Healthcare security professionals are facing new challenges as their responsibilities in a fast-changing environment are increasing. The level of healthcare professionalism, the author says, can be improved through the use of risk assessments, strategic planning and design, security safeguards, and security program measurement. In this article, he discusses the importance of a site survey, providing a valuable checklist as well as giving proactive approaches for multiple and remote location protection. By using objective, site-specific crime forecasts and research, he claims, risks can be identified and predicted.

It wasn’t too long ago that Healthcare Security professionals lead a simpler existence. The days of the single-campus hospital are quickly becoming a thing of the past. Trauma Centers have replaced Emergency Departments. On-site pharmacies, maternity wards, and clinics, formerly points of importance on a security officer’s nightly tour, have taken on lives of their own in terms of risk. The minute details of guard management, alarms and cameras, once major focal points of a Security Director’s daily routine, have been replaced by management systems, business plans and Return on Investment analyses.

HEALTHCARE SECURITY BECOMES MORE COMPLICATED

As the world has become more complicated, so too have the responsibilities of a Healthcare Security professional. Anyone who has worked in, been a patient at, or visited a loved one in a hospital lately can attest to the fact that, perhaps more than in any other industry, healthcare workers must constantly walk a tightrope between social responsibility and good business. We have all complained at one time or another about complications with our personal health insurance coverage and we all battle constantly with the effects of our ever-shrinking professional budgets. But few of us understand just how the two have combined to create a new set of challenges for those responsible for securing our hospitals. How do you provide security in an emotionally charged environment while competing for funds?

In fact, it’s hardly accurate any more to view a Healthcare Security professional as a “Hospital” Security professional. Healthcare has expanded beyond the campus boundaries and into our communities. Remote clinics have replaced private medical practices, and Home Healthcare has become a billion-dollar business. Of course, while all this was happening, the demands on Security departments have been changing as well. Many industry leaders have set out to meet those demands by creating data driven assessment systems intended to identify and mitigate risks at their remote locations.

LEARNING FROM OTHERS

Perhaps the greatest attribute of a true Professional is the ability and willingness to continue to learn from others after attaining status. In an ever-changing world, those who fail to adapt, either through inability or through stubbornness, are soon left behind. It is with this thought in mind that some career-minded Healthcare Security professionals are turning to their brethren in such seemingly diverse industries as Banking, Quick-serve Restaurant, Retail and Petroleum for guidance in expanding their base of knowledge.
What, you might wonder, might an experienced Healthcare professional learn from someone who secures bank branches, retail strip centers or mini-markets? More than meets the eye. Forget for a moment which core service is delivered within the building and consider the external crime risk. Is there any reason to assume that a criminal will be less disposed to steal a car from a clinic’s parking lot than from a service station’s? Or worse still, that he might choose to rape a passerby across the street near the ATM rather than outside of the medical administration building? Is a Home Healthcare nurse at any less risk of attack than a pizza delivery person?

Now add into this mix the likelihood that cash or narcotics are stored on a medical facility’s property; that a greater than average percentage of the workforce is female; and that some procedures performed inside clinics are lightning rods for domestic terrorists. Suddenly the task of securing a sprawling Healthcare System becomes daunting.

**HOW TO PROTECT EMPLOYEES, VISITORS, BUILDINGS, OTHER ASSETS**

So, what can our Healthcare Security professionals do to protect their employees, visitors, buildings and other assets? It’s as simple as a detailed Security Survey, yet as complicated as finding the most objective way to compare dozens, sometimes hundreds of locations and determine which level of protection to apply to each.

**THE VALUE OF A SITE SURVEY**

Crime happens. The larger your network or the longer you’re in business, the greater the chances are that crime will eventually occur on your property. Since you’re not likely to avoid it, the true challenge is to mitigate its effects on your operation. The first lesson in the proverbial “Security 101” tells us that the initial step in mitigating our losses is to complete a Site Survey – a detailed, structured program designed to evaluate the level of criminal activity at ONE location.

**Dealing with multiple-site security**

But what do you do when you have more than one location? How do you compare one against the other when it comes time to prepare your budget or convince senior management that Security’s needs outweigh those of other departments? How do you prioritize your needs and do more with less? And how do you defend your decisions when a presumably unforseeable crime occurs at one of your low-risk sites?

**Checklist for securing multiple locations**

You begin by conducting a thorough and professional Site Survey and documenting your findings honestly, consistently and objectively. The items on your checklist should include the following:

- **Visit each location.** Surprisingly, many multi-site Security managers fail to visit their remote locations even one time. Even though it can become almost impossibly time-consuming, this initial step is critical to defending your decisions in court.

- **Inspect each property.** Unlike some other industries, healthcare facilities are rarely of “cookie cutter” construction. The facility itself and the footprint of the property it rests on are important to your decision-making process.

- **Inventory all cameras, alarms, and other equipment.** Document the components of your overall security system. When were they installed and serviced?

- **Interview staff.** What are their perceptions of security? Have they received basic training in their roles and responsibilities? Identify a point of contact knowledgeable in the overall operations of the facility.
• **Interview surrounding businesses.** What have their security-related experiences been. Though the experiences of all neighbors are important, those of other healthcare facilities are even more so.

• **Audit cash and/or narcotics controls.** Are cash or narcotics kept on the premises? In what quantities? How and when are they delivered? How and when do they leave the premises? Who has access and how is documentation performed?

• **Inspect lighting and shrubbery.** These are the basics of any Security Survey. Be familiar with local statutes regarding lighting and keep shrubbery to a controlled minimum. Resist the tendency to sacrifice safety for aesthetics.

• **Document hours of operation.** Does the facility keep evening or weekend hours? If so, you have an unusual situation that may need attention. Consider some type of security upgrade for these locations.

• **Obtain an emergency contact list.** In an emergency, you may need access to Police, Fire, and employee telephone numbers. Keep the list accessible to you during off-hours. Remember that emergencies don’t always occur between the hours of 9 and 5.

• **Photograph the facility’s interior and exterior.** Photographs are a plus for a variety of reasons. They can assist Law Enforcement in an emergency, or facilitate an off-site planning meeting when a personal visit is not possible.

• **Obtain a key for emergency access.** Again, emergencies have no regard for your personal plans. Avoid a “master key” system whenever possible, and have a complete set of front door keys available to you at all times.

• **Draw up detailed travel directions.** Though you may be familiar with a site’s location, there’s no guarantee that it will be you who responds to an emergency. Distribute copies to all necessary staff.

• **Solicit input of local Police.** The wrong time to meet the local Police is after a critical incident. Pre-planning and personal introductions can help smooth the way to open lines of communication during an emergency. When available, Police data can be a useful component of your overall plan. Besides, regular and welcome visits by the Police are a good deterrent to crime.

• **Obtain objective third-party input.** The larger the network of facilities, the more difficult it is to obtain an objective and thorough assessment of your risks. Solicit the assistance of “experts” who can supplement your efforts.

PROTECTING AGAINST LAWSUITS

Several years ago, when the realm of responsibility was limited to a few large buildings or campuses, this checklist could be punched out relatively quickly. Fill in the blanks, check the appropriate boxes, obtain the essential signatures, call the local Desk Sergeant, and viola! – a Site Survey! Drop it into the file drawer, wait for the Joint Commission inspection, and get back to managing those Security Officers. Every now and then you might have even needed to dust that file off to help defend your employer against a low-impact lawsuit.

But the business climate has changed. Healthcare Security professionals are now faced with protecting employees, visitors, and assets at **multiple** sites. They’re also finding that our litigious society has stacked the cards against them, forcing them to defend their every decision to a
Plaintiff’s attorney or a jury. Once havens against the evils of society’s lower crust, Healthcare facilities have become magnets for crime similar to other multi-location industries.

**JCAHO STANDARDS**

The majority of Healthcare facilities in the United States are governed by the standards set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In the 1997/98 *Journal of Healthcare Protection Management*, Wayne C. Church, CHPA, CPP provided an overview of those standards.

Church summarized that these JCAHO standards ask Hospitals to:

1. Tell us what you do.
2. Tell us how you do it.
3. Show us how you measure it.
4. Tell us how you plan to improve it.

**"MINIMAL" STANDARDS ARE NOT ENOUGH**

In short, Joint Commission standards are a guideline for compliance. Compliance, however, can be a double-edged sword. In the face of a Joint Commission Inspection, a Healthcare System’s CEO and CFO might accept compliance as a job well done. All Security professionals are striving for it, many achieving it. But following a serious criminal act on your property, the Plaintiff’s Attorney will argue that compliance with minimally accepted standards is not enough – and the jury will agree.

**PROACTIVE APPROACHES FOR MULTIPLE-LOCATION PROTECTION**

Other industries have developed proactive approaches towards protecting their multiple locations. Faced sometimes with responsibility for thousands of sites spread across the U.S., they have commissioned the assistance of researchers to help them determine levels of security. As a result of some of their efforts, many have established pre-set criteria for slotting their sites into low, medium or high-risk categories.

**USE OF RESEARCHERS AND CRIME FORECASTING**

Robert M. Figlio, Ph.D. has collaborated on numerous such projects and is a noted expert in crime foreseeability. As CEO of CAP Index, Inc. in King of Prussia, PA, Figlio has studied the efficacy of crime prevention measures in industries such as Banking, Quick Serve Restaurant, and Convenience Store-Petroleum. When asked about recent trends in Premises Liability litigation, Figlio states that “Plaintiffs' Attorneys are learning the issues and typical weaknesses of multi-site businesses as quickly or even quicker than Security professionals themselves...Let’s face it”, he says, “it’s their job to know everything they can to prove negligence on the part of a business after a crime has occurred. They are paid to uncover any weaknesses inherent in a system designed to protect remote sites.”

One weakness, either real or imagined, in defending the level of protection installed in a healthcare clinic, would be to trumpet the fact that it passed an inspection of JCAHO standards. The words “accepted standards” could easily be interpreted to mean that the Healthcare System considered this particular location to have minimal or average risk.

How, Plaintiff’s Counsel will ask, could there be minimal risk when such a grievous crime had occurred? How could the Healthcare System fail to consider every potential risk at a time when
clinics are being bombed and physicians assassinated? Counsel is hoping that your response will be that you acted on a hunch. As a representative of your employer, your objective is to defend your actions by proving that you acted on a well thought-out plan.

**Interactive databases**

One way to do that is to track a number of critical components of your Site Surveys through an interactive database. Dr. Figlio’s research has established a correlation between factors such as the physical location of a site, the number of previous crimes reported by Police, internal incident reports, hours of operation, and attractive nuisances. Tracking factors such as these, and basing your overall security strategy upon their collective weight, can enable you to make more objective decisions regarding your priorities and limitations. Adherence to well thought-out defensible standards can go a long way towards mitigating your losses in court.

**Threat and Vulnerability matrix**

One Healthcare Security professional putting such a method to the test is Ron Howerter, CPP, Managing Director of Pinkerton Consulting and Investigations in Phoenix, AZ. Howerter uses a proprietary Threat and Vulnerability matrix to help determine the needs of his clients. “Increasing emphasis on post-incident loss reduction is driving the need for Security professionals to view their responsibilities from a ‘data drive’ perspective,” he says. “When each aspect of the matrix is examined in comparison to the others, physical security measures can be effectively evaluated.” Howerter uses his matrix to help his clients choose from several levels of protection while justifying the associated costs. Ultimately, they see that what can be evaluated can be addressed. And what is addressed adequately can be defended.

**THINK LIKE A PROFESSIONAL**

In order to accomplish the multi-faceted tasks that are still emerging within Healthcare Security, true professionals must remain committed to learning. When planning a course of protection for an entire Healthcare System, it’s no longer enough to think like a Security Director. Instead, imagine the situation from the perspective of a Risk Manager, a Budget Director, an employee or business invitee, Plaintiff’s Attorney, or better yet – your employer’s Attorney. Can you defend your own program?