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Publication of the International Association for Healthcare
Security & Safety

Leading Excellence in Healthcare Security, Safety and Emergency Management





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Looking Ahead To The Future Of Healthcare Security And Safety

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CALL FOR ARTICLES

This is a call for articles for the forthcoming Summer 2014 issue (Volume 30, Number 2) of the *Journal of Healthcare Protection Management*. The issues that have been published to date have won considerable acclaim in the industry for their positive contributions to the fields of healthcare security and safety. In addition to the membership of IAHSS, subscribers include health facilities and libraries in a number of foreign countries.

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access control	forensic patients
bioterrorism	proprietary vs. contract
budgeting	reducing drug diversion
productivity	working with police/fire departments
computer applications	hostage incidents
security liability	reducing employee theft
training security officers	expanding security's role
dealing with violent crime	infant kidnapping
crime prevention programs	HazCom regulations
safety issues in healthcare	winning management help
coping with budget cuts	staffing
employing technical equipment	research studies, surveys
(i.e., CCTV, alarm systems)	employee screening
emergency drills	homeland security
disaster response	workplace violence
ID theft	

You do not have to be a member of IAHSS to author an article in the journal. Nor do you have to be a professional writer. A straightforward account of how you, your department, or your healthcare institution have successfully carried out programs in the above or other subject areas will be welcome. Camera-ready illustrative material (i.e., charts, tables, graphs) will also be considered. If you would like to submit or discuss a possible article, please write to: Rusting Publications, 51 Great Neck Road, Great Neck, NY 11021. E-Mail: knitearm@yahoo.com

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Security leadership in a changing healthcare world

Thomas A. Smith, CHPA, CPP

In the next few years, the healthcare industry will experience rapid change, the author says. In this article, he describes how this changing healthcare landscape will provide many opportunities for the healthcare security leader willing to think about and provide security on a different scale by focusing on six key areas-- mission and culture, goal alignment, value and metrics, relationships, technology, and professionalism.

(Thomas A. Smith, CHPA, CPP is Director of Hospitals Police and Transportation at the University of North Carolina Hospitals, Chapel Hill. He is co-author of the IAHSS annual crime survey and a past president of IAHSS.)

In 1947, North Carolina created, "The Good Health Program" of North Carolina. The program was designed to improve the health of the citizens of North Carolina. World War II had just ended, but in North Carolina, the celebration of victory and peace was tempered by shame. North Carolina had more men rejected for military service because of poor health than any other state. Also, North Carolina ranked near the top in infant and childbirth deaths and near the bottom in the number of doctors and hospital beds per capita.

In September 1952 the first patients were admitted to UNC Memorial Hospital. Under the Good Health Program a total of 39 new hospitals were to be built and substantial additions were provided for 29 of the existing hospitals to bring the total to 68 with 4,287 beds. When this program was completed, no citizen in North Carolina was to be more than an

hour's driving distance from one of these hospitals. North Carolina ended up ranking second in the nation in post-war hospital construction.

A HEALTHCARE PREDICTION ON FUTURE CHANGE

The site of the UNC Medical School and UNC Memorial Hospital has been undergoing continuous renovation, new construction and program development since 1952. Hundreds of millions of dollars have been expended improving and developing the healthcare infrastructure and public health resources at what is now called the UNC Health Care System. September 2012 marked the sixtieth year of the existence of what would become UNC Health Care. That month, William L. Roper, MD, MPH, and CEO of the UNC Health Care System (UNC HCS) addressed the staff at a leadership conference on "Change". During his address, Dean Roper reflected back on the previous sixty years and listed many of the infrastructure and programmatic improvements that had taken place resulting in improved health for

the citizens of North Carolina. He then predicted that we would all experience more change in the next six years than in the previous sixty!

Since Dean Roper made that prediction fourteen months ago, four hospitals have joined the UNC HCS; the Affordable Care Act was approved; UNC HCS is implementing a comprehensive electronic medical record system; an amazing number of clinics and facilities have been developed away from the main campus and we are putting tremendous effort into decompressing the main campus making room for new programs, new construction and renovation. In varying degrees this type of activity is occurring all over the country. Continuing to pay for these initiatives and changes is a major challenge for any Health Care Facility (HCF) and pressure to cut costs is enormous.

WHAT DO THESE CHANGES MEAN FOR SECURITY EXECUTIVES?

What do these sweeping changes mean for HCF security executives in the United States? How will security adjust to these

lightning fast industry changes? What should a proactive HCF security manager or outsourcing company do now to help their program survive, expand, and flourish? In the next few paragraphs I will provide the reader with some perspective and some recommendations for your consideration. Some readers will find this reading elementary, but I think if we give this some introspective thought everyone can pick up a useful idea or two from continued reading.

The majority of HCFs are looking to reduce costs through care integration and to be merged, acquired, or managed. Or they are merging, acquiring, or managing additional facilities to attain cost savings and care integration. I believe from whatever your perspective is, there is great opportunity for healthcare security leaders in the coming years. Whether you are proprietary, contract, a hybrid, or something in between, there are opportunities to lead and grow your security organization as we help meet the changing need for healthcare. We have to be ready to embrace and lead change. There are a lot of things to consider, but the next

few paragraphs will focus on the following key areas:

- Mission and Culture
- Relationships
- Goal Alignment
- Technology
- Value and Metrics
- Professionalism

Mission and Culture. First and foremost, I believe every HCF security leader should be doing some soul searching and self-reflection right now. Is the culture of your department supportive of the overall mission statement of your organization? Do your staff know how they contribute to and help your organization meet the mission of the organization? It is very easy for security staff to fall into a culture of, “It’s them against us, (you fill in the blank) _____ does not respect us. _____ does not give us the support we need. etc...”. If that is the culture at your organization, you need to change it and fast. Changing this type of culture takes time and a great deal of effort, but it begins by making sure the mission of the security program aligns with and supports your organization.

When was the last time you read your organization’s mission state-

ment? I would bet a majority of U.S. healthcare systems have been or are reviewing and updating their mission to meet today's changing landscape and you need to, too. Why is your organization here? Is it education, is it public health, is it serving the citizens of your city, state, etc...? How does your security program fit into the overall organizational mission? Make sure your departmental mission is closely aligned with the organizational mission and that your staff members regularly review and have an understanding of your organizational and departmental mission statement.

This seems like it would be easy, but I have seen some departmental mission statements that are five to ten pages. Don't get carried away with the mission statement. Keep them simple, to the point, organizationally aligned, and something your staff will be able to retain. Consider how your mission could be expanded to include other areas where there are similar services you may be able to provide for less cost. Co-located/managed dispatch and call centers; courier services; cash pickup/deposit services. Be creative, but don't do anything to

damage your core security competency.

Goal Alignment. To survive, every organization evaluates their priorities, develops system plans and implements those plans through establishment of goals and work plans to meet those goals. Hospital security programs must also be guided through the establishment of goals that align with the goals of their respective organization. This sounds very simple, but I do not always see well developed security department goals. Ideally, security departments will have three or five year master plans that are completed through the use of annual goals and objectives. These goals and objectives are cascaded to responsible individuals within your department or completed by the security manager. If you do not align your goals with your organization and are prepared to realign them with the new merged, acquired or managed organization, you face being left behind in the shuffle. An outstanding goal for the coming year could be: "By, the end of the first quarter develop and obtain approval of the Security Master Plan." On second thought you better make that

“second quarter”. Developing a Security Master Plan is a big goal requiring a lot of time and energy to properly develop and implement.

Value and Metrics. Do you have a means of reporting your value to the senior leadership of your organization? What metrics are you using to proactively ensure the leadership of your organization are aware of the fantastic job you are doing. Don't let the only metric you are measured by be Sq. Ft, or cost per adjusted discharge. What is it about your area that if it did not get done would noticeably harm the organization? Could someone else pick up the slack in your absence? If you think not, you are in for a surprise. In-house departments and out-source companies are pitching cost saving ideas to your senior leaders on a regular basis. You need to be the one proposing cost savings ideas for the upcoming merger or acquisition. Collaborate with other departments and add value. Do not allow your areas of responsibility to be seen as inflexible or standing in the way of the inevitable changes. Lead the charge and ensure you and your areas are seen as proac-

tive, must have, bottom line contributors to your organization. In this area I believe there will eventually be a Clery Act for Healthcare. Our university colleagues have had mandatory crime reporting in place as a result of federal legislation and I believe similar legislation is needed and will help all HCFs provide an appropriate level of security based on their security incident activity.

Relationships. Of the six key areas emphasized in this article, having solid relationships with your key customers and senior leaders is the most important of important areas. If you do not have positive solid relationships with your core customers (usually, the leaders and staff in the Emergency Department, Psychiatry, Human Resources / Employee Relations, Legal, and the Senior Leadership staff of your organization) your department is in danger of being changed, outsourced, redirected etc... in a way you may not appreciate. There are endless opportunities to facilitate and develop positive relationships with the other leaders within your organization. Developing positive relationships is so important; I have put it as the first

dimension in every manager's job description that reports to me.

Technology. I added technology to my list of important items to the healthcare security leader of the future at the last minute and am regretting it now. I have been an early integrator of technology and have benefited greatly from early adoption of new electronic wizardry. But there have definitely been setbacks. Suffice to say, security leaders should be very cautious about being a beta test for anything that you or your reputation will rely on. Security leaders do not need to be the most technology advanced in the organization, but they certainly need it on the radar. We will soon have usable facial recognition, highly effective video and alarm integration on an extremely large scale. This will continue to be important as the merged and integrated healthcare systems look to provide security from great distances with much greater effectiveness. Monitoring alarms, video, and staff from across the state or across the country is now possible and being done by many of our forward-thinking colleagues.

Professionalism. I know some people will argue with me, but I believe the Healthcare Security Profession is now a recognized and valued member of most HCFs. This change has evolved and the profession has matured over time. Most HCFs expect and demand professional quality services from their security departments. Professionalism is demonstrated through competency and the level of training and certifications of senior leaders and staff members. Not too long ago the security department "chief" was a retired police chief or someone from federal service that looked for a job to supplement his retirement.

There are a few leaders that make this transition today, but it is rare that they last very long. Most senior leaders of successful HCFs have advanced degrees and certifications such as the International Association for Healthcare Security and Safety's (IAHSS) Certified Healthcare Protection Administrator and have worked many years in the healthcare security business. Our officers today also require advanced training such as that provided by the IAHSS General, Advanced, and

Supervisory Certifications. A recent enhancement is the IAHS Department of Distinction status. This status is awarded hospital security departments that maintain high levels of certified officers on staff.

The future will bring healthcare security program accreditation such as the Commission on Accreditation for Law Enforcement Agencies (CALEA). Hospitals will be able to be deemed accredited similar to the Magnet status available to nursing departments. The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. What healthcare security department would not want something like this tied to their program using security terms and metrics?

CONCLUSION

There are three primary elements of change currently motivating healthcare organizations to evaluate their security programs.

These elements are financial, regulatory, and an overall maturation and recognition of the healthcare security profession. Healthcare Reform has caused every healthcare organization to look for new opportunities to reduce cost. Regulatory and accreditation agencies are implementing new standards of compliance including The Joint Commission (TJC), Occupational Safety and Health Act (OSHA), and Centers for Medicare and Medicaid Services (CMS). The healthcare security profession is now generally accepted as a required entity within most healthcare organizations and increasing standards of professionalism are required. These elements have forced all healthcare organizations to provide quality security services at the best possible cost. The changing healthcare landscape will provide many opportunities for the healthcare security leader willing to think about and provide security on a different scale and focus on the key areas—mission and culture, goal alignment, value and metrics, relationships, technology, and professionalism.