

That means cabinet briefing materials, high-level political papers and crucial emails on how the government handled the pandemic in nursing homes may never be subject to public scrutiny, warned Liberal house leader John Fraser.

“Unless cabinet is willing to waive privilege to cabinet minutes, documents, proposals and decisions, this will be a toothless commission,” Fraser said.

Jane Meadus, a lawyer with the Advocacy Centre for the Elderly, agreed it is not clear from the commission's terms of reference whether all the documents and information that lead to its findings will be made public in the final report.

“There seems to be certain types of information that could potentially be not released without the (long-term care) ministry's OK,” she said.

Marrocco did not appear with Ford at a news conference but later issued a statement, saying “we have the power to consider any further areas where the government should take action to help prevent the future spread of disease in long-term-care homes.

“We will be doing this work very quickly as the entire health system prepares for a possible second wave of COVID-19.”

Ford and Long-Term Care Minister Merrilee Fullerton said the government will keep moving forward with improvements to nursing homes while the commission is doing its work. A strategy to deal with a [shortage of long-term-care workers](#) that predated the pandemic and left dozens of homes in dire straits is expected Thursday.

The government is looking at more integration of nursing homes with hospitals to improve infection prevention and control, Fullerton added in comments that raised red flags among seniors' advocates.

Doris Grinspun, CEO of the Registered Nurses' Association of Ontario, said long-term care and hospitals are two very different entities, citing a risk that the government is moving away from a focus on homes toward a more institutional and medicalized system that should instead be more closely aligned with primary care.

“Hospital care is a completely different type of expertise — completely. People stay there for two, three, four or five days,” Grinspun said. “In nursing homes, they live there all the time.”

Laura Tamblyn Watts, CEO of CanAge, a seniors' advocacy group, said the trend in long-term care has been shifting to “a person-centred, [emotion-focused](#) model” of care.

“We hope the appointment of a hospital CEO to the commission does not guide the work back to a medical model of long-term care,” Tamblyn Watts said in reference to commission member Dr. Jack Kitts, the recently retired chief executive of the Ottawa Hospital.

The Ontario Nurses' Association said many solutions to problems posed by the COVID-19 crisis in nursing homes are already known, given how unions representing health-care workers in long-term care were flagging problems like a lack of masks and staff being allowed to work in more than one facility before the government took action on those fronts.