

A CONVERSATION on

HEALTHCARE SECURITY

As the healthcare industry has changed, so too has its use and deployment of security. Understanding this reality, Pelco recently hosted two seminars on healthcare security. Organized by Carole Dougan, Director of Strategic Accounts, Pelco invited security integrators and end users to learn more about the industry and how to meet its security demands.

Following the seminar, Pelco Press sat down with Tony York, Senior Vice President, Security, for Hospital Shared Services, and Russell Colling, Healthcare Security Consultant, who led the sessions and discussed the role of security in the healthcare industry.

PP - WHAT ARE CURRENTLY THE BIGGEST CHANGES AFFECTING HEALTHCARE SECURITY?

Russell Colling - One area I see is in the provision of mental health care. Funding has almost completely dried up, so we have behavioral health units closing, and, as a result, patients, with nowhere else to turn, end up in the hospital emergency room. This creates a situation that ER personnel - and security - weren't previously confronted with.

Tony York - The ER is not a place to seek long-term care and the increase of mental health patients is having a dramatic influence on the resources that security staff members are providing. I would also say a big change is that an increasing numbers of providers are starting to truly understand the value of security services as a competitive advantage.

PP - HOW CAN SECURITY BE A COMPETITIVE ADVANTAGE?

TY - A reality that is becoming increasingly apparent is that the healthcare industry is facing a nursing shortage - and it's going to hit a crisis stage in the next five years, when the baby boomers start seeking more and more care. This shortage is going to have a tremendous impact on a lot of healthcare facilities. And that also means that the organizations are going to be competing, not only for their consumers, but they're going to be competing for their nurses. Security is going to have a large role in that competition.

PP - HOW DOES SECURITY PLAY A ROLE IN THAT?

TY - Nurses want to go to those places where there is strong security. So what we're seeing is that the older infrastructures are recognizing the importance of safety in their organization. The low bid mindset of security that was prevalent in some organizations has really changed. Couple that with the reality of a post-9/11 world and now all of a sudden, the consciousness of security has awoken. They're not so much adding more security staff members but the focus that they're expecting out of the security department has really escalated to a different level than it was five years ago.

RC - The thing with security is, you're no longer focused on your campus alone, but all locations. You can't just think about you and your main hospital, as you've got employees that you're responsible for securing. They may be three miles down the road in a satellite facility, and though the issues they are facing may be different, you still have the ultimate responsibility for their safety and security. The technological changes that have come about have really provided a great tool for this.





Russell Colling, CHPA, CPP has a BS in Criminal Justice and an MS in Healthcare Security Management. He is located in Salida, CO. Russ has provided security program evaluations, building design, training, and expert witness services to over 400 healthcare facilities. He lectures nationally on healthcare security and has written several books on healthcare security including two books for the Joint Commission on Accreditation of Healthcare Organizations. He was the Founding President of the International Association for Healthcare Security and Safety.



Tony W. York, CHPA, CPP has a BS in Criminal Justice, an MS in Loss Prevention and Safety, and a MBA from the University of Denver. As Senior Vice President - Healthcare Security for Hospital Shared Services, Tony is administratively responsible for security services in over 75 healthcare facilities overseeing 750 security personnel in Arizona, Colorado, Louisiana, Texas, Wisconsin, and Wyoming. Tony is the immediate past Vice President/Treasurer of the International Association for Healthcare Security and Safety (IAHSS) Board of Directors and is seeking election as President-elect.

PP - IS THERE A PUSH TOWARD CENTRALIZED MONITORING AND THE USE OF DISTRIBUTED NETWORKS THAT CAN TIE IN GEOGRAPHICALLY DISPERSED FACILITIES AND HELP ALLOCATE RESOURCES MORE EFFECTIVELY?

RC - Yes. We are seeing that demand and capability, and it's growing in the future.

TY - It's been a slower migration, and a lot of that's had to happen with major new construction, but what I'm also seeing is that a lot of this has been driven by the IT professionals in the healthcare setting, and embracing them has been an important step in getting that accomplished.

Video security is absolutely a fabulous tool. And when it's integrated with door and alarm controls, inventory tagging systems, and everything else, it really is a valuable tool to security and our response capabilities.

RC - Another thing that is really important is the retrieval of the captured video, which provides instant access for those after-the-fact investigations. I would call it revolutionary.

PP - AT PELCO, YOU'VE SPOKEN TO HEALTHCARE SECURITY PROFESSIONALS AND SECURITY INTEGRATORS. WHAT SPECIFICALLY WERE THE MESSAGES THAT YOU PRESENTED?

RC - An integrator's success lies in his ability to truly understand the healthcare sector. It is not easy if they don't have the ability to communicate nor the understanding of the healthcare community's needs. Having that credibility and confidence is a competitive advantage. The healthcare community is a very unique environment and the decision makers expect people that want to partner with them to really understand it.

PP - AND ON THE TECHNICAL, IMPLEMENTATION SIDE OF THE EQUATION?

TY - We're also really looking to ensure that the end user and the integrator look at security in its totality, and not just as one element. I was trying to have them stop and try to think about, for example, an ICU, and all of the things that you would have to consider when looking at an ICU. "Have I looked at the camera systems, have I thought about incorporating and covering more waiting areas? What about my stairwells? Am I providing a plan that covers all of the issues that they have?"

It wasn't step-by-step instructions. It wasn't that complete, but it was something that we wanted them to be able to leave and say, "Ah, that's a good resource for the next time I work on a security plan."

For more information on future healthcare or other industry seminars, please contact Steve Nibbelink at (800) 289-9100.



PP - CAN YOU DISCUSS THE ROLE OF VIDEO SECURITY SPECIFICALLY IN HEALTHCARE ORGANIZATIONS AND HOSPITAL OPERATIONS?

TY - I think there are probably three primary drivers of video surveillance.

The first is the ability to control the access to areas that have restrictions, i.e., birth centers, emergency departments, pharmacies, surgical areas. The second is general surveillance for after-the-fact investigation. And the third primary driver is focused more on the medical side of that - the ability to monitor patient activity for security and non-security purposes.