

The Future of Healthcare Physical Security

Protecting Patients and Other Assets



July 20, 2023

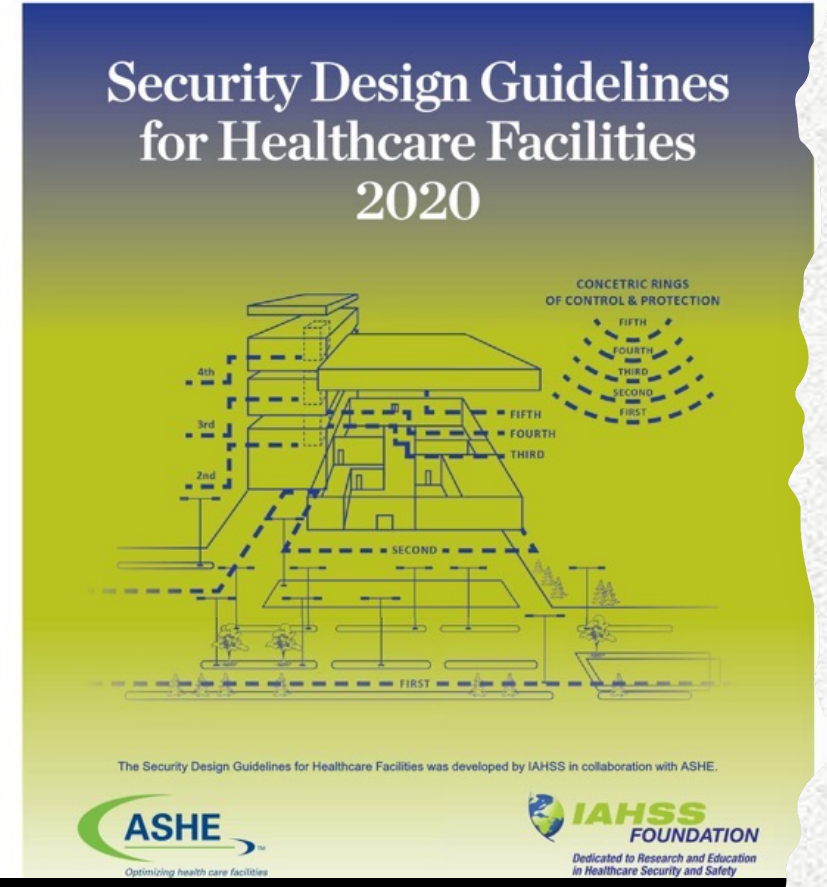
1:00 p.m. ET

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THE FUTURE OF
Healthcare
Physical
Security



Presented by:
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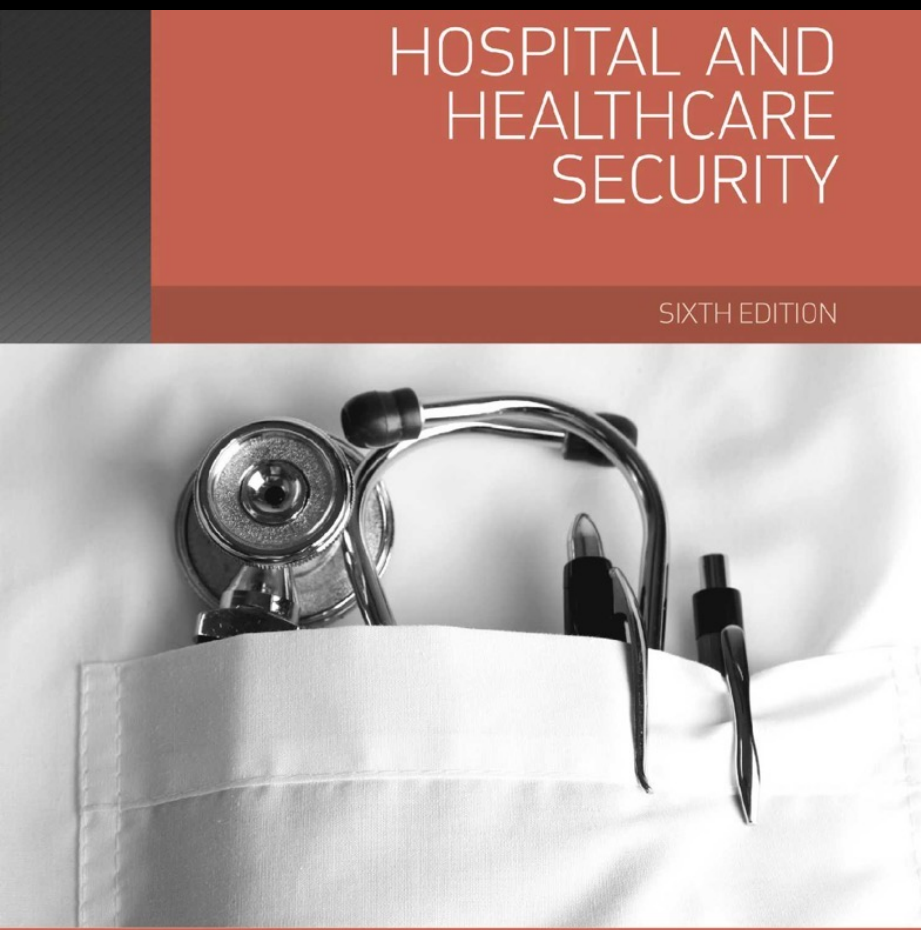
Co-author of last two editions of *Hospital and Healthcare Security*, widely considered to be the definitive book for hospital security. A past president of IAHSS ('07-'08) and long-standing leader of the Council on Guidelines. Founding member and contributing author to the Security Design Guidelines for Healthcare Facilities. Numerous awards for contributions to the advancement of healthcare security.

Over 30 years of healthcare security executive experience. Board-certified in security management with Certified Protection Professional (CPP®) designation and Distinguished Certified Healthcare Protection Administrator (CHPA).

B.S. degree in Criminal Justice from Appalachian State University, M.S. in Loss Prevention and Safety from Eastern Kentucky University, and Executive MBA from the University of Denver.

Executive Vice President – Healthcare for Paladin Security Group. Former CEO of HSS Inc.

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THE Evolution Of Healthcare Security

1900 - 1950

- Little mention of *security* in relation to protecting hospitals
- Basic protection activities performed by maintenance workers
- As facilities grew , some hospitals hired guards ("Building Security")
- Maintaining the physical plant, including the fire watch, primary responsibility

1950 - 1960

- Fire Watch continued to be important protection function
- Criminal activity being noticed in and around hospitals
- Advent of police officers in hospitals - community patrol
- Shift from beat officer to vehicle patrols eliminated city-funded coverage for most hospitals

1960 - 1975

- Hospitals becoming more aware that protection of the organization was not limited to just fire hazards and criminal activities
- Security perceived as specialized management service (touching all departments and functions in the HCF)
- Reporting primarily to Director of Maintenance & Engineering
- Use of police officers in hospitals declining during the period | In-house security staffing on the rise
- IAHS formed

THE Evolution Of Healthcare Security

1975 - 1990

- Definition and day-to-day functions of security continued to expand
- Safety & Security departments became common with shifting focus
- Security departments mission changed from reactive function to a proactive (prevention) type of program
- Department director more and more involved in hospital leadership

1990 - 2000

- Rapid changes taking place. Concept of risk management introduced in '80's now maturing (and appreciation for protection effort)
- Severe budget restraints – **do more with less!**
- Broader view of security being developed and interrelationship with other departments – PBX and the end of orderlies!
- Advent of outsourcing services
- Infant Abduction Prevention & Response
- OSHA #3148 – Prevention of WPV in the Healthcare & Social Work Setting

THE Evolution Of Healthcare Security

2000 – 2019

- Increased patient-generated violence, terrorism concerns and organizational demand for increased security services prevailed
- Lack of mental health resources and increased violence created increased security support for patient care issues
- Intro of new and expanded electronic security technology & master planning
- Security master planning and concept of convergence reshaped the working relationship of security and IT
- Convergence has led to enterprise risk management
- Hurricane Katrina and evolving role of emergency management and preparedness

THE Evolution Of Healthcare Security

202x -

- COVID-19 & anger amplification
- Active Assailant and societal anxiety towards firearms and shootings
- Enhanced WPV regulations for healthcare
- Executive-level participation in security efforts driven by violence and employee well-being
- Eroding confidence in community resources
- Telehealth and the expansion of community provider
- AI-powered technology

HEALTHCARE SECURITY =
THE INTEGRATION OF PEOPLE, PROCESS AND TECHNOLOGY



The Mission is to Support
Safe Patient Care



Healthcare Security is ESSENTIAL

What it Takes in Today's Environment

**Specialized
Training**

**Violent Patient
Mgmt.**

**Use of Force
Continuum**

Leadership

Compliance

THE REGULATORY ENVIRONMENT

Centers for Medicare & Medicaid

Conditions of Participation |
Safe Patient Intervention



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

DATE: November 28, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Workplace Violence-Hospitals

Memorandum Summary

- Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs.
- An April 2020 Bureau of Labor Statistics Fact Sheet found that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011.
- Exposure to workplace violence hazards come at a high cost; however, with appropriate controls in place, it can be addressed.
- CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare.

THE REGULATORY ENVIRONMENT



Centers for Medicare & Medicaid (CMS)

Conditions of Participation |
Safe Patient Intervention

The Joint Commission (TJC)

Management of the Environment of Care | WPV
Prevention Requirements

HIPAA

Protection of Personal Health Information |
Privacy & Confidentiality

IAHSS Guidelines

Healthcare Security Industry Guidelines | Security
Design Guidelines for Healthcare Facilities |
Standard of Care & Best Practice

ASIS International

Global Security Standards & Guidelines for
Security Practitioners

Patient Generated Violence

Healthcare workers often believe that violence and abuse comes with the territory. But violence is not part of the job. Care providers are here to heal and yet they face the threat of violence every single day.

WE NEED TO MAKE HOSPITALS SAFER!



Incidents of serious workplace violence were

4X MORE COMMON

in healthcare than in private industry.*

**Incidents requiring days off for the injured worker to recuperate*

Private Industry



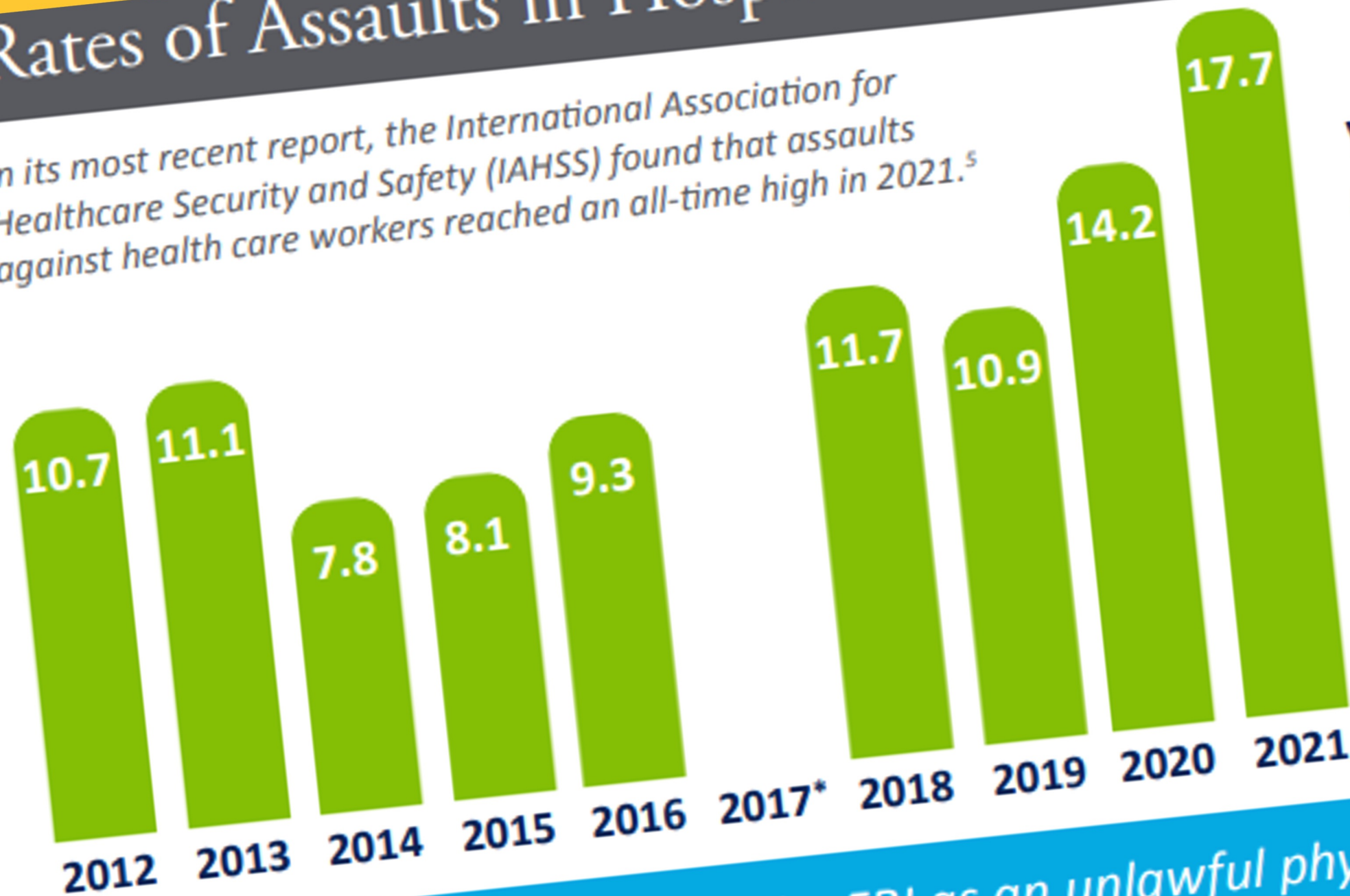
Healthcare



5/1/2023

Rates of Assaults in Hospitals 2012 – 2021

In its most recent report, the International Association for Healthcare Security and Safety (IAHSS) found that assaults against health care workers reached an all-time high in 2021.⁵



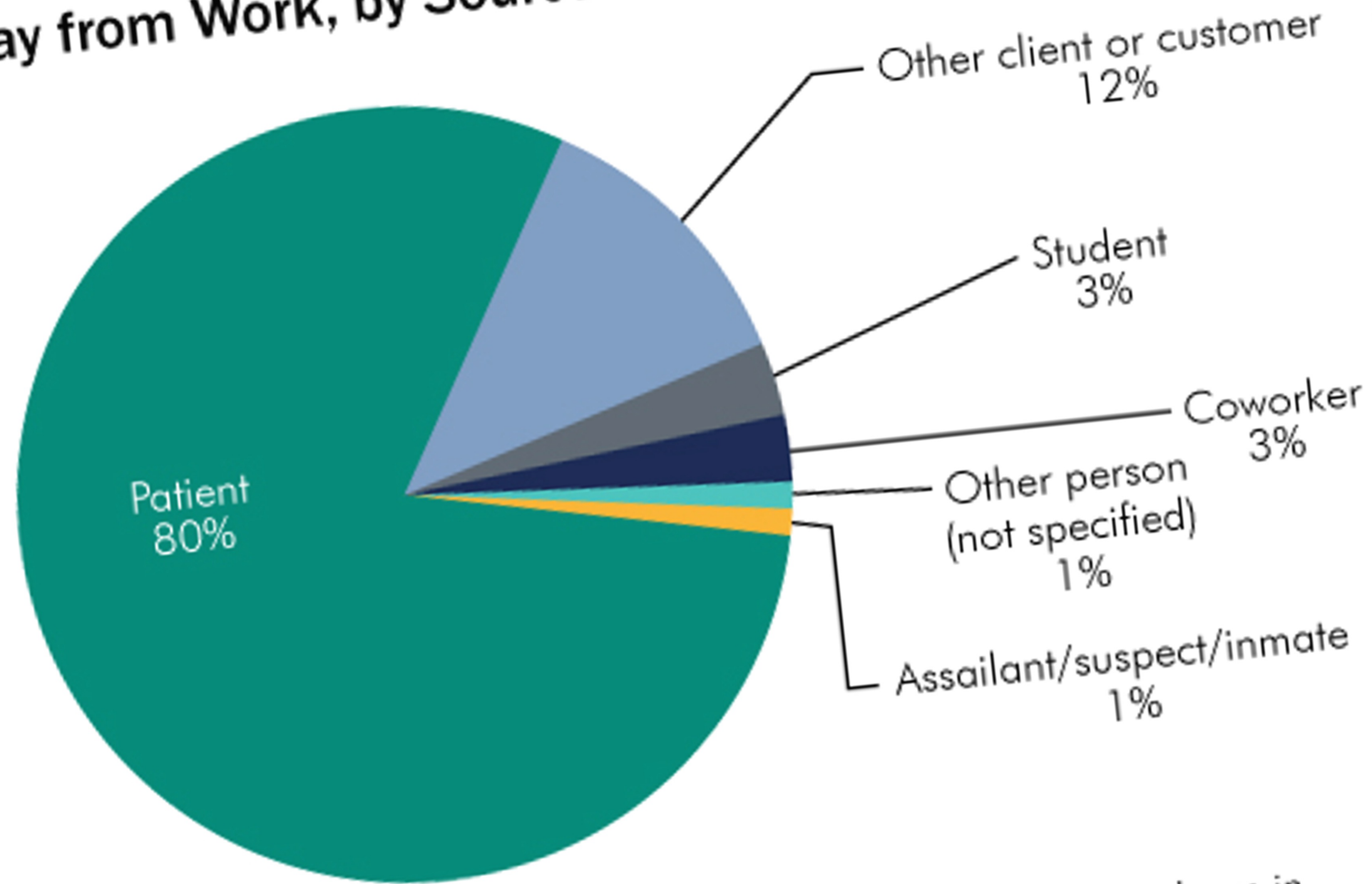
When asked, Colorado's hospitals reported an increase in violence against their staff – due to both increased incidents and increased reporting.

**IAHSS did not produce a Crime Survey in 2017*

● Simple Assaults per 100 Beds

Simple assault is defined by the FBI as an unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury.

Figure. Healthcare Worker Injuries Resulting in Days Away from Work, by Source



Source: Occupational Safety and Health Administration. Workplace violence in healthcare: understanding the challenge. 2015 Dec [cited 2017 Mar 29]. <https://www.osha.gov/Publications/OSHA3826.pdf>

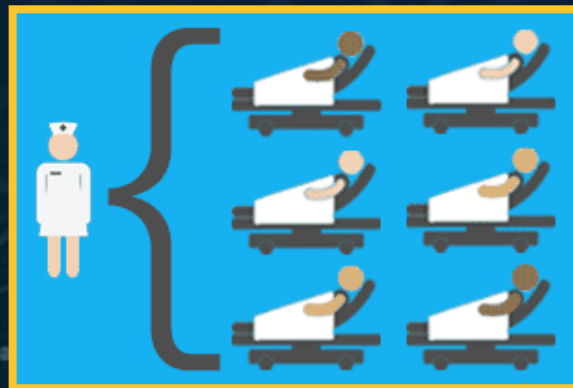
MS17417



Drug & Alcohol Abuse



Mental Health Issues / Behavioral Health Funding



Staffing Challenges & Related Fatigue



Overcrowding / Increase in ED Utilization

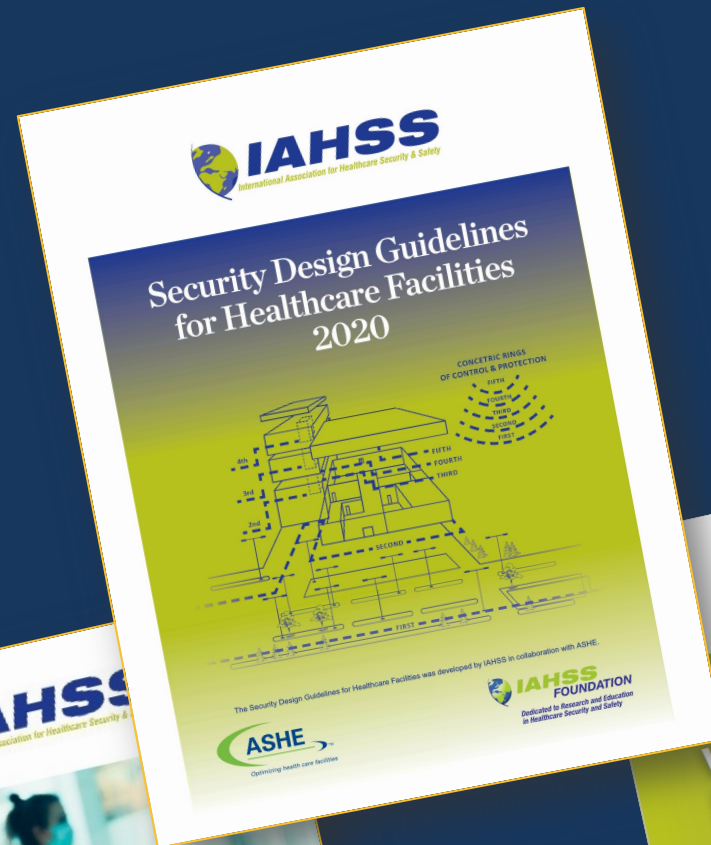


Stress of the Care Environment

50% increase

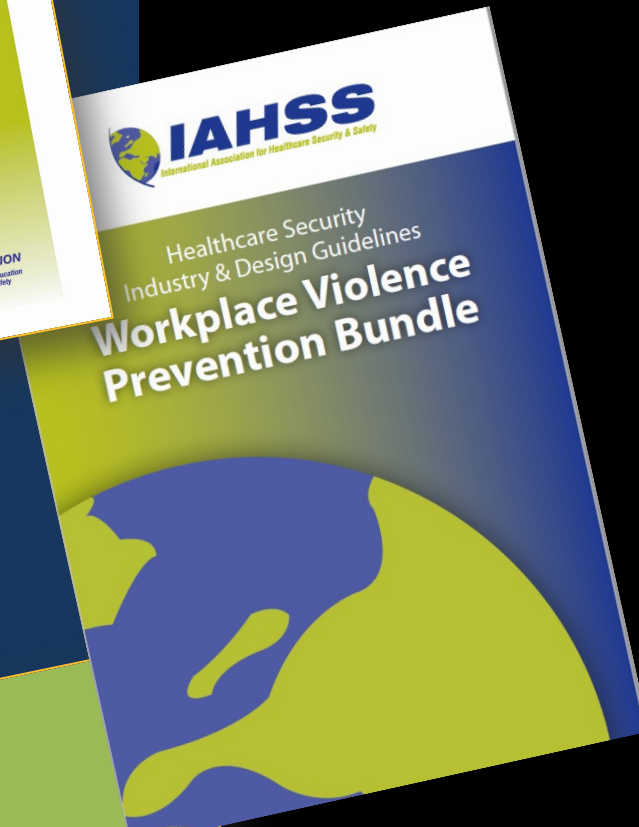
Emergency Department Utilization (1995 – 2016)

Security Design
Guidelines for
Healthcare
Facilities

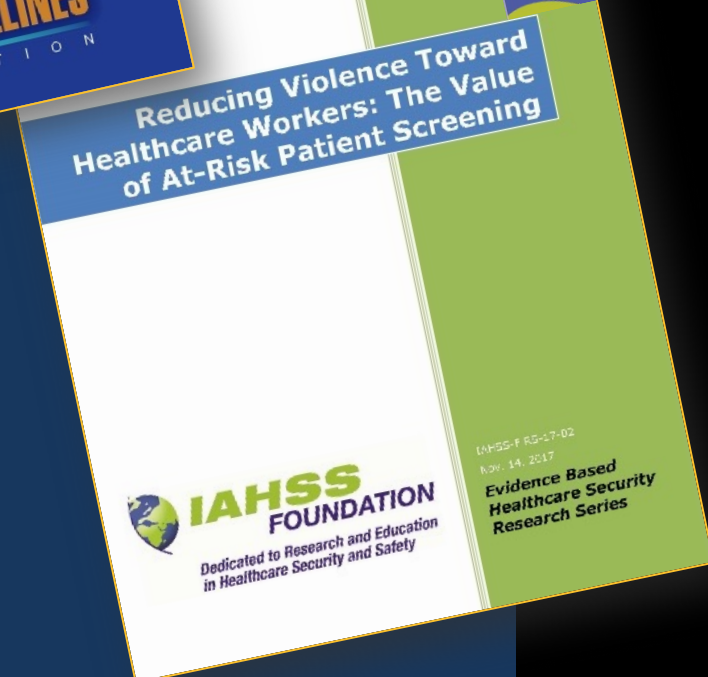


Industry Resources to
combat VIOLENCE

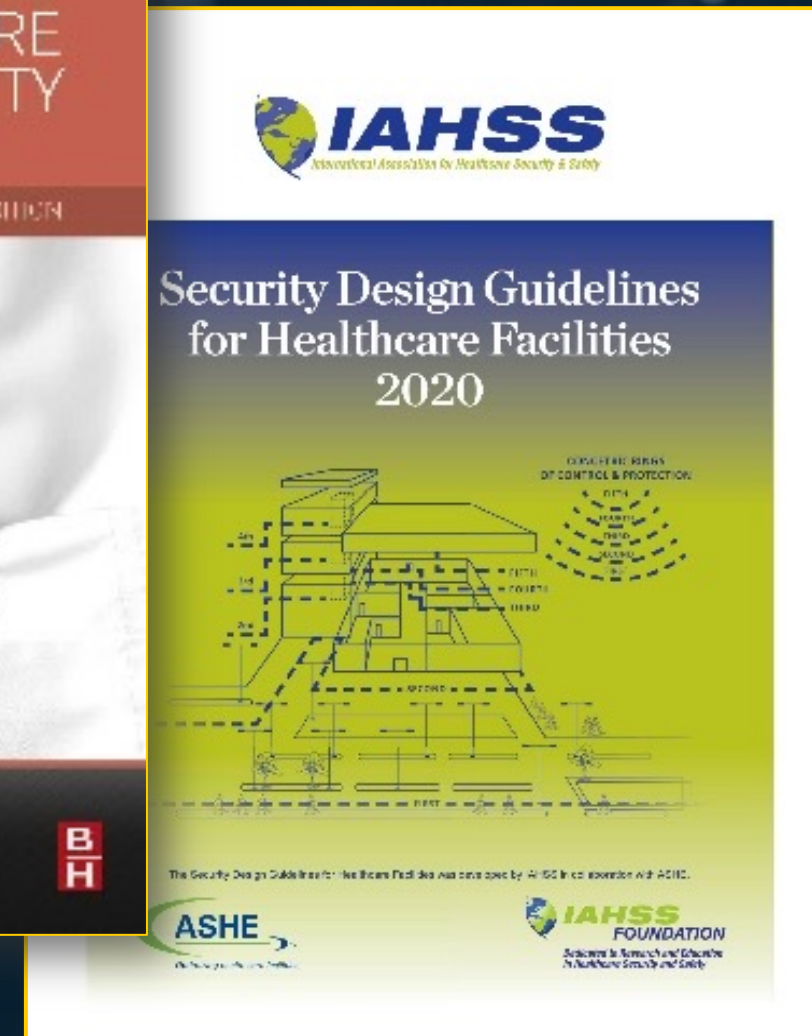
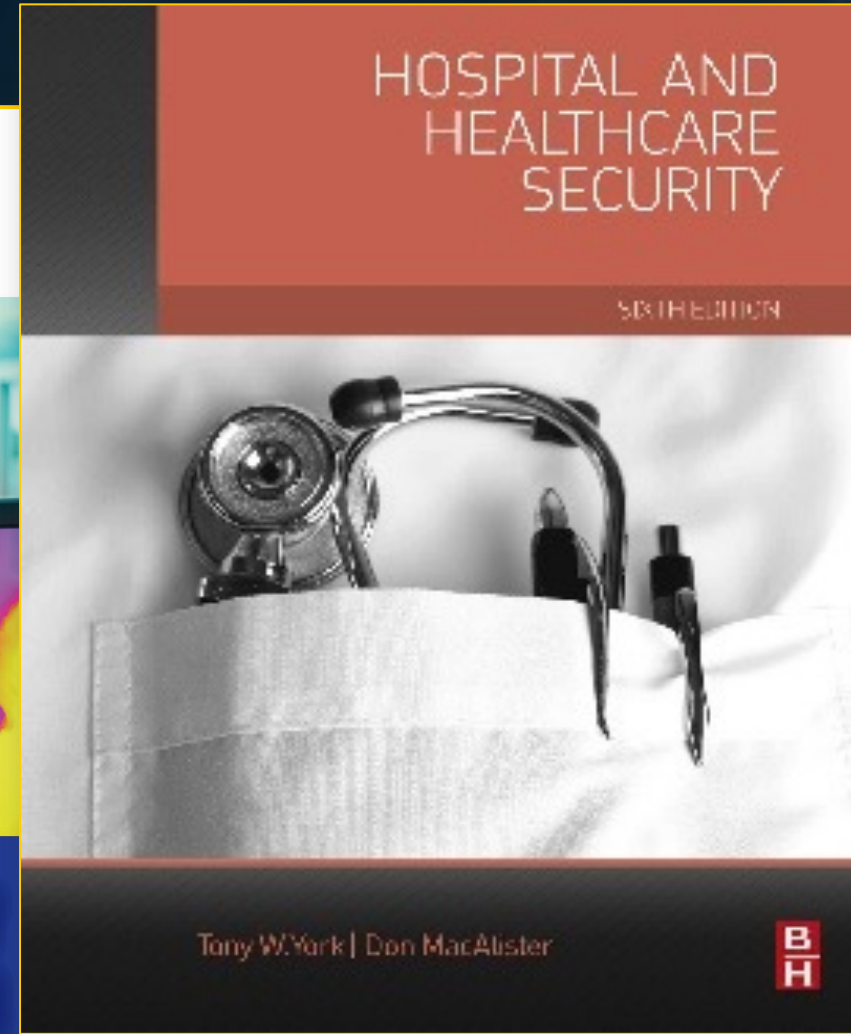
Healthcare
Security
Industry
Guidelines



Evidence Based
Healthcare
Security
Research Series



Workplace Violence Prevention
Certificate Program



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Our experts literally wrote the book on healthcare security, and now you can learn from the most influential voices in the industry.



- The evolution of healthcare security
- Increased Security Risk due to Roe v. Wade reversal
- Best Practices conducting a Healthcare Security Assessment
- Prisoners as Patients
- Body Worn Cameras in Healthcare
- Active Shooter / Hostile Event Response
- Negligent Security in Healthcare



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