:13 <b>coordinated</b> 27:7 <b>coordination</b> 22:23 <b>coordinators</b> 22:25 23:3, 7 75:8, 11 <b>cope</b> 66:7 <b>co-President</b> 9:20 <b>copy</b> 6:10 <b>correct</b> 31:11 84:12	<b>cost</b> 13:12 25:20 <b>cost-effective</b> 21:22 <b>costs</b> 12:17 25:17, 19 36:11 <b>Counsel</b> 2:22, 24 3:1 <b>countries</b> 12:15, 18, 19 15:23 22:2 39:15 57:25 58:4 <b>country</b> 21:23 68:22 69:2 71:21 79:22 <b>course</b> 6:12 8:17 12:16 18:2 20:12 25:8, 19 77:3 <b>cover</b> 12:16 <b>covered</b> 25:8 <b>covers</b> 8:10 <b>COVID</b> 38:11 39:2 49:8, 12, 21 59:12 60:24 61:11, 18, 19, 21 64:7 68:5 83:10 <b>COVID-19</b> 1:7 13:6 14:5 65:1, 20 74:6 <b>crash</b> 45:24 <b>create</b> 29:1 56:21 <b>creating</b> 70:19 <b>credit</b> 13:23 <b>criminal</b> 28:5 <b>crisis</b> 81:2 <b>critical</b> 19:15 63:2 67:12, 23 68:9 <b>CRR</b> 84:3, 23 <b>cry</b> 49:24, 25 <b>CSR</b> 84:4, 23 <b>Cuba</b> 21:24 <b>curve</b> 14:13  < D > <b>Dahlia</b> 7:25 <b>daily</b> 64:15, 19 67:11 <b>Daniel</b> 2:16 13:9 17:17 79:24, 25 <b>Danielle</b> 41:20	<b>data</b> 67:11 <b>date</b> 46:5, 6, 12 <b>Dated</b> 84:16 <b>day</b> 1:15 14:18 16:12 19:10 27:14 32:6, 12, 25 43:19 48:7 56:20 58:20 60:3 67:3 71:11 84:16 <b>Days</b> 32:23 53:6 <b>deadline</b> 63:4 <b>deal</b> 49:15 <b>Deana</b> 3:8 6:6 84:3, 23 <b>Deb</b> 47:7 <b>debacle</b> 15:20 <b>Deborah</b> 30:4 40:25 <b>Decades</b> 19:21 46:10 <b>decide</b> 70:22 <b>decision</b> 14:23, 24, 25 33:5 39:18 80:18 <b>decrease</b> 14:13 <b>dedicated</b> 12:25 13:11 18:9 65:7 75:10 <b>deemed</b> 64:8 69:1 <b>deficient</b> 61:6 <b>dehydration</b> 61:22 <b>delay</b> 46:22 <b>delegate</b> 50:4 <b>deliver</b> 44:4 70:25 <b>delivered</b> 70:13 83:3 <b>demanding</b> 19:24 53:25 66:14 <b>demonstrate</b> 44:12 <b>demoralized</b> 62:22 <b>depend</b> 35:12, 13 <b>deployed</b> 56:25 78:12 <b>Deputy</b> 2:20 <b>Derek</b> 3:3 <b>described</b> 29:9
---	---	--	---	--

<p><b>deserve</b> 33:25 34:19 48:24 <b>deserved</b> 11:10 <b>desperate</b> 20:5 53:18, 21 <b>desperation</b> 20:2 80:13 <b>despite</b> 24:11 <b>destination</b> 72:4 <b>details</b> 36:16 <b>determinants</b> 11:24, 25 <b>determination</b> 9:14 <b>devastated</b> 15:19 39:12 62:7 67:2 <b>Devastating</b> 50:3 <b>develop</b> 65:12 <b>device</b> 36:10 <b>devices</b> 36:8 <b>die</b> 39:11, 20 48:25 49:2 <b>differ</b> 17:11 <b>difference</b> 21:18 38:18 73:12, 13 74:5, 6 <b>different</b> 10:14 12:19 51:8, 9 64:23, 24 65:9 69:24 82:16 <b>difficult</b> 27:13 52:19 57:4 66:3 <b>difficulties</b> 33:8 <b>difficulty</b> 61:20 <b>digital</b> 24:5 <b>dignified</b> 48:20, 24 <b>dignity</b> 33:24 <b>direct</b> 48:7 <b>direction</b> 39:8, 9 <b>directive</b> 60:9 75:23 79:16 81:19 <b>directly</b> 16:1 43:19 75:11 81:15 <b>Director</b> 2:13, 15, 16, 17 3:3 13:10 16:11 17:17, 18 36:21 79:25 <b>disabilities</b> 22:15</p>	<p><b>disaster</b> 15:15 32:8, 18 38:12 <b>disconnect</b> 54:17 <b>DISCUSSION</b> 42:7, 18 54:25 <b>discussions</b> 15:25 <b>disease</b> 51:1 <b>disheartened</b> 15:17 69:11 <b>disillusionment</b> 18:22 20:25 59:19 <b>disincentives</b> 45:13 <b>disregarding</b> 49:14 <b>disrespect</b> 8:21 <b>disrespectful</b> 56:23 <b>dissolved</b> 23:1 <b>diversity</b> 24:13 <b>divided</b> 51:4 <b>doctors</b> 34:15 35:13, 14 49:10 <b>documents</b> 4:1, 5 <b>doing</b> 22:3 23:5 24:21 25:21, 22 27:25 28:2 45:16, 22 46:1 58:4 59:10 60:24 79:13 80:21 <b>dollars</b> 69:24 70:1 <b>doors</b> 62:24 <b>Doris</b> 2:8 5:5, 9, 13, 16, 21 6:3, 9, 13, 18 7:3, 8, 14, 17, 22 8:12 28:9, 11, 18, 22 29:13, 25 30:2, 10, 18 31:4, 11, 17, 21 36:14 37:5 38:7 41:21 42:16, 19, 25 43:4, 12, 16 54:11, 14, 18 55:4, 7, 12, 16, 24 56:18 59:18 65:1 74:2 75:18 76:5, 9 77:19 78:9, 13,</p>	<p>20 80:17 81:7, 12 82:6, 10, 20, 25 83:16 <b>double</b> 39:15, 16 <b>doubt</b> 11:14 66:10 <b>drama</b> 34:5 <b>dramatic</b> 9:2 <b>drinking</b> 61:20 <b>Drummond</b> 2:20 <b>due</b> 17:9 37:14 51:6 <b>dying</b> 15:16 39:10 48:22 61:18  <b>&lt; E &gt;</b> <b>earlier</b> 78:7 <b>easier</b> 52:11, 18 <b>eating</b> 61:20 <b>ECCO</b> 13:13 19:16 20:13 21:15 29:17, 18 40:12, 14 63:24, 25 <b>eggs</b> 22:7 <b>Eileen</b> 47:19 <b>Elect</b> 9:22 <b>Elizabeth</b> 58:19 <b>Elliot</b> 16:2 18:15 20:15, 16 47:6 <b>emails</b> 32:24, 25 <b>embracing</b> 24:8 <b>emotionally</b> 62:4 <b>empire</b> 29:3 <b>empires</b> 29:1, 2 <b>employers</b> 78:24 <b>employment</b> 49:18 52:23 <b>EMRs</b> 27:5 35:10 <b>encounter</b> 27:15 <b>ended</b> 76:15 <b>engaged</b> 51:19, 22 52:24 <b>Enhanced</b> 23:10 <b>ensure</b> 48:19 <b>entertained</b> 41:23 <b>entire</b> 9:22 10:7 13:11, 24 26:3 45:9, 10 53:4 65:5 <b>entry</b> 21:21</p>	<p><b>environmental</b> 11:25 <b>equal</b> 25:7 <b>equipped</b> 35:5 <b>Equitable</b> 27:10 <b>Eric</b> 36:7, 8 <b>especially</b> 26:10 61:9 68:20 <b>evening</b> 67:2 <b>events</b> 6:19 49:9 <b>everybody</b> 13:21 25:12 64:15 65:21 83:19 <b>evidence</b> 74:10 <b>evidence-based</b> 12:8 13:18 24:4, 17 26:3 27:2 37:8 38:7 40:7 51:24 58:9 64:1 65:7, 11 75:10 <b>evolved</b> 18:6 <b>example</b> 29:16 57:12 <b>excellent</b> 57:7 83:3 <b>excruciating</b> 33:17 <b>excruciatingly</b> 32:10 <b>excuse</b> 46:22 <b>exhausted</b> 15:18 62:19, 22 64:17 <b>existed</b> 46:12 <b>existence</b> 18:25 <b>expect</b> 41:7, 8 <b>experience</b> 25:16 <b>experiences</b> 66:5 <b>expert</b> 59:21 <b>expertise</b> 52:20 58:3 <b>experts</b> 65:8 <b>explain</b> 39:17 <b>expression</b> 82:8 <b>extend</b> 12:17 <b>extended</b> 12:15 16:3 <b>extension</b> 15:1 16:5</p>	<p><b>extent</b> 29:6 61:25 <b>extremely</b> 12:2 74:11  <b>&lt; F &gt;</b> <b>face</b> 79:24 <b>Facebook</b> 14:6 65:22 <b>fact</b> 7:23 16:14 21:24 26:1 58:12 <b>failings</b> 13:5, 17 19:21 44:16 46:9 63:25 <b>failure</b> 62:1 <b>fair</b> 11:8 <b>fall</b> 49:1 60:5 <b>falls</b> 24:23 25:18 59:2 68:15 <b>Families</b> 13:21 14:1 15:18 20:2, 3 34:25 35:2 37:7 39:1, 12 54:6 60:19, 20, 25 61:2, 3, 17 62:7, 11, 24 64:1 65:23 66:4 69:17 71:25 75:5 <b>family</b> 37:20 53:15 61:8, 23 69:17 70:14 <b>Fantastic</b> 7:9 <b>fearful</b> 62:23 <b>February</b> 63:8 <b>federal</b> 50:18 77:14 <b>feds</b> 68:12 <b>fee</b> 25:9 79:5, 7 <b>feel</b> 8:13 51:20 52:2 <b>fight</b> 39:24 <b>financial</b> 45:12 <b>financially</b> 76:8, 10 <b>find</b> 7:1 50:11 65:2 <b>fine</b> 5:20 7:7 56:9 <b>finger</b> 56:21 80:7, 8 <b>finish</b> 78:15</p>
--	---	--	--	--

**fix** 38:12 42:9  
44:11 81:18, 19  
**flooded** 57:14  
**flooding** 68:1  
**Florence** 19:17  
72:1  
**focus** 74:8  
75:4, 6  
**focussed** 21:25  
68:17  
**focussing** 22:7  
69:7  
**Follow** 20:3  
44:7  
**followed** 42:11  
44:11, 12  
**following** 4:1, 6  
36:24 40:13  
44:17  
**follows** 48:8  
**follow-up** 81:1  
**food** 29:19  
**fool** 69:20  
**Forces** 19:22  
40:16, 18 44:17  
**Ford** 11:13  
**foregoing** 84:5,  
11  
**forgets** 40:22  
**forgot** 8:3, 4  
26:7  
**formal** 25:2  
**formed** 30:14  
**Formula** 48:6  
50:14, 16  
**for-profit** 45:14  
59:7 74:9, 13, 16  
**for-profits** 74:24  
**forth** 84:7  
**forthcoming**  
65:13  
**forward** 59:18  
62:13  
**fought** 41:14  
**found** 19:8  
**Frank** 2:2 5:3,  
6, 10, 19, 24 6:4,  
11, 16, 22 7:6,  
10, 15, 20 8:8  
30:24 38:15  
42:13, 23 43:1,  
9, 14 54:7, 12,  
16, 22 55:1, 5,  
10, 14, 17 56:8,  
12 73:21 76:1,

6 77:5 78:2  
80:23 82:4, 7,  
13, 21 83:12, 18  
**frankly** 9:8, 15  
10:19 11:10  
21:8 74:25 82:2  
**free** 8:13 19:3  
**Freedom** 32:25  
**Friday** 26:2  
64:18  
**frustrating** 35:24  
**full** 24:5  
**Fullerton** 13:20  
16:2 18:14  
20:8 29:21  
40:21 41:13, 14,  
22 45:20 47:6,  
17 48:3 56:20  
66:13  
**Fullerton's**  
16:12 53:19  
**full-time** 49:4,  
18 50:22 52:23  
57:6, 13  
**fun** 33:2  
**function** 34:10  
**funded** 58:13  
**funding** 24:8  
26:14 34:5  
45:17, 23 46:2,  
10 56:15 59:4  
60:9 77:14  
79:16 81:20  
**future** 34:3  
38:21 63:21  
**< G >**  
**Gap** 16:25  
47:11, 14  
**general** 10:22  
12:1 66:7  
**get-go** 17:15  
64:4  
**Gillese** 16:16  
**Gillese's** 47:19  
**give** 29:18  
37:7 51:13, 14  
58:1 59:24, 25  
61:24 66:11  
67:22 69:15, 22  
77:24 83:7  
**given** 31:12  
70:3 82:16  
**gives** 61:23

63:15  
**giving** 15:8  
**Globe** 46:19  
**Good** 5:5, 14  
6:5, 13 7:19  
8:16 10:11  
14:11 18:8  
30:5 33:22  
40:9 45:11  
51:15, 17, 20, 23  
54:18 55:13, 16  
59:12 60:24  
**Good-bye** 83:19  
**Google** 32:3  
41:20 65:1  
**gosh** 36:25  
**government**  
13:6, 12 17:12,  
14 18:13, 19, 23  
19:7 21:9 23:6  
25:12 26:1, 16  
33:14, 20 35:20,  
22 36:3 37:25  
38:20, 21 41:8,  
9, 11 47:9  
50:18, 19 52:6  
53:25 58:13, 16,  
18 59:21 60:4,  
9 62:13 63:16,  
18, 20, 21 66:14  
71:17, 19, 23  
73:25 74:4  
76:13, 14 77:14  
78:24 79:21  
81:20 83:6  
**government-**  
**funded** 25:4  
**governments**  
8:25 11:5  
12:13, 16, 18  
25:8 35:21  
58:14, 15  
**government's**  
71:14  
**graduates**  
57:15 81:5  
**Grinspun** 2:8  
5:4, 5, 9, 13, 16,  
21 6:3, 9, 13, 18  
7:3, 8, 14, 17, 22  
8:12 28:11, 18,  
22 29:13 30:2,  
10, 18 31:4, 11,  
17, 21 41:21  
42:16, 19, 25

43:4, 12, 16  
54:11, 14, 18, 23  
55:4, 7, 12, 16,  
24 56:18 59:18  
74:2 76:5, 9  
77:19 78:9, 13,  
20 80:17 81:7,  
12 82:6, 10, 15,  
20, 25 83:16  
**group** 18:10  
65:17  
**groups** 65:22  
**Guarantee**  
13:19 19:24  
47:5, 13 48:5  
54:1, 4 55:23,  
25 64:2, 3  
68:22 71:20  
74:15, 18 77:17  
79:20, 21  
**guess** 59:19  
82:14  
**Guidelines** 12:6  
17:19 24:22  
26:3 27:3  
34:13 45:16  
51:25 58:10  
65:7 75:10  
**guts** 39:19  
**guy** 53:13  
**< H >**  
**hand** 13:5  
**handle** 34:25  
**hands** 9:20  
61:5  
**happen** 14:24  
15:20 23:9  
34:14 36:6  
78:22 83:11  
**happened** 15:2,  
6, 10, 23 21:2  
23:3 28:20  
32:9 48:1 49:5,  
8, 9 59:20, 23  
60:8, 10 61:16  
62:1 63:15  
66:12 76:16  
78:22 81:7 83:4  
**happening**  
31:22 32:19  
33:11 44:9  
**happens** 38:10  
**hard** 29:25

**Harper** 68:25  
**hat** 9:9  
**Health** 2:14  
11:7, 24, 25  
12:1 20:17, 18  
23:22 24:5, 9,  
10, 12, 16 25:5,  
24 26:25 27:7  
28:14, 15 29:9  
30:13 48:21  
70:5, 6, 7, 14, 15,  
16, 17  
**healthy** 10:15  
11:20  
**hear** 6:19 8:17,  
21 9:3, 16 10:6,  
21 13:13, 16  
14:5, 7 16:18  
50:16 52:15, 16  
61:2, 3 66:22  
67:4, 5 81:11  
82:10  
**heard** 9:6 15:3  
17:7 46:15  
55:8 66:23  
69:8, 11 81:19,  
22  
**hearing** 66:19  
**heart** 42:3, 5  
60:21, 22  
**hearts** 61:5  
**Heather** 2:15  
38:3, 4, 5, 9  
49:19 65:16  
75:13, 17  
**Held** 1:14  
**Helen** 18:13  
**Hello** 5:4, 12, 13  
**help** 23:8 27:4,  
12 32:7 33:13  
35:10 65:20  
**helped** 81:14  
**helpful** 56:22  
62:9 69:3 83:15  
**helping** 49:22  
70:2  
**heros** 73:16  
**high** 27:11  
**high-functioning**  
21:22  
**hinted** 63:5  
**hire** 57:4, 9  
60:9 66:15  
79:17  
**hired** 80:9

<p><b>hiring</b> 61:14 78:23 <b>history</b> 20:12 <b>hodgepodge</b> 52:1 <b>Hoffarth</b> 2:9 <b>Home</b> 19:23 21:10, 13 22:11 23:12, 16, 18, 20, 24 24:19 29:6, 11 30:15, 21 34:23 35:1 45:9, 10 47:4, 13 48:5, 11, 24 49:7 52:13 53:9, 11 54:1, 4 55:23, 25 64:2 67:6 68:12, 21 69:10 72:20, 21 74:13 77:17 <b>homelessness</b> 68:23 <b>homes</b> 18:9, 11, 16 19:6 21:1, 8, 11, 12 22:13 23:18, 19 24:20 25:1 31:23 35:4, 5 37:9 38:25 45:14, 22 46:1 48:19 50:1, 7, 21 51:4 53:14 57:1, 4, 25 58:9, 23 59:7 60:4, 14, 24 61:4 62:1, 15, 16, 20 64:4, 6 65:9, 10, 13 66:19 67:1 69:10 71:25 72:5, 14, 17, 20 73:12 74:13 75:9, 12 77:12 80:4 82:1 <b>honest</b> 15:5 36:14 <b>honestly</b> 36:2 39:14 41:13 83:8 <b>Honourable</b> 2:2 <b>hope</b> 34:22 62:15 63:16 66:21 73:12 80:12 <b>hopeful</b> 20:17</p>	<p><b>hopefully</b> 14:18 66:20 <b>hopes</b> 9:15, 17 <b>horrifying</b> 15:20 <b>Hoskins</b> 36:7 <b>hospital</b> 21:2 22:8 23:24 28:23 29:10 31:23 33:25 34:9 51:9 53:3, 4, 5 <b>Hospitals</b> 21:4, 5, 7, 12 28:19 29:1 30:8 31:15 33:21 34:10, 18 35:12, 13 51:10 52:13 72:7, 12 79:10 <b>hour</b> 8:14 <b>hours</b> 47:25 48:6, 8, 10, 14, 15, 16 59:22 76:23, 24, 25 80:4 <b>house</b> 73:9 <b>houses</b> 28:4 <b>huge</b> 25:11 26:14 46:18 66:17, 18 <b>hugely</b> 37:2 <b>human</b> 11:25 <b>humongous</b> 66:23 <b>hundred</b> 7:3, 4, 14 58:5 <b>husband</b> 8:2 53:11  &lt; I &gt; <b>i.e</b> 33:18 <b>IABPG</b> 2:15 <b>ICU</b> 52:11 <b>ICUs</b> 17:22 <b>Ida</b> 2:22 <b>idea</b> 49:23 67:25 80:6 <b>ill</b> 61:7 <b>Immediate</b> 2:10 5:22 9:23 <b>impact</b> 8:19 25:11 <b>implement</b> 34:14 53:25 <b>implementing</b> 56:17</p>	<p><b>important</b> 19:2 52:4 63:1, 24 64:25 71:16 <b>importantly</b> 71:24 <b>impose</b> 69:14 <b>impossible</b> 76:18 <b>improve</b> 45:13 77:4 <b>improves</b> 25:16 <b>inaction</b> 34:4 <b>inadequate</b> 16:20 44:24 <b>inch</b> 50:15 <b>include</b> 76:25 <b>included</b> 23:13 <b>including</b> 10:4 15:12 18:8 27:1 33:1 38:25 80:3 <b>incontinence</b> 24:25 <b>incorporated</b> 35:10 <b>incorrect</b> 56:24 <b>INDEX</b> 4:4 <b>infection</b> 44:24 49:4 <b>infirmaries</b> 72:7 <b>inform</b> 69:4 <b>Information</b> 32:25 <b>informative</b> 82:16 <b>inherited</b> 40:21, 24, 25 41:10 <b>injuries</b> 24:24 25:18 59:1 <b>Inquiry</b> 16:16, 17 47:19 <b>insert</b> 37:8 <b>inside</b> 52:13 <b>insider</b> 36:24 <b>insiders</b> 15:3 <b>inspectors</b> 59:9 <b>inspiration</b> 27:25 <b>inspiring</b> 11:4 13:23 <b>institutional</b> 23:15 <b>institutions</b> 20:23</p>	<p><b>insufficient</b> 48:17 <b>integrate</b> 27:4 <b>integrated</b> 27:7 <b>integrating</b> 24:10 26:2 <b>interest</b> 11:22 <b>interesting</b> 58:6 72:1 <b>interim</b> 63:3 <b>international</b> 68:16 81:5  <b>interprofessional</b> 22:22 70:11 <b>interrupt</b> 8:13, 15 <b>interrupted</b> 43:8 <b>intervene</b> 20:7 <b>interview</b> 8:1, 3, 4, 5 <b>interviews</b> 11:2 <b>introducing</b> 5:17 <b>invest</b> 21:10 <b>investment</b> 26:14 <b>invited</b> 64:23 <b>involved</b> 12:2 <b>IPAC</b> 35:11 <b>Irmajean</b> 2:13 12:9 49:19 <b>irrelevant</b> 43:24 <b>issue</b> 13:25 14:20 15:7 40:20 41:15 53:20 57:6 63:3, 10 65:21 66:21 68:7 70:18 74:9 76:22 <b>issued</b> 19:15, 20, 21, 23 20:1, 11, 16 53:20 59:21 60:1, 18 62:5, 10, 13 <b>issues</b> 66:3 69:6 <b>issuing</b> 71:5 <b>items</b> 10:6  &lt; J &gt; <b>Jack</b> 2:4 10:16, 17 28:9, 12, 18, 21, 24 29:7, 18, 22, 24 30:4, 6, 9,</p>	<p>12, 19, 22 31:6, 16, 20 32:24 34:9 35:14 38:14 40:24 45:18 72:2 77:9, 20, 25 80:25 81:8, 10, 18 <b>jaded</b> 9:7 <b>job</b> 35:15, 16 49:10 82:2 <b>John</b> 2:24 <b>join</b> 45:15 <b>journey</b> 9:10, 11 <b>Julie</b> 2:12 <b>July</b> 13:22 19:9 20:1 47:22 48:4 59:20 60:18 62:12 66:13 <b>June</b> 9:21, 25 13:17, 20 19:24 46:5, 6, 7, 8 47:4 48:3 <b>jurisdictions</b> 55:22 56:1 57:22 71:4 <b>justice</b> 12:24 47:18  &lt; K &gt; <b>Kellway</b> 16:11 <b>kept</b> 42:4 60:20 <b>Kevin</b> 32:14 33:12 <b>kick</b> 38:23 71:14, 15 <b>kids</b> 61:8 69:18, 19 <b>kind</b> 14:13 <b>kitchen</b> 55:7 <b>Kitts</b> 2:4 5:7 10:17 28:9, 12, 21 29:7, 24 30:9, 12, 22 31:6, 16, 20 55:18 77:8, 9, 25 80:24, 25 81:10 <b>knew</b> 33:9 57:8 <b>knowing</b> 33:9 <b>knowledge</b> 35:9 52:21 <b>knows</b> 33:10</p>
---	--	---	---	---

<p>36:19 74:7 <b>Kurtz</b> 7:25</p> <p>&lt; L &gt; <b>la</b> 77:2 <b>lack</b> 44:19 45:5 <b>Lakeridge</b> 32:16 <b>lamenting</b> 37:23 <b>languages</b> 12:19 <b>large</b> 22:7 28:25 <b>late</b> 5:25 60:2, 3 <b>Lau</b> 2:16 13:9 17:17 79:25 <b>laugh</b> 7:24 <b>launched</b> 18:4, 20 64:7, 9, 12 <b>Laura</b> 46:18 <b>layer</b> 57:11 <b>Lead</b> 2:2 26:13 <b>leader</b> 52:6, 7 <b>leadership</b> 20:15 71:21 77:21 <b>leading</b> 24:7 <b>leads</b> 65:17 <b>leave</b> 17:9 63:13 <b>led</b> 26:5, 6 31:9 <b>legislature</b> 47:22 56:20 <b>length</b> 62:6 <b>Lett</b> 3:3 <b>levelled</b> 14:13 <b>levels</b> 56:5 <b>leverage</b> 83:6, 7 <b>Levin</b> 23:6 <b>LHINs</b> 23:1 <b>Liberal</b> 47:8 <b>licensure</b> 57:18 <b>life</b> 48:20, 25 53:4 64:13 66:24 <b>limit</b> 57:20 <b>lining</b> 13:24 <b>link</b> 6:24 7:2 <b>Lisa</b> 23:6 <b>listed</b> 46:12 <b>listen</b> 7:24 8:6 20:14 36:17 63:17, 19 75:6 <b>listening</b> 20:18 <b>live</b> 15:24 20:21 21:6, 7</p>	<p>39:13 61:23 72:14 79:10 <b>living</b> 45:8 48:21, 22, 23 58:20 <b>Liz</b> 67:14 <b>long</b> 33:18 45:6 <b>longer</b> 6:1 72:19 79:8 80:22 <b>long-standing</b> 40:20 <b>LONG-TERM</b> 1:7 2:21, 22, 24 3:1, 3 10:21 11:22 12:23, 25 13:7, 17, 19 14:8, 14, 25 18:2 19:20 23:7, 11, 14, 17, 25 24:19 25:24 26:4, 20 27:1, 8, 18, 19 28:16 29:6, 13 30:15 31:9 32:14 34:8, 17, 21, 23 35:3, 4 38:6, 8, 12, 17 40:10 42:9 44:15, 17 46:9 47:15 51:12 52:10, 17 53:3, 8 57:15, 24 65:2, 3, 6, 19 66:9 67:15 68:20 70:2, 19, 20, 25 71:8, 25 74:14 75:3, 8 77:12 83:10 <b>looked</b> 17:5 <b>loser</b> 29:5 <b>lost</b> 39:16, 17 68:3 <b>lot</b> 11:12, 16, 17 12:11, 12 29:18 57:14 67:22, 23 73:22 <b>love</b> 57:15 <b>loved</b> 20:6 62:2 65:24 <b>low</b> 17:14, 15 <b>lower</b> 25:19 <b>lowering</b> 25:20 <b>lowers</b> 25:17 <b>LTC</b> 15:16</p>	<p>63:25 64:2 <b>Lynn</b> 3:1</p> <p>&lt; M &gt; <b>machine</b> 17:3 <b>made</b> 14:23, 25 15:14 32:13 33:5, 18 84:8 <b>Mahoney</b> 3:1 <b>Mail</b> 46:19 <b>major</b> 62:25 <b>making</b> 53:12 <b>management</b> 80:19 <b>mandated</b> 56:5 <b>mandatory</b> 23:21, 23 24:2, 18, 20 30:19, 21 59:5, 7, 11 <b>March</b> 18:21 <b>Marianne</b> 32:3 <b>Marion</b> 2:17 36:19 <b>Marrocco</b> 2:2 5:3, 6, 10, 19, 24 6:4, 11, 16, 22 7:6, 10, 15, 20 8:8 30:24 38:13, 18 42:13, 23 43:1, 9, 14 45:18 46:15 54:7, 12, 16, 22 55:1, 5, 10, 14, 17 56:8, 12 73:21 76:1, 6 77:5 78:2 80:23 81:24 82:4, 7, 13, 21 83:12, 18 <b>Martin</b> 41:20 <b>Marvels</b> 58:21 <b>match</b> 81:14 <b>materialize</b> 27:14 <b>materials</b> 68:23 <b>Matt</b> 16:11 <b>matter</b> 73:24 74:3 <b>Matthews</b> 47:7 <b>McConnell</b> 2:15 65:16 <b>Meals</b> 22:12 <b>meaning</b> 38:8 <b>means</b> 10:10</p>	<p>64:25 <b>meant</b> 42:9 <b>mechanisms</b> 59:12 <b>media</b> 10:25 39:6, 20, 22 42:4 46:17 49:13 <b>meet</b> 5:4, 5 <b>MEETING</b> 1:7 16:11 26:1 63:6 75:14 <b>mega</b> 21:1 <b>member</b> 2:12 <b>members</b> 6:25 15:17 22:15 41:4 61:8 73:5, 6 <b>Membership</b> 2:16 13:10 17:17 80:1 <b>mention</b> 28:23 <b>mentioned</b> 10:5 13:18 46:8 65:18 78:7 <b>message</b> 17:4 <b>met</b> 17:16 75:13 <b>middle</b> 39:1 <b>mimic</b> 79:22 <b>mimicked</b> 70:18 <b>mind</b> 6:24 16:25 47:10, 14 76:3 <b>mine</b> 51:7 82:3 <b>Minister</b> 2:20 13:20 16:1, 2, 12 18:14, 15, 16, 24 20:7 28:8 29:20 31:25 32:4, 7 39:4 40:21 41:14, 22 43:23 45:20 47:5, 6, 7, 17 48:2 53:19 56:20 66:13 68:13, 25 69:9, 25 71:7 <b>Ministers</b> 33:3 <b>Minister's</b> 66:25 <b>minutes</b> 48:9, 10, 13, 14 54:10, 17 <b>mix</b> 59:3 77:1</p>	<p><b>model</b> 28:14 35:8 45:19 70:18 71:19, 20 <b>Moira</b> 67:17 <b>moment</b> 79:13 <b>money</b> 39:5 57:9 59:8 69:15, 22, 25 70:7 75:21, 24 77:24 83:7 <b>months</b> 67:5, 6 <b>morale</b> 45:5, 11 <b>Morgan</b> 2:9 9:20 44:1 <b>morning</b> 8:1 10:4 <b>morphine</b> 15:9 <b>motion</b> 17:10, 21 <b>Mount</b> 67:11 <b>move</b> 20:19 50:15 54:2, 5, 9 63:22 72:13 76:23 <b>moved</b> 23:2 62:13 <b>movement</b> 68:16 <b>moving</b> 50:24 59:18 70:8 <b>mute</b> 42:16 54:19 <b>muted</b> 42:14</p> <p>&lt; N &gt; <b>names</b> 5:22 67:20 <b>Nathan</b> 60:13 67:9 <b>national</b> 14:8 69:9 70:2, 4, 19 71:7, 9, 17 77:11 <b>nationally</b> 71:20 <b>naturally</b> 61:11 <b>NDP</b> 58:15 <b>necessary</b> 24:11 48:18 <b>needed</b> 19:6 36:20 47:17, 21 57:3 64:13 65:13 66:15 <b>needs</b> 21:20 22:10 24:15 29:14 37:16, 17 <b>NEESONS</b> 84:22 <b>neglected</b> 73:24</p>
--	---	---	--	---

**negligent** 28:4  
**neighbour** 37:20  
**new** 16:18 17:4  
22:19 23:11  
31:22 37:24  
56:2, 5 57:14  
70:6 72:25  
**newer** 9:11  
**nice** 5:4 42:19  
**night** 14:22  
32:22 36:23  
80:3, 4  
**Nightingale**  
19:17 72:2  
**note** 14:17  
**noted** 4:5  
**notes** 23:2  
32:17 84:12  
**not-for-profit**  
74:9, 17  
**not-for-profits**  
74:24  
**notion** 57:3  
**NPs** 18:5, 7  
**nucleus** 30:14  
**number** 18:12  
25:7 30:4  
56:22, 23 61:6, 7  
**Nurse** 16:23  
35:18 49:6, 16,  
17, 21 50:7, 8,  
11, 12 51:6  
65:19 68:8, 24  
69:2 70:16  
73:17 76:19  
**NURSES** 2:7  
9:6, 12 10:19  
12:13 17:22  
18:17 26:25  
34:15 39:22  
52:15 53:24  
56:25 66:8  
78:11, 13  
**Nursing** 2:13  
10:13, 24 11:25  
18:5, 7, 9 19:6,  
23 21:7, 11, 12  
24:20 37:9  
38:25 45:14  
47:4, 13 48:5, 7,  
19 50:1, 7, 21  
52:13 53:14, 25  
54:4 55:23, 25  
57:1 61:4 62:1  
64:2, 4, 6 65:10,

13 67:6 68:21  
69:10 72:4, 20  
73:12 77:17  
81:5  
**< O >**  
**occasion** 10:5  
**OECD** 21:23, 24  
39:14, 15, 17  
57:23, 25 58:21  
**offer** 33:4  
**Office** 13:22  
14:22 17:10, 16  
20:9 62:6, 9  
66:25  
**off-loading** 36:8,  
10  
**OHA** 28:25  
**old** 21:4  
**older** 15:8  
20:21 22:13, 14  
23:18  
**OLTC** 26:6, 11,  
12 74:22  
**ONA** 10:11  
**ones** 17:24  
20:6 40:9 62:2  
64:5  
**Ontarians** 10:22  
30:11 73:11  
**ONTARIO** 2:7  
10:20 12:12  
15:24, 25 20:16  
22:6 23:7, 22  
24:9 25:5, 6, 23  
26:10 30:13  
58:9, 13, 23  
68:12 69:3, 12  
70:3 74:23  
77:22 81:4, 9, 13  
**open** 6:21  
**opening** 62:14  
**operator** 32:20  
33:8  
**operators** 82:1  
**opposition** 11:6  
**optimizing** 24:5  
**Orchard** 32:1, 4,  
7 33:9  
**ordeal** 9:22  
10:1, 3 11:15  
13:25  
**order** 26:5  
27:2, 12 31:1

**organization**  
17:13 58:24  
73:7  
**organizations**  
10:12 11:7  
25:6, 7 26:10  
51:7  
**ought** 14:23  
30:20 44:5  
**outbreak** 18:9,  
11 57:1 60:14  
**outcome** 71:23  
**outcomes** 24:21  
25:17 45:13  
48:21, 25  
**outside** 10:13  
**outsiders** 15:3  
**overall** 22:3  
35:25  
**oversight** 27:16  
35:12 68:4  
**owe** 64:13  
**oxygen** 15:9  
**< P >**  
**p.m** 1:16 5:1  
32:6 54:20, 21  
83:23  
**pack** 48:11  
**pages** 4:6  
**paid** 45:7  
**pain** 11:11  
32:10  
**painter** 73:15  
**painting** 73:15  
**palliative** 24:23  
**pandemic** 10:7  
13:12 14:11  
16:13 17:6  
22:3, 5 24:13  
34:6 60:14 64:8  
**panel** 59:21  
**paper** 6:14  
**parallel** 79:2  
**parameters**  
62:14  
**parentheses**  
8:20  
**part** 9:25 10:3  
23:21 24:2  
29:14 30:16, 19  
58:23 69:5  
70:9 80:18  
81:11

**participants**  
1:15 2:19  
**participate**  
70:22, 24  
**participating**  
83:20  
**particular** 28:25  
58:23 64:5 66:8  
**parties** 11:6  
58:15  
**partner** 26:8  
**parts** 28:15  
**party** 38:22  
83:6  
**passed** 32:23  
**passion** 44:3  
51:20 67:16  
**patient** 25:16  
**pay** 36:12  
37:17 57:12  
**paying** 36:9  
**PC** 36:24  
**peer-to-peer**  
66:5  
**penalize** 40:8  
**penalized** 28:1  
**penny** 58:11  
**people** 5:18  
9:5, 19 10:20  
18:10, 18, 19  
21:6, 10 22:10,  
14 27:24 32:20  
34:11, 13, 16, 20  
35:1, 2 36:12,  
17 39:10, 16  
41:7 42:17, 20  
43:20, 21 51:19  
52:1, 24, 25  
53:5, 23, 24  
57:4 60:10  
61:7 64:24  
66:16 72:13, 14  
74:8 75:19  
76:4 79:15, 17  
80:5, 9 81:8, 12,  
14, 15  
**percent** 7:3, 4,  
14 44:21 58:5  
**performance**  
24:13, 14 31:24  
**performing** 25:1  
58:25  
**period** 11:1  
52:10

**permanent** 80:9,  
14  
**permission**  
58:1 64:14  
83:13  
**person** 31:2  
37:2 42:3 49:12  
**personal** 48:7  
**person-centred**  
27:11  
**person-family**  
24:25  
**persons** 15:8  
20:22 22:14  
23:18  
**perspective**  
30:8, 11 51:16  
67:23 82:17  
**PG** 7:5, 8 10:2  
42:16 64:13  
**Ph.D** 42:2  
**Ph.D.s** 42:6  
**phone** 8:3 16:3  
31:24 32:5, 6  
42:20 43:3  
**phones** 43:5  
**phonetic** 58:21  
**physically** 62:4  
72:25  
**physician** 67:10  
**physicians**  
49:15  
**pick** 74:11  
**picking** 73:16  
**pickle** 66:17, 18,  
20  
**picture** 72:24  
**piece** 9:4 28:6  
58:7 80:2  
**pieces** 27:6  
28:7 64:23  
**pillar** 12:5  
**pillars** 11:19  
29:9  
**pilot** 45:25  
**pilots** 45:25  
**pinch** 81:6  
**pink** 14:12  
**place** 14:12  
40:7 50:24  
51:1, 21 84:6  
**places** 33:23  
45:8 52:1  
61:10 81:15

**plan** 13:2  
**planner** 24:9  
**plans** 17:11, 12, 13  
**play** 71:21  
77:21  
**plenty** 74:10  
**pocket** 36:13  
69:25  
**point** 16:7  
21:18 23:5  
34:22, 25 35:19  
64:5 66:22  
**PointClickCare**  
26:6, 11, 17, 21  
**pointing** 22:5  
**Policy** 2:14 3:3  
10:15 11:20, 23  
12:20 16:11  
36:1 51:16 69:4  
**politics** 35:25  
36:2  
**pool** 70:7  
**poor** 45:5 52:6  
**poorly** 45:7  
**portal** 64:9  
**portion** 18:8  
**positive** 71:22  
**possible** 50:23  
**post** 40:16, 18  
**potential** 26:24  
**potentially** 26:14  
**power** 40:23  
41:9 73:9, 10,  
25 74:4  
**Powering** 24:16  
**PPE** 15:12  
66:21 67:1, 5  
**Practice** 12:6, 8  
17:19 24:4, 6  
25:22 26:4, 25  
34:13 37:8  
38:7 40:7  
45:15 58:24  
65:12  
**practices** 13:18  
64:1  
**Practitioner**  
16:23 35:18  
49:6, 17 50:11  
76:19  
**Practitioners**  
49:16, 21 50:7,  
9 65:19 68:8

70:16  
**pragmatic** 74:12  
**preamble** 16:9  
**predicament**  
60:12  
**Premier** 11:13  
13:25 15:22  
16:1 18:14, 24  
20:7 39:4  
41:25 42:1, 8  
43:12 44:10  
70:23 74:7  
77:20  
**Premier's** 13:22  
20:9 62:5, 9  
66:24  
**prepare** 60:5  
61:15  
**prepared** 8:13  
42:3  
**PRESENT** 3:7  
12:13, 14 13:2  
40:15  
**presentation**  
5:17 6:1 7:12  
8:14 10:22  
19:11 37:22  
50:17 75:16  
**presented**  
40:14 64:10  
**PRESENTERS**  
2:6  
**presenting** 17:1  
25:25  
**President** 2:9,  
11 5:22 9:21,  
24, 25 15:14  
41:1 43:25  
**pressure** 24:24  
25:18 38:21  
49:1 59:1  
**pretty** 8:7 9:2  
60:25  
**prevention**  
24:23 44:25  
**previous** 6:1  
20:13 58:14  
63:21 72:23  
76:14  
**pride** 73:10  
**primary** 21:14,  
20, 21, 23, 25  
22:2, 22, 23  
23:2, 24 24:7  
29:10 30:14, 21

31:7, 10, 18  
35:16 70:8, 9  
**Prime** 28:8  
68:13, 25 69:9,  
25 71:6  
**priority** 72:15  
**privatization**  
41:15  
**privilege** 57:22  
**problem** 6:9  
70:4  
**proceedings**  
84:5  
**produced** 4:2, 5  
**professional**  
10:8 77:22  
**Professionals**  
24:16  
**profiled** 58:8, 22  
**profit** 74:17  
**Program** 12:6, 7,  
10, 14, 24 17:19  
24:18 25:2, 4  
26:2 27:12  
45:16 51:25  
58:19 59:5 75:9  
**programs** 11:18  
27:22  
**project** 58:13  
**promise** 38:9  
82:22  
**promised** 35:20  
**proportions**  
62:25  
**proposal** 25:25  
**propose** 26:16,  
21  
**proposed** 35:7  
**proposing** 28:8,  
13, 14  
**proud** 25:20  
**proves** 79:14  
**provide** 51:2  
68:3  
**provided** 48:3  
**providers** 27:1  
**province** 15:21  
20:14 45:19  
49:7 50:8  
**provinces** 70:21  
71:4 77:15  
**provincial** 50:19  
**PSW** 45:7  
48:14, 16

**PSWs** 16:22  
27:1 34:15  
51:17 53:24  
56:25 57:12  
61:9 68:1, 2, 9  
76:21 77:3  
78:14, 16  
**public** 10:15  
11:20 24:10, 12  
27:16 29:3  
32:8 37:17  
47:19 53:24  
**published** 46:19  
**pulled** 45:17  
**punished** 28:1  
**punishing** 27:20  
**purpose** 28:23  
**push** 38:1  
71:12, 20  
**pushed** 13:25  
18:25 19:1, 5  
**pushing** 36:5, 6  
**put** 15:11  
17:10 23:7  
30:6 32:14  
33:12 34:11, 15  
36:22 39:25  
40:7 45:25  
47:3, 4, 18, 21  
54:19 70:1  
79:16  
**puts** 67:11  
**putting** 6:24  
62:14  
  
< Q >  
**quadruple** 24:8  
25:14, 15 27:6  
40:5, 9  
**quality** 27:11  
51:15 68:3  
**Quebec** 67:25  
69:12 70:22  
77:2  
**question** 28:10  
55:21 56:15  
59:15 76:4, 7  
78:6  
**questions** 6:21  
7:12 8:15 17:8  
54:3 63:14  
73:14, 18, 22  
77:7 78:4 82:15  
**quick** 56:15

**quite** 9:8, 15  
10:19 11:10  
21:8 74:24  
78:18 82:2  
**quote** 42:2  
  
< R >  
**Rana** 62:6, 8  
**rationale** 80:13  
**reach** 22:21  
81:2  
**read** 67:13  
**ready** 8:10, 11,  
12 17:11, 12, 14  
18:11 39:24  
79:12  
**real** 6:14, 18  
27:14 28:24  
**reality** 44:20  
49:16 83:8  
**realized** 11:16  
46:23  
**really** 8:24  
12:23 16:2  
29:18 36:25  
63:6 67:9 70:9  
71:22 73:25  
75:4 76:3 80:2  
**reason** 59:5  
81:14  
**reasons** 35:1  
43:17  
**recall** 32:17  
53:23 76:15  
**receive** 56:23  
**RECESSED**  
54:20  
**recommendation**  
22:19 47:14  
**recommendation**  
**s** 22:18 24:7  
46:10, 12 47:18  
48:4  
**recommended**  
23:5 47:24, 25  
**recommending**  
50:10  
**reconnect** 54:15  
**record** 14:19  
31:12 42:7, 18  
54:25  
**recorded** 84:9  
**recording** 31:12  
**records** 49:23

<p><b>recovery</b> 68:15 69:5 <b>redeployment</b> 33:15 <b>redundant</b> 69:1 <b>refer</b> 63:19 <b>referral</b> 27:22 <b>regardless</b> 24:21 71:3 83:6 <b>REGISTERED</b> 2:7 <b>regular</b> 65:6 <b>regulated</b> 44:20 68:2 <b>rehab</b> 53:7 <b>reinstate</b> 68:24 <b>re-investing</b> 46:3 <b>related</b> 11:21 13:6 60:18, 19 <b>relates</b> 12:23 <b>relationship</b> 10:10, 12 60:16 <b>released</b> 13:17, 20, 22 44:14, 16, 18 46:5, 7 57:24 <b>relevant</b> 13:4 <b>remarkable</b> 9:4, 8 <b>remarks</b> 8:18 9:4 84:8 <b>remember</b> 19:9 36:7 47:17 69:12 76:13 83:2 <b>remind</b> 32:1 73:3 <b>reminding</b> 73:4 <b>remotely</b> 1:15 <b>re-open</b> 79:1, 6, 20, 23 <b>re-opening</b> 19:13 <b>report</b> 13:16, 20, 21 14:19 16:16, 25 19:22 20:2, 11, 16 40:17, 19 44:15, 16, 18 46:4, 6, 7, 8, 13 47:3, 4, 11, 14, 22, 24 48:2, 4 53:20 54:5, 6, 9 57:23 58:6, 8, 21 59:20 60:18 62:5, 10 63:3, 7,</p>	<p>10, 24 64:19 66:12 83:3 <b>reporter</b> 7:25 31:1 84:4 <b>reporters</b> 67:19 <b>REPORTER'S</b> 84:1 <b>reports</b> 13:4 14:4 17:1 19:14 20:13 34:3 37:6 40:13, 15 46:11, 24 75:16 <b>requests</b> 33:11 <b>require</b> 68:6 <b>Research</b> 26:8, 19 <b>resident</b> 34:20 48:8, 14 <b>residents</b> 10:21 14:25 16:24 32:9 33:10 35:19 38:25 39:16 45:13 48:19 49:6, 17 50:13 51:3 53:2, 15 57:17 61:5, 18 62:2, 8 68:4 71:1, 24 75:5 76:18 <b>resilience</b> 9:13 66:6 <b>resources</b> 12:1 14:6 15:11 19:7, 8 35:11 45:1 49:22 65:12 <b>respect</b> 8:24 11:4, 7 17:9 33:24 37:2, 15 51:6 56:19 <b>respond</b> 38:20, 22 43:13 <b>responded</b> 20:9 <b>response</b> 25:14, 15 47:18 <b>responses</b> 20:8 45:3 <b>rest</b> 20:12 39:17 44:6, 22 48:11 50:8 51:22 75:6 79:22 <b>restructuring</b></p>	<p>12:1 20:19 <b>result</b> 51:17 <b>results</b> 22:1 <b>RESUMED</b> 54:21 <b>retain</b> 22:13 <b>re-tweets</b> 46:18 <b>Reuniting</b> 13:21 14:1 20:2 54:6 60:19 62:11 64:1 <b>revenue</b> 19:3 <b>review</b> 57:23 63:13 <b>rhetoric</b> 11:17 34:4 44:7 48:11 <b>rhetorically</b> 72:21 <b>rich</b> 15:21 <b>richer</b> 25:10 <b>ring</b> 64:14 <b>risk</b> 17:15 44:9 <b>RN</b> 44:21 45:9 48:9, 10 49:4 57:17 76:12, 15 79:2, 4 <b>RNAO</b> 6:20 9:5 11:8, 18, 19 12:5 13:23 14:4 16:18 19:19 23:13 25:9 26:3 27:3, 22 31:14 36:4 38:24 39:23 41:1, 3 42:12 43:20, 24 58:2, 10 60:20 62:15 63:23 64:20, 21 67:25 72:11 73:4 74:11 77:17 <b>RNs</b> 16:22 18:5, 7 51:18 57:17 68:7 76:17 78:13 <b>role</b> 10:13, 15 24:12 58:2 71:21 77:21 <b>room</b> 39:18 <b>rooms</b> 33:11 <b>round</b> 26:6 <b>RPN</b> 44:21 48:13 76:20 <b>RPNs</b> 16:22 18:5, 7 45:10</p>	<p>51:18 57:18 68:8 78:13 <b>RPR</b> 84:3, 23 <b>Rubel</b> 2:12 <b>rules</b> 51:21 <b>run</b> 80:2 82:14 <b>rush</b> 55:11  &lt; S &gt; <b>sad</b> 50:20 <b>safe</b> 27:10 68:19 <b>safer</b> 77:12 <b>safety</b> 57:24 <b>Santedicola</b> 3:8 84:3, 23 <b>SARS</b> 49:9, 12 <b>Scandinavia</b> 33:23 <b>scope</b> 24:5 <b>scream</b> 11:10 36:17 <b>screamer</b> 36:18 <b>screams</b> 37:12, 25 <b>screen</b> 5:23 <b>secondary</b> 79:7 <b>secondly</b> 76:2 <b>Secretariat</b> 2:21, 23, 25 3:2, 4 <b>sector</b> 23:23 26:10, 22 28:15, 23 79:4 <b>sectors</b> 23:23 52:9 66:10 <b>segmented</b> 70:7 <b>Send</b> 32:19 37:3, 6 49:24 52:12 56:6 58:1 64:14, 18 67:1, 20 68:22 79:10 81:15 <b>senior</b> 80:19 <b>Seniors</b> 15:16 33:24 68:19 72:16 <b>sense</b> 25:15 46:1 73:23 74:1 <b>September</b> 1:16 84:16 <b>serious</b> 7:22 44:19 <b>serve</b> 6:14 24:20 81:6 <b>served</b> 12:20</p>	<p><b>Services</b> 2:16 13:10 17:17 22:12 80:1 <b>serving</b> 25:4, 6 <b>session</b> 50:2 <b>set</b> 7:25 17:20 50:1 77:17 78:8 84:6 <b>sets</b> 26:5 27:2, 12 <b>share</b> 9:18 13:3, 8 25:11 34:3 65:23 66:19 <b>shared</b> 64:20 65:4 <b>sharing</b> 66:3, 5 75:15 <b>sharp</b> 8:7 <b>shelters</b> 18:3 <b>shine</b> 12:11 <b>shit-disturber</b> 37:1 <b>short</b> 17:23, 24 <b>shortages</b> 23:8 <b>Shorthand</b> 84:4, 12 <b>short-staffed</b> 45:6 <b>show</b> 34:8 49:12 78:20, 21 79:24 <b>sick</b> 39:7 72:5 76:25 <b>side</b> 14:12, 14 23:15 76:20 <b>sign</b> 77:23 <b>signature</b> 12:6 <b>significantly</b> 26:24 <b>siloed</b> 29:14 <b>silver</b> 13:24 <b>similar</b> 55:23 <b>simply</b> 34:25 <b>Sinai</b> 67:11 <b>sincere</b> 16:6 43:17 44:10 <b>single</b> 24:9, 18 27:14, 15 49:7 67:6 <b>sinking</b> 41:1, 3, 5 <b>sinks</b> 61:22 <b>site</b> 18:20</p>
---	---	---	--	--

<p><b>sites</b> 51:9 <b>skill</b> 77:1 <b>sky</b> 57:19, 20 <b>sleep</b> 7:18, 23 8:6 14:21 33:8 <b>sleeping</b> 8:2 <b>smarts</b> 47:12 <b>Smith</b> 32:14 <b>snap</b> 56:21 80:7, 8 <b>social</b> 11:24 <b>solution</b> 33:18 40:2 78:25 80:22 <b>solutions</b> 33:20 79:9, 11 80:14 <b>solve</b> 28:17 <b>somebody</b> 42:14 <b>soon</b> 11:16 19:22 47:3 60:25 64:7 65:14 71:6 72:18 <b>sooner</b> 63:8 <b>sorry</b> 5:25 31:4 44:15 46:20 56:7, 10 81:10 <b>sort</b> 56:16 <b>speak</b> 5:16, 18 14:2 19:17 50:2 67:10, 16, 17 69:17 <b>speaking</b> 19:25 <b>speaks</b> 31:2 62:11 <b>specialist</b> 50:12 <b>specializing</b> 49:4 <b>specifically</b> 13:7 <b>Speech</b> 14:7 28:6 44:7 68:10 <b>spent</b> 49:20 66:24 <b>spoke</b> 10:2 43:19 44:14 <b>spoken</b> 45:20 <b>Spotlight</b> 58:24 <b>stability</b> 57:3 <b>stable</b> 27:8 <b>staff</b> 15:1, 16 16:12 34:11 39:11 41:5 44:24 45:4, 5, 20 46:3, 24 50:4, 22 51:11,</p>	<p>22 56:23 62:3, 19, 21, 22, 23 63:5 66:4, 25 68:2, 14 71:24 73:3, 5, 7 80:19 <b>staffing</b> 16:15, 20 19:21 27:13 35:6 37:7 39:5 40:6 44:20, 23 46:10 48:5 50:14, 16 56:1, 5, 22 57:2 59:4 60:16 61:3, 6, 13, 21 62:17, 19 74:19 75:1, 12, 18, 20, 21, 22, 25 76:12 80:5, 7, 8 81:1, 23 <b>stage</b> 6:20 19:10 <b>Stall</b> 60:13 67:9 <b>stand-alone</b> 21:14 <b>standards</b> 14:8 69:10, 14 70:2, 4, 19 71:8, 9, 18 77:11, 15, 18 81:23 <b>start</b> 18:13 66:15 69:20 <b>started</b> 9:20 14:11, 12 58:19 61:1, 2, 3, 17 82:17 <b>starting</b> 20:14 <b>statement</b> 15:5, 14 50:20 <b>Stenographer/Tra nscriptionist</b> 3:8 <b>stenographically</b> 84:9 <b>step</b> 39:8 <b>Steps</b> 20:3 39:9 55:8 62:12 63:12 <b>stick</b> 51:14 53:13 <b>sticking</b> 52:24 <b>stone</b> 46:18 <b>stood</b> 17:7 <b>stop</b> 38:10 44:8 54:3 73:14 76:2 <b>stopped</b> 35:23</p>	<p>78:18, 19 <b>stories</b> 67:14 <b>story</b> 67:21 <b>streamlined</b> 24:15 <b>streamlining</b> 24:10 <b>streets</b> 39:1 <b>strengthen</b> 26:24 <b>strings</b> 70:20 71:8, 18 75:24 <b>strong</b> 41:17 <b>stronger</b> 22:2, 10 <b>strongest</b> 10:23 <b>students</b> 18:6, 7 78:14 <b>stuff</b> 25:21 <b>sub-acute</b> 31:8 <b>subsequent</b> 32:13 <b>substantive</b> 39:10 <b>successful</b> 78:11 <b>sudden</b> 35:23 <b>sufficient</b> 50:4 <b>suggest</b> 67:9, 13, 16, 17 <b>suggested</b> 77:16 <b>summer</b> 60:5, 8, 10 79:12 81:18 <b>Sun</b> 67:14 <b>Sunday</b> 8:1 <b>support</b> 28:3 45:4, 5 58:12 69:18, 19 82:9 <b>supported</b> 22:11 46:16 <b>supporting</b> 66:6 <b>supportive</b> 22:11 <b>surely</b> 62:15 <b>surpassed</b> 11:1 <b>surveillance</b> 27:19 <b>Susan</b> 32:15 <b>Sweden</b> 15:7 <b>Switzerland</b> 15:7 <b>sync</b> 29:12, 13 <b>system</b> 11:4, 11 12:1 13:17 18:6 20:18 21:19, 21, 22, 23</p>	<p>24:3, 9 25:24 26:4 27:7, 18, 24 29:4, 10 31:24 33:22, 23 35:25 37:8, 11, 16, 18 40:10, 21, 24 41:11, 16 46:9 68:1 70:9, 10 78:10 79:1 <b>Systemic</b> 19:20 44:16 63:25  &lt; T &gt; <b>table</b> 32:15 33:12 47:22 67:19 <b>tackle</b> 10:18 74:19 <b>tackled</b> 28:5 <b>tackling</b> 11:21 14:5 66:3 <b>ta-da-da</b> 23:18 <b>takes</b> 38:24 <b>talk</b> 28:6 60:17 72:8 <b>talked</b> 62:6 <b>talking</b> 6:15 41:24 42:15 43:18 65:24 77:4 <b>taxes</b> 37:18 <b>taxpayers</b> 69:24 70:1 <b>team</b> 13:11 65:5, 7 72:23 <b>team-based</b> 70:11 <b>Teams</b> 20:17 23:22 30:13 70:11, 14 <b>Tedros</b> 16:13 17:5 <b>Telehealth</b> 17:25 <b>tells</b> 13:14 21:3 <b>tended</b> 7:12 <b>ten-year</b> 70:13 <b>term</b> 9:21 <b>terms</b> 12:7 16:15 39:15 59:1 72:16 <b>testament</b> 9:12 <b>testing</b> 18:1 <b>thing</b> 7:11, 19 9:8 23:14 30:6, 25 32:24 46:17</p>	<p>60:21, 23 63:15 75:4 <b>things</b> 9:14 27:20, 21, 23 32:8 36:6 47:25 64:16 74:2 81:6 <b>thinking</b> 64:20 <b>third</b> 26:7 35:15 54:6 69:13 <b>thought</b> 20:14 29:19 43:8, 10 64:24 <b>thousands</b> 53:23 56:25 81:5 <b>thrilled</b> 82:11 <b>thrive</b> 62:1 <b>Throne</b> 14:7 28:6 68:10 <b>tide</b> 71:22 <b>tie</b> 77:14 <b>till</b> 45:21 <b>time</b> 15:12, 14 16:2, 21 17:25 18:5, 16 19:8, 11 20:8, 17 26:5, 18 31:2 38:5, 8 41:2 47:12, 16 49:2 50:24 62:18, 25 63:9, 14 66:20 72:13 73:11 74:5 75:2 76:25 78:23 79:4, 18 83:9 84:6, 8 <b>times</b> 18:12 50:25 51:2 <b>tip</b> 9:9 <b>tips</b> 65:24 <b>tired</b> 39:8 <b>today</b> 11:12, 20 12:4, 9 17:2, 20 35:5 63:20 65:17 70:13 73:6 75:14 <b>told</b> 30:4 38:5, 7 45:15 74:25 81:3 <b>tolling</b> 41:16 <b>tomorrow</b> 71:10 79:20, 23</p>
--	---	--	--	--

<p><b>Tools</b> 24:17 <b>top</b> 72:24 <b>topic</b> 10:16, 18 13:4 58:3 <b>topics</b> 64:24 <b>Toronto</b> 67:14 <b>totally</b> 8:12 30:1 38:2 74:4 <b>touch</b> 12:3, 22 20:4 <b>tough</b> 66:7 <b>tougher</b> 66:9 <b>trade</b> 12:20 <b>tragedy</b> 14:10, 11, 24 60:6, 7 62:24 63:10 67:24, 25 <b>train</b> 43:8 58:12 <b>transcribed</b> 84:10 <b>transcribing</b> 6:7 <b>transcript</b> 6:7, 10 31:3 36:22 84:12 <b>transcripts</b> 31:13 <b>transition</b> 24:6 <b>transparent</b> 27:16 <b>Treasury</b> 31:25 32:1 <b>treat</b> 34:11 37:9 72:20 <b>treated</b> 23:19 33:24 37:10 <b>troubleshoot</b> 65:20 <b>troubleshooting</b> 67:1 <b>trouble-shooting</b> 49:22 <b>Trudeau's</b> 68:14 <b>true</b> 15:24 40:22 84:11 <b>truly</b> 41:12 42:10 79:7 81:18 <b>trying</b> 51:24 <b>tube</b> 26:15 <b>turn</b> 43:5 54:24 55:2 71:22 <b>turned</b> 41:6 <b>Twitter</b> 67:11</p>	<p><b>type</b> 25:19, 23 26:19 48:18 70:18 74:25 <b>&lt; U &gt;</b> <b>U/T</b> 4:5 55:24 57:21 <b>UK</b> 73:15 <b>ulcer</b> 49:1 <b>ultimate</b> 72:4 <b>understaffing</b> 44:19 <b>understand</b> 17:8 28:13 80:12 81:1 82:12 <b>undertaken</b> 4:1 <b>UNDERTAKINGS</b> 4:4 <b>unfathomable</b> 17:15 39:3 <b>unforgettable</b> 74:7 <b>unfortunately</b> 12:3 <b>union</b> 10:11 51:15 52:6, 7 <b>Units</b> 24:12 <b>universal</b> 22:21 41:18 <b>universe</b> 31:14, 18 <b>university</b> 69:18, 19, 20 78:15 <b>unregulated</b> 44:23 <b>upstream</b> 22:21 <b>users</b> 13:12 <b>usual</b> 73:16 <b>&lt; V &gt;</b> <b>vacation</b> 76:25 <b>vacations</b> 62:20 <b>variation</b> 24:14 <b>variety</b> 35:1 <b>vent</b> 36:20 <b>vented</b> 36:20 <b>VERITEXT</b> 84:22 <b>VIANurse</b> 13:9 17:21 18:4, 25 19:2, 12, 13 33:13 56:24 64:10 78:8 79:5, 11, 14, 20,</p>	<p>23 81:9, 13 <b>vibrant</b> 22:15 <b>Videoconferenci ng</b> 1:14 <b>view</b> 28:4 42:3 67:24 72:3 82:23 <b>Villa</b> 32:1, 4, 7 33:9 <b>virtual</b> 65:25 66:1 <b>vision</b> 25:23 <b>visits</b> 27:19 65:25 66:1 <b>vividly</b> 78:21 <b>voice</b> 10:24 11:9 <b>volume</b> 48:17 76:23 <b>volunteer</b> 17:22 <b>VP</b> 41:21 <b>vulnerable</b> 18:3 53:2 <b>&lt; W &gt;</b> <b>wait</b> 63:7 <b>Walkerton</b> 8:23 83:2 <b>Walsh</b> 67:17 <b>wanted</b> 16:7 26:12 44:1 55:21 64:22 74:10 81:19 <b>wants</b> 21:10 30:5 <b>watched</b> 30:13 <b>wave</b> 34:7 38:11 61:15 62:16 66:17, 24 81:8, 17 <b>ways</b> 40:4 52:19 58:5 <b>webinars</b> 14:6 65:19, 21 <b>website</b> 6:24, 25 10:25 65:15 <b>week</b> 49:20 52:14 64:19 71:11 80:10 <b>weekends</b> 80:3 <b>weekly</b> 64:18 <b>weeks</b> 53:6 <b>Wheels</b> 22:12 <b>Williams</b> 11:14 18:13 33:1, 2</p>	<p><b>willing</b> 50:1 57:16 67:20 76:4 77:23 <b>wise</b> 70:23 <b>Witmer</b> 58:19 <b>Women's</b> 41:21 <b>wonderful</b> 45:19 <b>wondering</b> 81:3 <b>won't</b> 31:3 <b>work</b> 8:22 15:24 26:18, 19 28:15 31:8 37:12 45:6, 7 49:14 50:22 51:7, 11, 12, 19 52:13, 25 61:10 65:9 67:19 68:2 75:8, 9, 11 76:4 78:16 <b>worked</b> 20:6 36:3 48:6, 15 76:24 83:1 <b>workforce</b> 27:8 81:4, 9, 13 <b>workhouse</b> 72:7 <b>working</b> 8:25 50:17 52:1 61:10 <b>works</b> 38:6 65:5 <b>world</b> 12:15 25:7, 12 33:22 34:12 <b>worries</b> 6:3 <b>worse</b> 21:11 61:13, 14 62:25 <b>worst</b> 50:25 <b>Write</b> 23:2 <b>writes</b> 67:15 <b>wrong</b> 22:6 27:20, 23 63:4 <b>wrote</b> 41:23 <b>&lt; Y &gt;</b> <b>yeah</b> 36:17 <b>year</b> 41:6 45:23 72:9, 10 78:15 <b>years</b> 9:1, 10, 24 16:21 19:16, 25 34:4 35:18 36:4 40:23 41:10 46:24 52:25 53:13 79:3</p>	<p><b>yesterday</b> 36:21 39:3 81:21 <b>younger</b> 9:11 <b>&lt; Z &gt;</b> <b>Zoom</b> 1:14 <b>Zych</b> 2:17 43:2</p>
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