

Thank you. Good morning, everyone. My name is Sasa Harriott, President and CEO of Harriott Home Health Services. We are a Joint Commission accredited, and state-licensed home healthcare agency committed to improving the outcomes for our patients, their families, and our communities. We pride ourselves on treating patients, including victims of gun violence, who are often overlooked and underserved.

For over 13 years, my team and I have been on call providing care to survivors of gun violence. We have a reputation for going where others will not because we know that these patients need quality care in order to ensure optimal health outcomes.

Survivors of gun violence who are discharged have a variety of medical needs including lacerations, deep tissue wounds, limb amputations, facial injuries, and paralysis. These injuries require not only proper wound care and nursing intervention, but some may need occupational, speech, or physical therapy for months if not years after their initial discharge.

In addition to the wounds that our patients have as a result of the violence, many of them also have pre-existing conditions which can further impact ongoing care after discharge. These multi-morbid conditions, like heart disease, liver disease, or mental health disorders, can inform the type of care they need.

That's where home health care comes in.

The home healthcare model is centered around healthcare professionals coming into the patient's home, where they can assess immediate concerns, triage medical needs, and identify underlying issues. Home healthcare allows nurses to provide quality care in the environment where a patient is most comfortable. This alleviates much of the stress of ongoing care and eases the caregiving burden on family members, particularly those who are already dealing with the trauma of a loved one being shot. After a patient has been discharged from the hospital, home healthcare can be critical in ensuring the success of a patient's short and long-term recovery because a certified medical professional is overseeing and assisting in the care process.

Like other medical disciplines, home healthcare is subject to regulations on both the state and federal level. Connecticut General Statutes 19a-490, defines home healthcare as professional nursing services, available twenty-four hours per day, provided in the patient's home or a substantially equivalent environment. Even home health-aide services, which includes assistance with personal hygiene, dressing, feeding and incidental household tasks, must be overseen by a registered nurse. Federal regulations require home healthcare workers to meet specific certification and licensing requirements before providing the services outlined in a patient's home care plan.

Home healthcare services which provide licensed medical care in the home is critical to ensuring a patient's smooth transition from the hospital following a gun-shot related injury.

Under 42 CFR 484.60(a)(1), patients must receive home health services that are laid out in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or allowed practitioner acting within the scope of his or her state license, certification, or registration. The discharge of a patient from a hospital to licensed home healthcare services is a medical-to-medical transfer of care to continue the patient's ongoing recovery. Home healthcare also involves an ongoing medical-to-medical communication with a patient's doctor to address changes in condition and status.

The bottom line is that home healthcare is needed because patients aren't discharged when they've made a full recovery. They are discharged when they are stable. They may not require the services and continual monitoring of a hospital setting, but it does not mean they no longer need medical care.

For example, we learned of a 19-year-old male who was shot in the leg and was discharged from the hospital with high-risk anticoagulant medication, but without nursing support. The medication was intended to help prevent blood clotting as he recovered from his injuries. When discharged, the patient was only connected to a community support organization. Once he was back home, the patient began having chest pains and called the community support team at 8am. He was told to wait for them to come by and assist. That afternoon, at around 2pm, more than six hours later, the community support staff picked him up and drove him to the hospital. It turned out his chest pains were a result of a pulmonary embolism, which is a blood clot in the lungs. Although the patient had the anticoagulant medication, because he did not receive home healthcare services, he did not receive a critical and lifesaving blood thinner injection to prevent clotting.

We had another patient who was discharged from the hospital without a transfer to home healthcare services and without an adequate discharge plan. His family, due to a lack of resources and medical knowledge, attempted to redress his open wound with sanitary napkins. When our nurses finally learned of this patient, the wound was infected and infested with bugs. The patient was re-hospitalized, and his leg ultimately had to be amputated.

As these examples demonstrate, the care for victims of gun violence doesn't end when they are discharged from the hospital. Gun-shot related wounds, which can have impacts that last a lifetime, require skilled medical care from nurses who are trained to provide these services in the patient's home.

Many of these patients already faced systemic barriers and a lack of access to care prior to victimization. Accessible home healthcare provides the medical care they need and helps improve the health outcomes for the patients, their families, and the community as a whole.

Thank you.