State of Connecticut
GENERAL ASSEMBLY

PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

Healthcare Workforce Safety Working Group

Meeting Summary

Tuesday, October 15, 2024

2:30 PM on Zoom and YouTube Live

I. Welcome

- The meeting was convened by Tracy Wodatch at 2:32 PM.

- Members present: Sen. Saud Anwar, Rep. Cristin McCarthy-Vahey, Sasa Harriott, Tracy Wodatch, Teri Henning, Karen Enders, Jenn LeDuc, Chris Pankratz, Stephen Magro, Tyler Booth, Karen Buckley, Kim Sandor, John Clark, John Brady, Julienne Giard, Rhianna Gingras, Ronald Cotta, Barbara Cass, Adam Skowera, David Bothwell, Matthew Festa, Lauren Nadeau, Angel Quiros.

- Guests: Mario D'Aquila

II. Presentation

- Tracy Wodatch presented "The Many Faces of Home Care" to the Working Group.

- Tyler Booth added to the presentation that there is another classification to behavioral health agencies as there are agencies that provide in home behavioral health services that don't have the same requirements.

- Tracy clarified that the presentation is to present the long-term services and post-acute home health and home support services. The plan was to ask members of the Working Group after the presentation to identify who else provides services in the home.

- Stephen Magro added that he has twelve thousand providers who are under the different waivers and has eight thousand consumers of these services. He added that GTIndependence is the fiscal intermediary of self-directed personal care attendants (PCA) as well as the layers of responsibilities that are put on PCA's.

III. Case Examples/Scenarios

IV. Home Health

- Chris Pankratz introduced himself and mentioned that his staff go into unpredictable scenarios. Staff are more aware of the risks today than in the past and their priority is the health and wellbeing of the patient. An obstacle to care is getting to and from the patient's home and he mentioned multiple car accidents across the state where the provider is being put at increased risk. Another obstacle is animal related, and he mentioned examples of providers being hurt by animals when they were at a patient's property. These issues are before the provider gets into the home as a patient's home can have environmental issues as well as the human factor. He mentioned examples of relatives of the patients becoming upset with the providers and then assaulting them. He believes that when the Group makes screening requirements and systems to put in place to assist clinicians it should make the providers as safe as they can as well as maintaining the safety of the patient. He mentioned examples of environmental factors that are obstacles to providers where it increases the risk of moving around the home.

- Jenn LeDuc introduced herself and mentioned an example of a patient who was being serviced by multiple services and the providers have already been there and done initial screenings. An occupational therapist was conducting a visit with the patient and the spouse pulled out a firearm. The provider didn't feel threatened but acknowledged that it increased the risk of visiting the patient. The spouse locked the firearm away in a lockbox and the family assured the agency that the house was safe to visit. Her providers didn't feel safe going back into the patient's home and referred her to other services. Another example she mentioned was with a patient that was referred to her agency and the neighbors who are acting as their caregivers. The caregivers alerted her agency during a visit that the spouse is extremely verbally

abusive. The spouse is part of a nursing home, and they were looking to discharge him for similar reasons. The spouse was referred by the nursing home and they asked the nursing home if he had behavioral issues, and they didn't describe his abuse to the staff. The agency did not admit the spouse as there was no safe plan of care and because of the several social dynamics. Another example is a hospice patient that was referred to her agency. The agency tried to move her into the home, but the patient has not had a primary care physician for twenty-five years, so there is no provider out there in the community. The patient was reported to be abused, being neglected, malnourished by a hospital which indicated that the spouse was a risk factor. The agency contacted protective services to get more information and they indicated that there is no open case, so they were told to rerefer.

- Teri Henning introduced herself and reiterated the unpredictable environment of a patient's home. She mentioned obstacles being the human factor, during the provision of care, disposing of medical equipment, transporting of the patient as well as the environmental factors outside the home as well as inside the home. She added that providers are dealing with high levels of stress which fuels caregiver burnout that leads to ongoing significant staffing shortages and turnover.

V. Hospice

- Karen Enders introduced herself and mentioned that hospice is very low on the referral late because of late referrals. Late referrals because of conducting background checks leaves individuals lacking access to care. She mentioned that starting from January 1st, 2024, to September 30th, 2024, Connecticut Hospice has admitted nine hundred twenty-eight patients and out of those patients two hundred forty-seven patients have had a length of stay shorter than three days which creates a barrier to conducting a background check. One hundred sixty-five patients are in patient setting and some patients could have been transferred because something deemed unsafe was found at their homes and the agency wouldn't be reimbursed as transferring a patient is not part of the respite plan of care. Eighty two percent of home care patients have passed away within those three days and there were one hundred sixty-five patients who have passed away in three days. They want to ensure that safety of the staff and they do not know who is in the home as more people come into the picture in end-of-life care as well as the increased emotions of seeing a relative in end-of-life care. She mentioned environmental factors that she has seen in homes that increased the risk of visiting as well as the social factor. She mentioned obstacles being agencies are liable and put under a microscope when something happens at the home, difficulties of signing a contract with a relative, discharging a patient with cause and what happens to them after. She believes that hospice has to be looked at differently as there is always a safety risk and wants to ensure that officials help and protect agencies

instead of making it a negative towards the agency when they have followed the process. She reiterated the difficulties of transportation to and from a patient's home, the environment of a patient's home and the social dynamic as well as educating patients. She emphasized the emotions that people are feeling in these scenarios and staff not being able to control who is inside the home.

- Lauren Nadeau introduced herself and mentioned an example of a patient that was referred to her agency. Her agency conducted a background check on the patient and people who have lived with the patient. A family member was flagged as a risk and the provider was given an escort when conducting a visit. The patient's power of attorney was notified of the escort and agreed with the agency as well as seeing the other family member as a risk factor. The family's power of attorney pushed back against the escort citing that it made the patient unconformable. The family stated that the provider does not need an escort and the agency had to discharge the patient as the agency wanted to ensure the safety of the provider. The provider being notified of the discharge was surprised of the risk element as the provider conducted visits to the patient in the past without knowing of the safety risk. Her agency received calls from other agencies asking the details of the discharge of the patient and she had to explain the reasoning which shows the lack of information being shared about patients. She believes that having something to access for all agencies is something the Working Group should be looking at.

VI. Non-medical Home Care

- Mario D'Aquila introduced himself and mentioned that his staff stay longer in the home from around eight hours to up to twenty-four hours. He mentioned an example of a patient where a stay-at-home caregiver was awoken by the spouse of the patient who is also dealing with mental health issues and the spouse was waving around the firearm seeming agitated wandering around the home. The provider notified the agency which then notified the family and local police which was met with resistance from both. Being met with resistance, the agency did discontinue services and the patient had a Medicaid waiver, so the agency had to provide reasoning to why they were discontinuing service. Another example he mentioned is the adult child of a patient arguing with the provider on how care should be administered. The agency discontinued service as the adult child was power of attorney and didn't want to put a provider in that situation. The client most of the time is not the one making the situation unsafe but people who live in that patient's home. He would like information about the patient's family being available so that providers and agencies can make the most informed decision. He stated that scenarios for all mentioned types of care at home is similar but his agency stays in the home longer compared to home health and hospice.

- Stephen Magro thanked members for sharing the experience of workers and introduced himself. He mentioned that most of the workforce are from historically disadvantaged groups which is a factor in violence they may experience particularly when the structural inequality of the workplace is such that the person for who they are caring is technically their employer. He mentioned the difficulties with the fiscal intermediary as a nontrivial number of employees don't receive their checks regularly. He believes they need to address the fact that not only is there incidents of violence from bad apples but there is also a problem in the system where workers are seen as disposable.

VII. Discussion/Q&A

- Sasa Harriott thanked members for presenting and sharing their perspectives. She believes that it is important to note that workers lack the access to the same resources of the patients they are serving at times. She hopes that the next meeting discusses the social determinants of health, the referral loop, reimbursement structure, the internal structures of agencies, accessing the resources within agencies and education. She emphasized that she heard throughout the meeting about the difficulty of providing care in a multigenerational home.

- Tracy Wodatch notified the Group that the legislation requires that providers are given a copy of the annual crime rate report for the State of Connecticut before they go into the home. She heard that the annual crime rate report is from 2022 and that the data doesn't give you a good picture as the data is not localized enough. She believes that the Group can take into consideration of what would be a good process and information to give to providers. She mentioned that the Judicial Branch website where they obtain criminal background checks doesn't zone in on one person as they must look for people by birth year. She mentioned an example of a person looking themselves up on the website and nine other individuals with the same name and same birth year were found. This causes agencies having to notify providers of a security risk without confirmation of a security risk. Another challenge she mentioned of the new law is the sex offender registry as they are only required to look at the patient. She mentioned creating a repository that would give them all that information and said that Auden C. Grogins will show the Group how to navigate the Judicial Branch website as well as hear recommendations for the site. She also mentioned the importance of recognizing others who go into the community and it being important to have a picture of other providers in the community. She asked members who are aware of programs to be aware of the volume of people they are talking about and what they can put in place that can help protect as many people as possible that is affordable without delaying or denying care. She reiterated the examples that members offered of the unsafe scenarios they were in. She asked members who do have programs that make home visits

to keep in touch with the co-chairs so that they can present next meeting. She asked members if they had any questions.

- Sen. Saud Anwar thanked the members of the Working Group.
- Rep. Cristin McCarthy-Vahey echoed Sen. Anwar's comments.
- Sasa Harriott wants the Group to keep in mind what they will do to the folks who need the care.
- Tracy Wodatch echoed Sasa Harriott's comments.

VIII. Next Meeting

- October 29th via ZOOM and YouTube Live at 2:30 PM

IX. Adjournment

- The meeting adjourned at 4:06 PM.