State of Connecticut
GENERAL ASSEMBLY

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

Healthcare Workforce Safety Working Group

Meeting Summary

Tuesday, January 7, 2025

2:30 PM on Zoom and YouTube Live

I. Opening

- The meeting was convened by Tracy Wodatch at 2:35 PM.

- Members present: Sasa Harriott, Tracy Wodatch, Teri Henning, Jenn LeDuc, Chris Pankratz, Tyler Booth, John Brady, Julienne Giard, Rhianna Gingras, Ronald Cotta, Barbara Cass, Anna Karabin, Auden C. Grogins, Sarah Gadsby, Karen Buckley, Karen Enders, Barbara Pearce, Kim Sandor, Stephen Magro, Commissioner Angel Quiros, Eric Smullen.

II. Review draft report highlights

- Tracy Wodatch announced that they are going to go over the draft report and anyone who has sent in comments should explain them at this time.

- Sasa Harriott thanked the members of the Working Group and is looking forward to the discussion.

- Tracy Wodatch began a review of the report and asked for any corrections to

the member's page.

- Members of the Working Group gave title and name changes.

- Kim Sandor suggested clarifying that the Working Group specify that it is helping home healthcare workers instead of the generalized healthcare workers.

- Tracy Wodatch agreed with Kim Sandor.

- Eric Smullen suggested adding language in the report that defines the scope of the Working Group.

- Tracy Wodatch agreed with Eric Smullen and moved to the Legislative Overview section.

- Barbara Cass asked if the Public Act included the Department of Social Services (DSS) to create a reporting process.

- Tracy Wodatch will include that change and continued with the section titled Current Challenges with Public Act 24-19.

- Barbara Cass suggested a grammatical change.

- Teri Henning suggested adding additional bullets to the Intake Referral Data Collection subsection.

- Tracy Wodatch asked Teri Henning if she is asking to combine these subsections.

- Teri Henning added that her issue is with the suggestion that there are only three sources while there are many more.

- Tracy Wodatch explained that the three sources were state mandated, and the intake referral data collection was more of a list of what they needed to gather. She moved onto the subsection titled Operational and Resources Constraints.

- Eric Smullen commented that this is a balance between the right care and access. He believes that these regulations create safety barriers, and this is an issue he would like to present.

- Kim Sandor appreciates that comment but believes that they can't ignore the balance of provider safety going into the space and sacrificing one or the other. She believes that the issue is closing the information gap in a timely manner so that the patients can get good outcomes and ensure that staff are

add.

- Eric Smullen agreed with Kim Sandor and believes that the challenge is the timely portion as the state's systems aren't set up to be timely and he would like the Working Group to communicate that.

- Barbara Cass appreciated their comments and added that we don't forget the impact to the patient.

- Eric Smullen agreed with Barbara Cass.

- Tracy Wodatch continued with the subsection.

- Anna Karabin suggested adding examples of other payers under the bullet point regarding DSS funding as this is restricted to Medicaid populations.

- Sasa Harriott suggested adding self-pay.

- Tracy Wodatch suggested private pay.

- Sasa Harriott agreed with Tracy Wodatch.

- Tracy Wodatch continued with the subsection titled Privacy and Discrimination Risks.

- Barbara Cass asked for some context for a bullet under the topic of Burden on Agencies.

- Tracy Wodatch clarified that the expected assessments are risk assessments, and she believes that the referral sources should be handling those since they are more qualified.

- Sasa Harriott added that these assessments are typically done by a team in other settings. She asked if they are saying that they want the risk assessments done higher up the referral chain and not that it be done by the agencies.

- Barbara Cass stated that she wanted to ensure that the report doesn't recommend nursing assistants or aides doing patient assessments which are outside their training.

- Sasa Harriott added that the report is stating that some of the assessments in the Public Act are outside the scope of registered nurses and suggested further clarification of this in the report.

- Kim Sandor suggested defining the kinds of assessments and believes that

one area these bullets need more context. She also believes that the bullet Burden on Agencies needs to be reworded as these bullets contain information on a specific burden while there are more burdens that agencies can face. She shared a story of an example that highlighted the gap in the transfer of information. She would like for the report to capture that and for the need to streamline the information already present in the environment.

- Chris Pankratz agrees with Kim Sandor and believes that the bullets need more information or context as they are speaking of threat assessments.

- Tracy Wodatch suggested safety risk assessments or staff safety risk assessments.

- Chris Pankratz believes that is should be just safety because the intention was to create a safer working environment for individuals caring for patients. He believes that if the state mandates anything then the state must assist in some manner.

- Eric Smullen believes that the burden is disproportionately placed on agencies to do the intake and that referral sources should share information with agencies when referring patients.

- Tracy Wodatch added that she has had these conversations with referral sources, and they are trying to help spread the message to share information with agencies.

- Sasa Harriott agrees with Tracy Wodatch and added that smaller agencies don't have all the resources that larger agencies have. She doesn't believe that collecting the data, knowing the information, and communicating that is not enough. She asked what they are going to do with the data when they have received it. She wants the Working Group to keep in mind the different individuals who need care who could be a safety risk and that there will not always be a database to look that information up.

- Sarah Gadsby added that risks are fluid and that there needs to be an internal review because live actors change.

- Tracy Wodatch appreciates those comments as she thinks of Hospice cases where individuals have showcased no risk and in the moment something could happen.

- Sarah Gadsby added that there are validated evidence-based screening tools that can be used by non-licensed professionals.

- Tracy Wodatch believes that they need to know what tools are out there and to ensure that any recommended tools align with home-based care and not

one area should be institutional care.

- Sarah Gadsby shared that the Department of Mental Health and Addiction Services (DMHAS) does a lot of outpatient services and that they are doing community based in-home work.

- Kim Sandor believes that getting information from referral sources is one piece but not everything is a shared responsibility. She heard that information is difficult to acquire about patients. But added that after providers receive this information, it will allow them to enter situations with their eyes wide open. She appreciates these bullets regarding Burden on Agencies as it highlights the struggles of agencies and ways to reduce these struggles. She believes that the report is lacking in the variety of incidences that agencies have shared in the first few meetings. She believes that this information becomes part of the support data for other recommendations like training. She would like a summary of those experiences somewhere in the report.

- Tracy Wodatch added a bullet regarding case examples and believes that because they have spent so much time on the bullet regarding Burden on Agencies that they can move this information up in the report.

- Eric Smullen believes that they need to articulate the balance of the legislative statutorily burden on agencies while guaranteeing access and ensuring worker safety. He is stating that the legislative mandates are placing an undue burden on agencies and that they would be able to accomplish those mandates with some support or with some change in the environment.

- Tracy Wodatch moved to the section titled Privacy and Discrimination Risks and shared an overview. She moved to the section titled Impact on Delivery Services.

- Barbara Pearce stated that the wording of this section is confusing. She believes that the requirements would lead to sending more staff to fewer patients and if that is what this section is trying to say then that is not clear.

- Sasa Harriott believes that the section is saying that if they knew the information before a home visit, then they would send multiple staff to a home instead of one person which poses a safety risk to staff and could lead to delays in care.

- Barbara Pearce understands what Sasa Harriott is saying but believes that the wording in this section is unclear. She believes that the requirements may lead to altering care plans. There are a lot of risks to it. She does not want the Working Group to lose the bigger problem within the smaller

problemproblemproblem. The bigger problem is that these requirements would upend the way that they currently do business, and any requirements would lead to a compromise in care quality. She believes that they must be strong on the fact that business as they do it is going to be seriously impacted by any requirements that don't come with support. She added that most patients wouldn't vote for this bill.

- Kim Sandor further expanded on Sasa Harriot's example by stating that if they are unsure of sending multiple staff to a home then policies or practices should be adjusted to ensure safety. She believes that staff should feel safe in their work environment culture so that they can always avoid risk. She added that they are balancing two groups of people.

- Sasa Harriott shared that when a staff member doing a home visit realizes that they are in unsafe situation that they are already in that situation. She added that the environment is unpredictable, and it is tough to figure out beforehand.

- Kim Sandor stated that one of the biggest challenges is knowing that no one is safe and that there are multiple variables that they can't control. She believes that in the end it relies on the individuals and the way that the system is set up.

- Tracy Wodatch stated that is why the training piece recommendation is number one because they must prepare their staff.

- Sasa Harriott believes that the culture can change and that it should be changed.

- Tracy Wodatch asked Sasa Harriott if she meant that there should always be a culture of support.

- Sasa Harriott responded affirmatively and added the necessity of ensuring that staff can share their concerns.

- Karen Enders asked how they would determine who consistently says yes or no to certain addresses or neighborhoods. She asked where they draw the line for the individuals at any given time.

- Jenn LeDuc shared her concerns about rural settings and that it would be difficult to send two staff members on every evaluation. She commented that she doesn't have the staff to meet the mandate.

- Eric Smullen added that the industry is highly variable, and he fears a one size fit all recommendation when each agency is so different. He cautioned the Working Group on the word mandate and believes that they need to

problem. The need is to strike a balance.

- John Brady stated that sending two staff members for an initial visit is one of the safest things to do and believes that referral sources need to play a role in the risk assessment. He agrees with creating a culture of support and believes that funding is an issue. He believes that they need mandates, and if they get rid of the mandates, then they are back to where they started.

- Barbara Pearce agrees with Jenn LeDuc regarding the workforce shortages in different parts of the State. She believes that mandates are very dangerous for home health care agencies. She emphasized the current requirements that are not doable due to various reasons like conflicting mandates from federal agencies. She feels strongly that if they send out two staff members initially then they would be doing half the visits. She believes that they should recommend best practices but not mandates.

- Tracy Wodatch appreciates the discussion and highlighted the struggle between mandates and the preference of best practices. She added that they may recommend best practices instead of mandates because of the highly variable environment.

- Barbara Pearce added that Connecticut Hospice is eighty seven percent Medicare and Medicare has already stated that this is the cost of doing business.

- Tracy Wodatch moved to the Working Group recommendations and gave an overview of recommendation one titled Standardize Safety Training.

- Barbara Cass appreciates the concept of standardization however, the recommendation as written is not clear regarding who in the State of Connecticut will assume responsibility for the training. She pointed out to the group that fiscal notes will be given to these recommendations if they are passed onto the State.

- Anna Karabin stated that the Office of Policy and Management (OPM) and the Department of Social Services (DSS) will be submitting further comments and believes that the recommendation should be revised for the agencies to propose nationally recognized evidence-based trainings and that the State doesn't need to develop a curriculum.

- Tracy Wodatch stated that the law currently refers to the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) National Institute for Occupational Safety and Health (NIOSH) training. She added that the training is very old and allows state agencies to develop their own training using the national trainings as a resource. The Working Group wanted a standardized training to ensure that everybody is

getting the same training and information.

- Eric Smullen added that Mental Health First Aid and Motivational Interviewing are already curriculums. He believes that education helps create safe environments, but he believes they should list objectives if they are going this way.

- Kim Sandor liked that recommendation and asked for clarification when the report spoke about new training focused on Home Care Behavioral Services if the training is already in place and they will build on it or if the training is on Home Care Behavioral Services. She has issues with annual training as there is too much variability between agencies and would like to have workplace safety cherished and valued as a core concept.

- Karen Buckley stated that the Working Group needs to be clear on who the intended audience is for training and that they need to build in language that allows for someone to be hired and to allow some form of onboarding. She highlighted John Brady's recommendation for training to avoid retraining. She asked logistical questions of requiring behavioral health board certification for behavioral nurses and cautioned the Working Group to not create another hurdle to the work force out there.

- Sasa Harriott responded that the recommendation doesn't require all nurses to get a behavioral health board certification and that it requires that behavioral health teams should have access to psychiatric mental health certified leadership within home care agencies. She believes that there needs to be differentiation between the training as medical authorization and behavioral authorization is separated within the state.

- Karen Buckley commented that the recommendation would require any homecare nurse going to any home with anyone who has behavioral health needs would need this training.

- John Brady reiterated his recommendation to avoid retraining of staff if they move to another agency within a year. He would like to modify his recommendations as there are some trainings like de-escalation that could probably be done once a year. He believes that there needs to be a combination of trainings because of the variability between agencies.

- Stephen Magro agrees with John Brady and noted the time and believes that they won't be able to reach consensus within the time of the meeting. He asked if another meeting could be held to hash out any details.

- Tracy Wodatch stated that she is hearing that members want to be cautious of the training recommendation as there could be too many topics and that they needed to be broader. She commented that she spoke to trainers over

receiving this training. She mentioned that the behavioral health piece has an established training, and they could incorporate that into the de-escalation piece. She also commented on having the training follow the staff member so that they don't have to retrain at every new agency. She stated that she will work with Sasa Harriott to edit the behavioral piece recommendation and believes that if they are offering a certain level of care, then the staff must be prepared for that level of care. She moved to the second recommendation titled Remove Screening and Assessment Mandates and brought up best practice policies that they can recommend instead. She believes that mandating best practices is an issue itself.

- John Brady expressed strongly that without mandates that they are back to before Senate Bill 1 was passed. He is in favor of amending mandates and couldn't support a recommendation of fully removing mandates. He believes that sort of recommendation would not be taken seriously by the legislature.

- Tracy Wodatch asked if there are certain mandates he feels must be recommended or does he believe that all outlined are necessary.

- John Brady agrees with doing the recommendations in a better way. If the Working Group can come up with changes to the risk assessment tool, then they should recommend those changes to the legislature. But he doesn't agree with doing away with the mandates completely and replacing them with best practices.

- Kim Sandor agreed with John Brady and asked if they are removing the mandates what are they putting there instead. She doesn't agree with removing the mandates and not replacing them with something else. She believes that there are solutions out there and that this could be the recommendation to find those examples and to use them as guides. She clarified the requirements of the behavioral health certification for nurses and wants to create a system around that to support it.

- Sarah Gadsby reiterated that DMHAS has sent in their comments and that they are supportive of looking at different risk assessments for home health agencies.

- Tracy Wodatch asked the Working Group if they can meet again in a smaller setting to look at risk assessment tools that DMHAS has suggested as recommendations.

- Barbara Cass agrees with Tracy Wodatch about having another meeting. She believes that a recommendation should be that patients are reassessed frequently. She agrees that if they remove this recommendation, then they must replace it with something.

- Stephen Magro is supportive of recommendations that are requirements and would like to meet in a smaller group to discuss risk assessment tools.

- Teri Henning agrees with meeting with a smaller group to discuss specific disclosure requirements to see if they can make specific recommendations.

- Tracy Wodatch asked the Working Group which member would like to be part of that smaller group. She believes that DMHAS, providers, and the Department of Correction (DOC) should be part of the smaller group.

- Sasa Harriott believes that intercommunity, behavioral health providers, DOC should be part of the smaller group.

- Tyler Booth stated that he can attend.

- Teri Henning believes there are two conversations happening as they should meet in a smaller group to discuss risk assessment tools, but they should also meet in another smaller group to discuss disclosure requirements.

- Tracy Wodatch believes that Karen Buckley should be on the smaller group to discuss disclosure requirements.

- Stephen Magro would like to have someone who represents workers on the smaller group.

- Kim Sandor would be happy to attend and bring along nurses to share their experiences. She believes that it would be helpful to bring someone who has experience with data collection.

- Tracy Wodatch stated that they have developed a screening intake tool to comply with all the data collection points and that they have a vision of a future where this intake tool could be integrated into multiple systems. She commented that she is hearing that the Working Group wants to create smaller groups to look at risk assessment tool options and another to look at the data disclosure requirements.

- Sasa Harriott commented that without fully reviewing the report with the Working Group it would be difficult to determine how many smaller groups will be needed. She believes that another group is necessary to look at where will the resources come from.

- Tracy Wodatch moved onto the next recommendation titled Increase Funding for Safety Initiatives and gave an overview.

- Sasa Harriott gave an overview for the subsection titled Establish a pilot Internal Assertive Community Treatment (ACT) team within a home care

agency.

- Tracy Wodatch continued giving an overview of the recommendation.

- Anna Karabin stated that DSS will provide further comments for the visiting and regulation language regarding the increase in funding for safety initiatives to address the reimbursement barriers. She stated that DSS does not support changing the language from may to shall in the subsection titled Create incentives for reporting.

- Tracy Wodatch asked members if they would like to join the subgroups to please let the co-chairs know and if any other subgroup needs to be formed.

- Barbara Cass offered to give assistance regarding regulation.

- Kim Sandor asked what they would be reporting and that they would need further clarification.

- Tracy Wodatch agrees that it needs to be clarified further.

- Sasa Harriott agrees that it needs to be clarified further and that they should discuss the lead up to an event so that they can determine what is causing risk.

- Tracy Wodatch stated that the Working Group will meet again, and they will query the group for the best available time.

II. Seek feedback from working group members

III. Adjournment

- The meeting adjourned at 4:38 PM.