

SustiNet Health Partnership

Healthcare Workforce Task Force

Co-Chairs
Ellen Andrews
David Henderson

Board of Directors Liaison
Sal Luciano



Phone:
866.466.4446

Facsimile
860.297.3992

E-Mail
SustiNet@CT.Gov

Post Office Box 1543
Hartford, CT 06144-1543
www.ct.gov/SustiNet

Healthcare Workforce Task Force Meeting

May 13, 2010

Meeting Minutes

Task Force Attendees: *Ellen Andrews, Co-chair; David Henderson, Co-chair; Sal Luciano; Linda Perfetto (Marc Herzog)*

Office of the Healthcare Advocate: *Africka S. Hinds-Ayala*

Absent: *Bonnie Bartolotta; David Carter; Pamela Coleman; Tanya Court; Mark Dewaele; Carmen Diaz; Rosa Ficocelli; Michael Hogan; Lazaros Lazarides; Joan McDonald; Joseph Oros; Peggy Sayers; Kristin Sullivan; Lynn Zayachkiwsky; and Jill Zorn*

Ellen Andrews opened the meeting by welcoming Task Force members and attendees.

Ellen began by stating that the taskforce is moving toward practice transformation and discussing the need for changes in the healthcare workforce to accommodate:

- care management
- clinical care managers
- practice management
- referral patterns (within healthcare facility)
- health information technology (use and analysis)
- team-building skills
- accountable care organizations
- customer service / advice lines (expanding groups)
- wellness programs
- affiliated providers (dietitians, therapists, etc.)

Ellen asked if any other groups that need to be added to the list. Ellen informed the group that the list cumulated from members, webinars, and other resources.

Linda Perfetto, Curriculum Director for the Connecticut Community Colleges Nursing Program, and believes that the various levels of nursing can be integrated throughout the list provided and with many different practitioners.

David Henderson offered the idea that this list should include the SustiNet Patient Centered Medical Home with regard to the different types and quality of care. Ellen agreed with David and stated that there were other SustiNet committees and taskforces who questioned how to integrate healthcare workforce into their own respective committee, such as Health Information Technology-HIT-(priority to link individuals). David said the HIT does have a role in the educational program, especially with a variety of practitioners.

Unidentified speaker(s) is (are) inaudible and posed a question to David regarding wellness.

David said wellness is import, but there also needs to be a focus on prevention. Sal Luciano noted that the Federal Healthcare Reform bill does mention specifically within their guidelines Prevention and Wellness.

Members

Kristin Sullivan • Peggy Sayers • Mark Dewaele • Larry Lazarides

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Ellen began discussion on quality of life issues, especially in nursing and primary care. The quality of life for a healthcare provider is ultimately determining practice decisions, specialty, part-time v. full-time (avoiding on-call), designation of provider status, recognition of a supportive work environment,

Linda said that evolutionary and generational issues have evidenced varying priorities of healthcare workers over the course of the past decades. The qualities of life issues (i.e. time for family, leisure) are valued by most members of the current workforce which tends to impact provider willingness to work overtime, etc. Ellen and Linda agree that this should be strong language within the recommendations.

There was minimal discussion regarding overtime policies and staffing ratios. Linda stated that mandatory overtime and staffing issues have been under the same umbrella; these issues have been taken on by her department and DPH without success. Ellen said these two issues have been mentioned extensively throughout this process of organizing Sustinet. Sal Luciano clarified that the purpose of overtime was not to benefit the employee, but to incentivize the employer to hire more staff; to the extent that if an individual works more than one shift then the healthcare judgment could be affected. Ellen said that Connecticut needs to move in the direction where overtime is not a necessity. Linda said if there are enough educational programs and attractive opportunities then there should not be workforce shortages and addresses the issues of overtime, staffing, and quality of life; there are provider areas (i.e. Patient-centered medical home) that should not be implemented until it can be fully operational or the problems will continue to exist. David suggested discussing reasonable work hours that foster high quality care; thus so the focus is about quality of patient care versus money. Sal mentioned that they are requesting expanded hours for primary care physicians and facilities to avoid the overuse of the emergency room. Ellen stated a potential recommendation is that the Patient-Centered Medical Home shall expand access to hours, flexible scheduling, shared responsibility, and increase of staff during high volume hours.

Ellen mentioned another issue is the reduction of paperwork (which could be an overlap within HIT); HIT should set up systems that align with the paperwork so that information/data gathered is seamless when shared.

Ellen said supporting workplace modifications for older/aged workers; this population is being forced out because the workplace does not accommodate their physical capabilities (lifting patients, moving equipment, etc.). Linda said that many areas of clinical nursing are physically challenging and more suitable for the youthful and physically adept. Older healthcare providers are valued for their wealth of experience as both direct care providers and mentors to new members of the workforce in perhaps less physically demanding roles for which there should be plenty of opportunity.

Ellen brought up support to the healthcare career ladder /allied health field, where there is a need for mentors, tutors, on-line learning, address remedial education, childcare, transportation, living expenses, academic counseling, and employer-sponsored support and on-site training. Ellen said someone suggested reviewing the recommendations that came out of the various webinars.

Ellen added to the discussion is the family care-giver/non-licensed professional, who is an integral part to the overall healthcare system, but continuously provides care while being unpaid, unsupported, and unregulated. There is some support through the Family Medical Leave Act and some employer-based program for the "sandwich generation", tax benefits, and health coverage options. Sal said there was some legislative testimony that family giving 24-hour care without respite; therefore the funding for the respite program should be restored. Ellen said that there is an affect with families who have an institutionalized child with special care needs because it stains the family, other children go unattended to, higher divorce rates, court system, etc. Sal said the support of this is great public policy and more importantly moral. This is a Sustinet relatable issue. David suggested training for the family care-giving in the home. Linda said there should be care-giving coaches. David said the best model for family care giving is the Hospice. Linda said the importance of the family support groups should not be minimized and can be used as an indirect form of respite.

Meeting was adjourned.

Next meeting date to be determined.