

State of Connecticut  
GENERAL ASSEMBLY



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

## Healthcare Workforce Safety Working Group Provider Subgroup

### Meeting Summary

Tuesday, November 19, 2024

2:30 PM on Zoom and YouTube Live

#### I. Welcome

- The meeting was convened by Tracy Wodatch at 2:31 PM.
- Attendance: Tracy Wodatch, Sasa Harriott, Barbara Pearce, Chris Pankratz, Jenn LeDuc, Lauren Nadeau, Teri Henning and Karen Enders

#### II. Draft recommendations and report review and discussion

- Tracy Wodatch stated that they are meeting to go through the information that has been provided at the Work Group meetings so far and to review the issues that have been brought forward as well as to come up with recommendations. She mentioned that she shared a list that can be used as a foundation or starting point for recommendations. She commented that some members questioned the law itself and what it requires them to do. She asked if the law itself as of October 1<sup>st</sup> is being interpreted in the same way and being implemented in a similar way as well as if there are things within the law that they are struggling with that may need recommendations from the Working Group. She mentioned the judicial branch lookup, the crime report being general to town and the overall data collection piece she believes they need to consider when they are making recommendations.
- Sasa Harriott agrees with the point about the law having gaps and believes

it's good to look at the backgrounds of individuals but believes it is evident that it won't capture the crucial information that they are looking for. She believes that they need to look at the current practices they use to educate staff as well as the need to broaden their thinking to how they can have that column to give people the care they deserve when they have gotten controversial diagnoses or have controversial backgrounds.

- Tracy Wodatch asked the Working Group how it would like to proceed.
- Jenn LeDuc believes that the real challenge is the referral sources are not disclosing things to them and she doesn't know the reason for that, but she feels that there isn't the disclosure they truly need. She stated that there is sometimes the intentional withholding of information which puts them at a disadvantage and that there isn't good transparency. She asked if there is anything to hold the referral sources accountable as they are putting a lot of eggs in their basket but what is being done on a systemic level to support this as they are not the only healthcare providers, and she doesn't know why they are not held to the same standards.
- Teri Henning agrees with Jenn LeDuc and asked where the information is available, what is the expectation from providers and what does the law require / expect. She believes there are three buckets of potential information or many more which are the referral sources, the different websites, and the client as well as the family themselves. She adds that it is challenging to implement and operationalize the expectation of the law when they are trying to provide safe care in the home.
- Barbara Pearce added that in addition to finding it hard to collect the information she believes there is at some level a requirement to tell people that they are investigating them and to get permission. She believes that it is not ok to investigate family members of patients without their permission. She stated that they won't be able to investigate family members or persons outside of Connecticut which will result in only investigating Connecticut residents. She believes that the whole thing is impracticable and agrees with the quality of the disclosure. She believes that the focus should be on how to teach people to keep themselves safe given the limited resources and availability of information.
- Tracy Wodatch commented that the Local Police at the last meeting mentioned that a lot regarding teaching staff to keep themselves safe. She added that OSHA requires them to provide a safe work environment and to have a plan in place, but they are not required to look for the reports. She believes that the agencies who have been doing this on a daily basis can prove that it's not working.
- Chris Pankratz believes that there are a number of challenges and adds that

the OSHA issue is an interesting one because they don't tell the provider what the provider should be looking up and if the provider doesn't, then they will tell the provider that the provider didn't do the due diligence to provide a safe working environment. He believes that the whole nature of their working environments is unpredictable. He appreciates that they are identifying potential issues before sending a staff member out as well as finding the potential concerns with the limited information. He believes that an unintended effect of the legislation is slowing down referrals in the intake process and indirect discrimination of individuals based on where they live or their history. He doesn't know the rights of individuals to certain types of care and stated that they saw this coming as people are utilizing more expensive resources.

- Karen Enders added that it always comes down to the agency as the agencies are liable for so many things where they would never to be able to control the entire situation and instead of working closely, they are always punitive.
- Chris Pankratz agrees that they are always punitive and added that OSHA's response was the same where they stated that the provider didn't provide a safe working environment and they are not defining on how to do that.
- Karen Enders asked about what they said about the Cromwell case where the provider would have no idea of the situation and they will always be penalized.
- Lauren Nadeau believes that the law passed doesn't require them to protect against every scenario but that they do their due diligence to try to keep the clinicians safe in the home. She mentioned a case previously where she felt unsafe and found out later that the patient had a conviction so that is an example for it would have helped her and she mentioned a case of a patient where they did their due diligence, and they were able to safeguard the clinician when visiting the patient. She believes that they are not able to with certainty declare that a home is unsafe but that they are making providers try the best they can. She commented on a case where they followed the safety protocol and a situation occurred when the visit was happening, so they had to reconsider which shows the unpredictability of a home visit.
- Jenn LeDuc thanked Lauren Nadeau for pointing out the availability of resources as they are severely limited compared to other areas of the State. She stated that there isn't an escort service for visits in the Northeast Corner and she applied for the Grant to partner with their organization's security team, but they received a minimal amount of funds that won't cover anything. She added that small agencies are fighting an uphill battle as they don't have the resources in technology, finance and people.

- Karen Enders asked Lauren Nadeau for the individuals working at the Yale Home Care as it is a large system if that is a full-time job for one or two people.
- Lauren Nadeau responded that the intake director is in charge of that, and they put in protocols that every intake nurse who processes that referral has to go through each step of the safety protocol.
- Karen Enders asked if the Hospice has to do that also.
- Lauren Nadeau responded yes.
- Karen Enders asked if it is for every additional patient as well.
- Lauren Nadeau responded yes for every single patient that is coming onto home care services in the Yale system must have this procedure done before they take them on.
- Karen Enders asked if they lose some patients on late referrals.
- Lauren Nadeau responded that they got it down to be pretty timely, but she recognizes that she has resources that other providers may not have.
- Tracy Wodatch added that their policies go beyond the law.
- Jenn LeDuc wants to caution to the Working Group that whatever they ask for they need to ensure that they all can do it.
- Sasa Harriott believes that there is confusion between the legal scope of home health and what they actually can deliver. She doesn't know if the commitment to do this risk assessment is aligning with the competence of what a registered nurse can accomplish as some of these patients are being treated by teams. She believes that there are a group of people out there that require a certain level of competence or team approach that they are sending singular staff to deal with. She mentioned how providers will not be able to see the change in the environment as a provider may get to know a person over that time and that clinical practice might decline. She asked if they could think outside the box as the current system is not working and how they can broaden the scope because right now they are asking registered nurses to do things that are not within their scope at the Department of Public Health (DPH). She asked if the model should be that way as they are the only ones to go into the home and others could be able to and she doesn't know when Emergency Medical Services (EMS) can delay care when they have received a call as home health is now required to do that.

- Tracy Wodatch reiterated that Sasa Harriott asked the EMS question last meeting, and the answer was that they send Police or Fire to go automatically with EMS.
- Chris Pankratz added that is why they see Police or Fire show up when an ambulance is called. He believes that the EMS point is interesting as they have supports that providers don't. He believes that the risk assessment idea is to be better prepared where a provider should know something before walking through that door and hopefully better training providers. He likes the idea of broadening supports in the home like where they can incorporate social workers and it would be nice to have financial support from the State to operate like that.
- Sasa Harriott added that nurses are not reimbursed for all the things that they do in the middle like helping pick up medication and transporting patients to physicians. She is seeing a group of people that are so dedicated to their work that they are losing their lives along the way. She believes that they need to keep the education piece and to not lose it in the discussion and asked what they are doing to protect everyone in home care and wants to include everyone moving forward. She emphasized that the law states that their task is to make sure that the residents of Connecticut are safe which includes everyone. She asked if they like the criminal background check and they must be honest if that will be an obstacle as well as asking who it is benefiting or harming.
- Tracy Wodatch added that is the broad-brush approach to law as it happened and now, they have to do a criminal background check on everyone. She added that the law doesn't require to look up everyone who is in and out of the home and it doesn't require that they do the sex offender registry of the community or building but it requires just the patient. She believes that is short sighted and asked if it is appropriate to do that part or is it more appropriate for them to be able to have access to information about risk. She asked about that responsibility not being at the agency and instead getting that information to providers. She mentioned that they can use a standard risk tool that can help guide them, but another challenge is funding. She commented on Jenn LeDuc's grant funding as that was only for Medicaid.
- Jenn LeDuc agrees that the grant funding is short sighted.
- Tracy Wodatch commented that they understand the challenges and that they have to fight that they are home health and Hospice agencies not law enforcement. She stated that although the first set of laws exempt Hospice, the Working Group was tasked with looking at both, so they have to be cautious in making in harder for themselves when they make recommendations.

- Lauren Nadeau asked Tracy Wodatch if it possible to say that they are happy to enact some of these laws but there must be funding from the State.
- Tracy Wodatch responded affirmatively.
- Chris Pankratz believes that some of the Working Group's intention is to figure out what they need and how they want to operate. He asked if they want to look through the law and to decide on what they like or don't like as well as what needs to change.
- Tracy Wodatch added that they need to recognize the OSHA general duty clause which is wide open, and providers can make policies that best protect their staff but they can't prevent everything so they should have good practices and training in place.
- Karen Enders mentioned the training piece as she was taught that if there was a fire in the home, they have to help the bedbound patient and it could be difficult due to size. She believes that its good to train staff and that it always comes back to what you are then held responsible for.
- Sasa Harriott agrees with Karen Enders regarding the staff issues that they fear losing their jobs. She asked for members to think about being a staff member in a home feeling unsafe and you need this job, and she believes that they need to look at this concept to see how it puts staff in risky predicaments. She would like for leaders in this field to have this conversation to help staff members. She believes that they have to look at the safety of their teams and how it affects the community as well as the image of home care. She believes that they are going to have to advocate for change on all levels of home care as well as changing the image.
- Lauren Nadeau agrees with Sasa Harriott's point about leadership and creating a structure where staff feel safe to report issues. She believes that leaders have a huge responsibility in allowing staff to feel safe and advocating for staff.
- Tracy Wodatch stated that the law includes training and asked members how they feel as she is comfortable in how it is outlined as it gives broad deference to agencies. She asked members if they would like to recommend a particular training that needs to be had and she cautioned members in doing that. She stated that the law also addresses giving an avenue for the staff to report and that it had to be clarified as there was issues with the language.
- Jenn LeDuc is ok with that portion of the law and stated that their avenue for staff to report seems to be working really well.

- Tracy Wodatch stated that sharing these best practices can really help other providers as well as optimizing the training piece as they wouldn't want that written in law.
- Sasa Harriott added that there are some facilities that lead peer led safety committees and the influence someone can have when the highest level of leadership is not within the room is astounding as they express and share more. She believes that its great that they are looking at the qualitative and quantitative side so people can feel embraced and not alone.
- Tracy Wodatch asked if the group should put forward a list of great practices to consider but certainly not mandatory.
- Lauren Nadeau believes phrasing it best practices is good.
- Sasa Harriott suggested that guidance might work.
- Tracy Wodatch is cautious about putting forward best practices as recommendations.
- Chris Pankratz agrees as well as adding that the monthly safety assessments requirement is also vague and is worried about another avenue that the State can pursue providers. He likes the idea of doing an anonymous survey to open up general feedback. But they don't do it that way so that responses are recorded with the individual as he is worried of sending it out to direct care staff as it will open another avenue for the State. He believes that their needs to be some sort of system in place to make sure that they can provide their services as they did historically, so they need easy access to the data. He added that the data gives a general picture of what someone is walking into, and it allows providers to prepare for that.
- Jenn LeDuc asked about the recommendation regarding a common repository of data and added that a safety device that they are piloting allows providers to rate the safety of a home visit and suggested that it could be used Statewide.
- Tracy Wodatch added that it would be subjective.
- Jenn LeDuc agreed and added that it's from the front-line staff who are doing the visits and local police told her that the device is similar to ones that they use. She asked if Statewide providers could have a safety device or program that lets them rate home visits based on risk or safety.
- Karen Enders asked what safety device they are piloting.
- Jenn LeDuc answered The Katana.

- Karen Enders asked Lauren Nadeau if Yale has rolled out any safety devices.
- Lauren Nadeau answered that they tried a button on their ID badges, but she heard that it wasn't effective, and they are looking to use another device.
- Tracy Wodatch added that a lot of agencies have tried a lot of different devices, and each agency seems to be a little different.
- Karen Enders asked if they could find a common safety device that everyone likes.
- Tracy Wodatch believes that if they recommend creating a common repository of information that can give providers regional hotspots then the question becomes funding and another question becomes what the statutes say as far as what providers can legally access for information. She added that police have that information readily available because they are law enforcement and doesn't know what restrictions they have in regard to collecting information. She believes that the information can be compiled into a common database but acknowledged the challenges.
- Chris Pankratz added that they heard that law enforcement agencies collect this information as well as have it and agreed that it is the right approach to try to compile the information. Currently he stated that home visits by multiple providers that come in after each other wouldn't know the risk that the patient poses and the ability to share that information could really improve the safety of staff. He believes that there are enough safety devices out there where they can utilize that to share information.
- Teri Henning added that there are challenges with individual agencies being the reporters as everybody evaluates things differently and it could negatively impact access to care in an unintended manner. She thought that the common repository recommendation would be bringing together all the publicly available information for providers to check instead of creating something new, but she also understands the benefits that it could bring as well as the challenges that it poses.
- Tracy Wodatch clarified that the common repository recommendation is about the data that law enforcement hold and asking to be able to access that information not creating a new database. She added that how each agency interprets that information goes to the character of each agency.
- Chris Pankratz believes that the point about subjectivity is important as the barometer for risk is different for each person. He adds that his point is taking all the pieces they are required to collect and expanding that system to collect information from agencies and staff. He believes that another piece



is sharing the medical information and believes that they should ask for a broader scope.

- Sasa Harriott echoed Tracy Wodatch's comments about the police. She feels like they are putting an additional responsibility on people who need to receive home care. She believes that they are putting an additional burden as she doesn't know any agency that will take a risky patient. She asked about the then what after they receive a common repository as she is interested in who's making what decisions for the people who rely on their services. She commented that the Working Group cannot talk about resources as the Working Group is not about resources.
- Tracy Wodatch clarified that they can mention resources.
- Sasa Harriott asked what the plan for the agency or provider is when they learn that they are dealing with a risky patient. She added that her agency is overstaffing to provide care for risky patients as they conduct those home visits as groups. She went over the process of conducting a home visit and the amount of planning that is needed to deal with the unpredictability. She asked about the privacy concerns of the safety device and if staff would be aware of their rights. She believes there are serious gaps with the language, enforcement of the law and what is actually happening in home care as well as adding in the lack of discussion of resources.
- Lauren Nadeau commented on the next step as the next step would be to determine if an escort will go or not as she can't see an agency being able to enact these things without an escort unless agencies deny service. She believes that a safety device is great for a what if scenario but if there is an identified safety risk she believes that an escort needs to be present.
- Tracy Wodatch commented about bringing back the add on because the grant funding is short term.
- Karen Enders stated that they are already underserving some areas for Hospice for individuals who should be receiving support and believes that this being enacted allows them to push more individuals and not abiding by diversity equity inclusion. She added that a safety device wouldn't tell them the condition of the provider, but it would tell them more than what they currently know. She commented on escorts as at an earlier agency she wouldn't call her escort because the escort's schedule became a burden and she would plan home visits that would be less risky as she wouldn't want to wait for the escort.
- Chris Pankratz believes that the point about resources cannot be ignored as overstaffing like Sasa Harriott mentioned can be sustained for so long and eventually that will have to end. He believes it's a catch twenty-two to say

that resources are essential to them providing services in a safe manner and determining that they need extra staff to maintain safety.

- Barbara Pearce added that they have two places where they have to make a trade off. The first tradeoff is fewer people will be served as sending multiple staff restricts the number of patients they can take, and the second tradeoff is fewer people will be served because reimbursing for one will run agencies out of business. She believes that asking for funding from the State will not work as previous efforts by the State to help fund positions have not materialized. She believes that the assumption they need to make is that they have to decide if sending more staff actually improves safety. She doesn't necessarily believe that sending more staff improves safety. She asked what they are going to do after as the situations that they enter into is inherently chaotic.
- Sasa Harriott asked if they are going to come up with risk assessment tools who are they going to ask for help in developing these tools. She doesn't understand why the law has pieces relating to substance use or psychiatric disorders.
- Tracy Wodatch asked about looking at multiple potential stakeholders plus the Department of Corrections (DOC) to assist in the risk assessment tool and mentioned that this recommendation is hard. She believes that they need to look at the law and make recommendations for change as it isn't fair for them to be conducting background checks on all referrals.
- Karen Enders agrees that it isn't fair as well as adding that it isn't fair for the expectation for providers to know.
- Tracy Wodatch reiterated Sasa Harriott's point of next steps and stated if they refuse to change the fact that they need to do some kind of check then there only opportunity is to get it done for providers than have the provider do the check. She asked if Sasa Harriott is also insinuating that it shouldn't be part of the law.
- Sasa Harriott doesn't see how it should be if they cannot do it for juveniles, individuals not from the state and what does it prove how far back their record matters. She states that it feels wrong.
- Chris Pankratz believes that a risk stratification tool or decision tree matrix can come into play as they have to look at the full picture. He added that providers don't have the background to do checks and added that they need help. He likes the idea of letting someone else run it because there will probably be a myriad of issues that could be sidestepped by having someone else run it. He added that currently there are systems and agencies that come up with a numbering system that includes the whole

picture and suggested that approach.

- Tracy Wodatch believes that is aspirational.
- Karen Enders commented on background checks and added that they have HIPPA in the healthcare field. She believes that the information that will be provided to staff will give staff preconceived notions and they will treat the patient differently. She asked who will police the information and ensure that the data is handled responsibly. She believes that there are legal issues across the board with this.
- Barbara Pearce asked who will protect staff when an agency turns down a patient because a family member has a record, and that family member becomes angry and shows up at the agency. She believes that training staff will do no harm and some amount of good while anything else they do will do more harm than good. She agrees with Karen Enders about the legal issues as they will be faulted by DPH and OSHA.
- Sasa Harriott stated that it was a huge weight to lift and spoke about how LPNs, RNs and CNAs can't do these things as it isn't within their scope.
- Barbara Pearce believes that they are going to discriminate as seniors who need Hospice have downsized into cities and most of these clients will need to be investigated as they will be living in high crime areas. She agreed with Karen Enders about staff making their own judgment about home visits.
- Karen Enders added that some staff will do it that way and others won't. She believes that some providers will use that excuse to not cover anyone.
- Barbara Pearce agreed with Karen Enders about staff using the concern of safety to not provide care.
- Sasa Harriott added that another concern is that we are living in a second chance world and people throughout home care are getting a second chance, but they are not using that same concept when it comes to the individual that is getting care. She agrees that the right person should deliver care at the right time and added that it could be added to the rights of patients. She believes that if they are telling the State that they are committed to delivering care then the State wants to hear that providers are committed to the highest standards. She believes that this isn't a gendered issue as that factor isn't a consideration to the risk of the staff member and that the Working Group is leaning with compassion but putting safety first. She added that whoever makes the decision regarding disorders and if they can start delivering services, shouldn't be decided by providers as it is not within their scope or background.

- Tracy Wodatch stated that is why DPH put language saying that providers cannot deny care solely based on whatever the language is. She added that they need to come up with recommendations to bring to the larger group. She asked if the recommendation be that training remains a priority, but they drop the background checks. She added that the intake questions are very detailed and reiterated Jenn LeDuc's point of information being intentionally withhold or not known. She asked if they would like to recommend a risk tool and likes Chris Pankratz idea of a number system that indicates violence level.
- Jenn LeDuc asked who gives them that number and where does it come from.
- Tracy Wodatch answered that it would come from the results of the database.
- Chris Pankratz added that it would be some law enforcement agency or repository as DPH has a statement that they can't refuse, and he asked where the protection for the agency is. He believes that if they are held to these standards then help is necessary for compliance. He agrees that people will be denied service because of discrimination. He believes that the law being in response to a tragedy led to its quick passage, but the law has left them in a difficult situation. He agrees that training and a check in are all good things and agrees with Barbara Pearce's point about recommending training as it will do no harm but good. He believes that resources should be distributed across the board if the intent is to protect the industry and not the industry serving a type of payer. He believes that they can ask for the reducing of information and creating an objective risk score that will be used for everyone.
- Barbara Pearce asked why the State cannot create a training program that the State thinks will protect staff better than they are now and require it for licensure of staff. She added that it would shift the burden onto the State.
- Karen Enders likes the idea.
- Barbara Pearce added that it would shift the liability to the State as the training would be centralized instead of being particularized to agencies. She believes that they should make a strong statement that each provider went into the profession to take care of people that needs them, and they have to consider the providers ability to provide services because Connecticut doesn't want to be the only state in the country to not provide this type of care. She asked if agencies would be off the hook legally if they sent a staff member into a rated safe home and the staff member got hurt.
- Tracy Wodatch believes that they are not off the hook.

- Barbara Pearce reiterated why the State can't create a rule that people know that they have to protect themselves and to set up an agency to train staff as well as requiring the renewal of a staff members home care license to take that course.
- Chris Pankratz believes that idea would make the State take some ownership of issues when they arise, but it will still fall on the agency. He likes the idea as it will make them share some sort of liability.
- Barbara Pearce agrees that either way any issue will fall back on agencies.
- Sasa Harriott asked that they can come up with a solution where they have been delivering services for years and ensure that the community knows that the providers are taking it seriously and that they are willing to change. She stated that she will ask legislators regarding why certain language was included in the law. She asked which legislator included the list of things that staff need to know.
- Tracy Wodatch stated that it was Sen. Marx
- Sasa Harriott believes that the list is great as it helps reduce the risk but asked if the list has to be so long and believes that they need to reevaluate the list.
- Tracy Wodatch clarified that she believes Sen. Marx drove that conversation.
- Sasa Harriott answered that they might be missing something, and she doesn't want to rule out anything without understanding the picture fully. She believes that they should figure out why the list is long, reduce the length of the list and then let everyone understand that it's not the end of knowing the risk. She believes that the Working Group can accomplish that task if they figure out the rationale and then move forward.
- Tracy Wodatch commented that Sasa Harriott example of wound care made her think of typical DPH gotcha where they can be a certified provider, pass all the trainings but something could have happened, and the provider is still liable anyway.
- Sasa Harriott clarified that they have been doing extra work in home care so they can do this too.
- Tracy Wodatch agrees with Sasa Harriott and believes that they should look at the language. She mentioned that some pieces of the legislation came from other home care providers that aren't licensed by DPH. She commented that Barbara Pearce's idea of training might have to be beyond home health and Hospice.

- Barbara Pearce believes that if they aren't licensed then they shouldn't be included.
- Tracy Wodatch added that they have some required trainings, and they can tie these trainings to those home care providers not currently overseen by DPH. She has concerns about the termination of the Working Group and asked members if they should ask for an extension.
- Karen Enders believes that they should ask for an extension.
- Jenn LeDuc believes that they should ask for an extension.
- Chris Pankratz believes that they should ask for an extension.
- Tracy Wodatch added that they were given the opportunity for an extension as they had a short time frame. She stated that she will speak with legislators regarding an extension. She asked what they would like to bring to the full Working Group.
- Sasa Harriott believes that members of the full Working Group could help guide them along the clinical side at DOC. She added that at the full Working Group meeting each member could come forward and they can hear what they would recommend. She stated that then the Working Group can come together to see if they are at the same place or if they need more information.
- Tracy Wodatch added that she can ask Rep. McCarthy-Vahey about the list.
- Sasa Harriott asked if they are coming up with questions based on where they are leaving off to send out, so that they can think about this.
- Tracy Wodatch believes that is a good idea and stated that they should start the full Working Group meeting stating that they have had this extensive discussion, and these are the areas where they feel where change needs to happen.
- Sasa Harriott asked if whatever being brought forward next meeting would be brought as individuals.
- Tracy Wodatch stated that they can and if the Subgroup has any other recommendations, she suggests best practices for their industry but not putting it into any type of law. She suggested that each agency could have a safety committee.
- Lauren Nadeau likes that idea.

- Tracy Wodatch stated that she is very cautious of putting anything into statute.
- Chris Pankratz added unless it's funding and believes that it's a good idea to hear from other groups. He stated that historically they have been doing a good job and that the tragedy brought awareness to agencies to be more cautious. He reiterated the unfairness of putting all the burden on home health and believes that the expectations that are placed on them are unrealistic. He added that he likes the idea of hearing from other members as well as hearing from legislators.
- Tracy Wodatch stated that she will meet with the Public Health Co-chairs regarding moving forward with the Working Group.

### III. Adjournment

- The meeting adjourned at 4:34 PM.