

State of Connecticut
GENERAL ASSEMBLY



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

Healthcare Workforce Safety Working Group

Meeting Summary

Tuesday, December 3, 2024

2:30 PM on Zoom and YouTube Live

I. Opening

- The meeting was convened by Sasa Harriott at 2:35 PM.
- Members present: Sasa Harriott, Tracy Wodatch, Teri Henning, Jenn LeDuc, Chris Pankratz, Tyler Booth, John Brady, Julianne Giard, Rhianna Gingras, Ronald Cotta, Barbara Cass, David Bothwell, Anna Karabin, Auden C. Grogins, Sarah Gadsby, Karen Buckley, Karen Enders, Barbara Pearce, Kim Sandor, Stephen Magro.
- Review of issues and concerns raised at provider subcommittee meeting 11/19/24 (attached)
- Note: Extension granted by Sen Anwar and Rep McCarthy Vahey (report now due on or before end of January 2025)
- Each work group member (3 minutes max)

- Review provider recommendations
 - Discuss top priorities
- Sasa Harriott gave a summary of the Subgroup meeting. She raised a concern for smaller agencies and rural agencies in meeting the new safety and staffing expectations as many lack the funding, staff, and capacity to implement additional measures. She noted that the grant funding is limited to the Medicaid population and that they discussed the challenges of intake data requirements. She agrees that while the new requirements will enhance safety the new requirements will delay care and they are too burdensome. She added that the additional requirements put a singular burden on home care, and it raises the question if these requirements are within the home health scope. She believes that the assessments done by singular home health care providers that are done traditionally by a team of providers is well outside of home health care providers. She additionally raised the concern that all the data collected will allow agencies to potentially discriminate against patients by denying care. She commented that they discussed the privacy concerns of collecting this data and that agencies can still face penalties even if they are acting in good faith. She mentioned that they discussed training of staff and noted a possible extension of the Working Group.
 - Tracy Wodatch noted that the Working Group has received an extension and that they are expecting the report by the end of January. She added that the Subgroup discussed issues with the crime report as it doesn't give particular information but general information. She reiterated the issues raised for other disciplines that go into someone's home. She believes that they have come up with good recommendations and is looking forward to hearing from members.
 - Chris Pankratz introduced himself and stated that he is looking for shared responsibility with the compliance requirements from the State, referral sources need to be required to disclose all relevant information of a patient and a centralized state system as part of that State responsibility. He believes that the current processes should be optional due to the challenges outlined by the Working Group. He wants staff safety prioritized by having a state mandated safety training that is designed and provided by the State. He added that he wants agencies to adopt best practices as they figure out what is best for their industry and would like the best practices not written into law. He believes that the grant funding is limited in scope and would like to see that expanded.
 - Teri Henning believes that they should implement processes to improve worker safety and at the same time carefully review and potentially amend requirements that create obstacles to care. She echoed Chris Pankratz

comments, and they support reviewing and revising the data intake collection requirements as well as creating a state repository for the information. She supports state provided training and the funding concepts that would include expanding grant funding and implementing an acuity based add on rate.

- Karen Enders does not agree for hospices to be mandated in this as the cost is too much to send two staff members and it is impracticable. She added that the Department of Public Health (DPH) should create guidelines but not regulatory as it would be very difficult to meet some of these regulations. She noted that hospice needs to be out to the home at the same day and they will not be able to delay care. She commented that it depends on the referral source as it doesn't guarantee that they are getting the information necessary. She would like to see a process, not a mandate and DPH coming up with guidelines for agencies as well as some funds from the State to implement these recommendations.
- Barbara Pearce agrees with Karen Enders and believes that it is important to not put the cost and burden on agencies so it should be connected to nurse's licenses. She acknowledged that the State waived nursing license fees, but she believes that the training should be tied to a nurses license and for the State to run the training. She believes that the State should take on the responsibility if the State believes that it will work.
- Jenn LeDuc agrees with everything said so far and would like to see the State develop some best practices rather than mandates and have the guidelines acknowledge the differences in agencies. She added that they are often getting inadequate referral information and many patient handoffs aren't safe and appropriate. She believes that the additional requirement of collecting safety information places a large burden on the agencies. She would like to see data collection streamlined and a central repository for the collected information. She commented that her agency is doing a lot with few resources as sometimes they are spending more time collecting information then clinical work of the patient.
- Stephen Magro would like to see standardized safety training throughout the State and added that other qualified entities can provide the training. So, an addition to this recommendation he would like to see is possible grants for entities that work with workers to provide training but believes that the standardized safety training throughout the State is critical to that. He added that the referral information of patients has to be more robust and there needs to be a better collection of information of violence against workers to help them understand the scope of the problem. He believes that the work is being deprofessionalized so he would like to see it professionalized and suggested creating a career ladder including certifications.

- Sarah Gadsby echoes a lot of the earlier statements and believes that the priority is staff safety through staff training in regards to violence prevention. She added that outside providers could share a standardized evidence-based training model. She commented that they should look at the risk assessment tool and look for a standardized form. She agrees that there can't be mandates in the legislative process due to the variety of the industry.
- Tyler Booth commented that he has community support staff and suggested the safety training is a top area of focus. He stated that he likes tying the training to the license but stated that they have many non-licensed staff, so he suggested the program be good for a certain amount of time afterwards. He believes that some of the requirements seem overly onerous and that they are moving too quickly towards the requirements without studying them. He would like for them to look more into the scope and to move towards best practices instead of legislative mandates.
- Karen Buckley raised concerns about ensuring appropriate access to care for patients of all backgrounds and stated that hospitals are worried about staff in that arena. She wants to ensure that the State is asking if they are putting into place policies that could delay, hinder, or make access to care impossible. She reiterated that the recommendations proposed could hinder access to care as they aren't sure if there is funding for these recommendations. She is concerned about the real protection and safety efforts that need to be provided to staff and believes that they are focusing too much on the data collection piece. She suggested the Working Group to look to see what they can put into place to protect employees.
- Kim Sandor raised the concern of balance and the path forward of providing good care and ensuring staff safety. She stated that training is their number one focus and although she appreciates the training being tied to licenses, she would like the language to be more specific as nurses encompass multiple modalities. She believes that training goes much farther than information about the setting as the environment is chaotic and could change. She is not in favor of having a total generic training and would like some sort of individualized training as well as the training needs practice and assertiveness. She believes that they need to have some cost and forecasting for tools and resources. She added that continuing the data collection piece to continue being data driven is critical. She wants to ensure that policies and practices promote a culture of safety and not pressuring providers.
- John Brady emphasized the training piece and believed it is critical. He stated that there could be some way to tie the training to a license but he agrees that mandating training doesn't make sense if employees switch agencies within a year of the training so he would like to see the training be

good after a certain time and pointed out that other entities can also provide training. He believes that risk assessment is very important but acknowledges the challenges and stated that they need to improve on the challenges that they have heard. He cautioned the Working Group about mandates and regulations as if they aren't there then things don't get done and about the variety of care that will follow without regulations.

- Julienne Giard would like to focus on the area of violent risk assessment as the Department of Mental Health and Addiction Services (DMHAS) do these assessments during the providing of service. She added that they have some standardized risk assessment tools as well as trainers in the risk assessment tools.
- Anna Karabin stated that her top three priorities are establishing a standardized safety training across the agencies, a centralized system across multiple agencies that will provide information and expanding the scope of the funding to other agencies that are entering the homes as well as expanding the items available for purchase.
- Barbara Cass abstained from making any recommendations but does appreciate every member's comments.
- Rhianna Gingras stated that the Department of Corrections (DOC) would defer making any recommendations to providers.
- Tracy Wodatch thanked the Working Group for the discussion and stated that she agrees with many of the comments including the piece of having some sort of standardized training. She mentioned Kim Sandor's comment of having more individualized training and commented that they are looking more at the home and community-based space. She would like the training developed by experts that could include members of the Working Group and believes that tying the training to a license is a tough ask. She added that if the recommendation of tying the training to a license is implemented, she stated that she would like a mechanism to track that. She stated that they could put the burden on the individual and maybe not on the license to get trained. She would like to see best practices that could potentially be used across the board and not mandates as well as the funding to implement all the recommendations they are supporting. She commented that the data repository needs to be an easy lookup process where the information being provided is a risk score and not complicated information about the client. She believes that they could request the two areas of subsequent visits and add-ons. She reiterated that she would like to see a central data repository, safety training and funding.
- Sasa Harriott believes that a prescribing provider should set the level of care that a client will need as well as giving them the reimbursement to

match. She stated that currently everything ties to insurance and reimbursement for home health and asked that if they send multiple providers to a home visit then they will have to figure out the logistics of the care. She believes that the requirements being set on home care agencies right now is outside of their scope. She added that when a patient is being referred to any level of care the prescriber would let the agencies know what the patient needs. She believes that the information related to safety should be collected also by providers who have a better understanding of the patient and that they need to ensure that agencies have the resources they need. She would like for agencies to be able to access the internal ACT teams of DMHAS when needed. She stated that they need to review the reimbursement structure for care delivered in multigenerational homes and congregate settings. She believes that there needs to be a standardized training program for home healthcare workers that is tied to a license, and it needs to include a behavioral health certification for behavioral health nurses. She reiterated the chaotic nature of a home visit and the need of training staff members to be able to handle these environments.

- Barbara Pearce asked if hospice would be exempt from checking people who are out of state and if there is a bypass if the patient is actively dying as well as if they will be protected from the CMS rule that they don't discriminate on their care.
- Karen Enders added that a patient could be admitted today and not be actively dying and later in the evening they could change and start to actively die.
- Barbara Pearce agreed with Karen Enders and asked what would make time of the essence and if they would be protected if they didn't bring their services quick enough. She stated that hospice is fundamentally different from home care, and she doesn't understand how they will be exempt from rules imposed on them from federal agencies if the state passes a law that countermands what they were told from CMS.
- Auden C. Grogins believes that her role is to assist the Working Group in acquiring information and to answer any member's question of the judicial system.
- Sasa Harriott announced that the next meeting will be on December 17th at 2:30 PM. She added that the goal of the Working Group now is to narrow down their priorities. She asked how the Working Group would like to move forward.
- Tracy Wodatch stated that she will tap Karen Buckley and Kim Sandor as well as other members for help in writing the report. She added that in addition to recommendations they will list some of the issues highlighted in

meetings in the report. She asked if that sounded appropriate to members and if they are leaving anything out of the process.

- Karen Buckley stated that it sounds right as reports usually talk about the issue and concerns identified and then they do a list of recommendations. She stated that all of the recommendations probably won't be done in one year so they should keep that in mind.
- Tracy Wodatch stated that the central repository and training will take time, so she agrees with Karen Buckley about strategically doing recommendations.
- Karen Enders added that they could set up the report like a project management where they have the different topics and where they stand. She agrees with Kim Sandor that some of the costs could be included in this report to present that information as they truly don't have an idea of the total costs.
- Tracy Wodatch doesn't know if that is under the Working Group scopes and suggested that they could do a recommendation for the funding to cover the costs.
- Karen Enders asked if they would be allowed to push back on the recommendations if legislators impose onerous costs on agencies.
- Tracy Wodatch commented that it would be part of the legislative process.
- Karen Buckley added that members would be able to weigh in on the legislative process and stated that they could highlight that concern as well as other concerns in the report.
- Tracy Wodatch asked members to review the list of issues and concerns that were brought forward and to offer any additional comments or concerns. She believes that it would be helpful to make a draft of all the issues and concerns as well as priorities brought forward. She thinks that is a good starting point for the next meeting as well as distributing that information to members.
- Kim Sandor added that she would like to receive that report earlier to distribute to subject matter experts as well as putting the extension of the Working Group into the report and believes that the Working Group is valuable to the process. She stated that they need to continue to collect data to continue to make data informed decisions and acknowledged the burden that data collection can impose on members.
- Tracy Wodatch stated that the law required DPH to set up a portal to report

workplace violence events and believes that it starts March 1st. She added that prior to the law providers had to send in an annual report on workplace violence events without any detail behind them. She added that the law gave the Department of Social Services (DSS) the ability to set up enhancement payments for agencies that timely report events and stated that is for Medicaid only.

- Karen Buckley noted that they have to think of people interested in the outcome of the recommendations that are not members of the Working Group like patient advocacy groups.
- Tracy Wodatch added that includes the privacy issues.
- Karen Buckley added that groups will have issues with putting all the information being collected in a repository.
- Tracy Wodatch added that if they follow Kim Sandor's suggestion of making a recommendation to extend the Working Group then they should make note of the members of the Working Group and if there needs to be any additions. She asked Barbara Cass if she can share how DPH goes into an agency and determines if an agency is compliant when one standard could be very different from another standard as agencies follow federal and state standards.
- Barbara Cass stated that the strongest standard will be applied whether it's at the state or federal level and a survey team will look at compliance with federal and state regulations. She believes that they are fortunate that Connecticut has regulations regarding home health as many states do not. She added that the federal and state home health regulations are on the list of regulations to be revised. She stated that she can share DPH's data regarding episodes of workplace violence but noted that it is an aggregate number. She noted that the new DPH portal will be more comprehensive than current DPH data but will not help in the purposes of the Working Group.
- Tracy Wodatch asked if the portal would collect types of events to be categorized.
- Barbara Cass responded affirmatively.
- Sasa Harriott asked how they are assigning this label to individuals who need healthcare and how they are going to paint this picture where the data that they are collecting is going to give them qualitative as well as quantitative information. She wants to ensure that as they note information then they should also note the gaps in the system. She hopes that the data collected is about the incidence and is comprehensive enough to get that

patient back on track if that is possible.

- Barbara Cass believes that what Sasa Harriott is describing is important, but they also have to strike that balance of who has access to that information and what information is being shared.
- Tracy Wodatch asked Sasa Harriott if that could fall into the potential recommendations for best practices as that seems to be an internal agency process instead of something being shared to DPH.
- Kim Sandor agrees with Tracy Wodatch that it could fall into the potential recommendations for best practices and also would like to ensure these internal practices for agencies. She believes that the report needs to stress the full understanding of incidences and how that information will be used to ensure staff safety in a regular systematic way.
- Tracy Wodatch reiterated that she will share a draft of issues and concerns as well as recommendations with members. She announced that the next meeting will be on December 17th at 2:30 PM and that they are looking to have a meeting on January 7th at 2:30 PM.

II. Announcement of next meeting: Tuesday, December 17, 2024

III. Adjournment

- The meeting adjourned at 4:09 PM.