



Kansas Hospital Association

De-escalation Webinar Series:
"S E C U R I T Y: Who Is Responsible?"
(Hint: It's Someone You Know)

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Funding Acknowledgment

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S E C U R I T Y:

Who is Responsible?

(Hint: It's Someone You Know)

Security Practices for All Healthcare Employees

Bryan Warren, MBA, CHPA, CPO-I
WarSec Security

3

Fostering a Security Culture

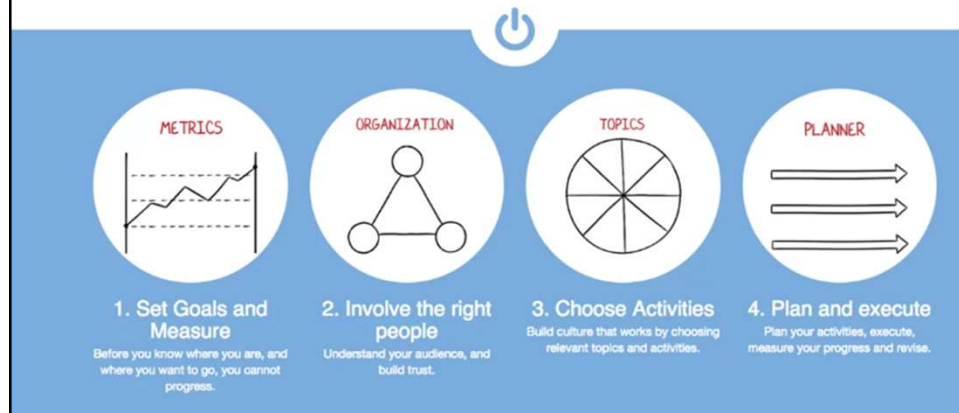
Security at a healthcare facility is every employee's responsibility, especially if your facility does not have a full time security force present. Therefore, its best to be prepared to prevent any unwanted disruption to patient care as well as promoting our own personal safety and that of our co-workers.

Any business dealing with the public can be emotionally charged, and at times can result in conflicts when it comes to the people that they serve. While an incident can occur any place at any time, there are certain common indicators of suspicious and unwelcomed activities that we will be reviewing in this program.

What Is A Security Culture?

Security Culture

The ideas, customs, and social behavior of a particular people or society that allows them to be free from danger or threats. Kai Roer



Crimes of Opportunity

Many patients in healthcare facilities and their family members bring in items of significant value that are vulnerable to loss or theft such as portable electronics, jewelry, and cash. So do staff members.

Preventing such losses can prove to be very challenging due to several reasons especially when items are left unattended in waiting areas and break rooms. Thefts of such items are considered crimes of opportunity.

All healthcare facilities should have a process in place to properly document items of value that will remain with residents and urge family members whenever possible to secure such items elsewhere. The same applies to staff.

6

The Triangle of Crime Theory

This theory proposes that most crimes consist of 3 parts:

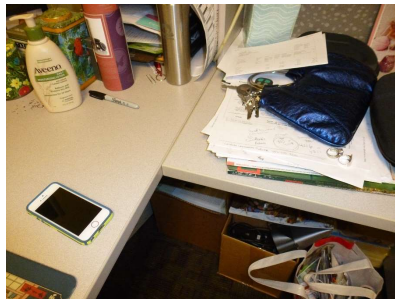
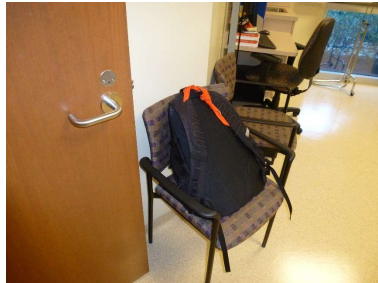
1. Suitable Target
2. Motivated Offender
3. Lack of a Capable Guardian or Witness

Remove any of these three elements and crime may be prevented or at least delayed, detected or deferred.



7

Unsecured / Unattended Personal Valuables



8

Crimes of Opportunity

To deter such losses, **all** staff at the facility should be educated on the basics of crime prevention, such as:

- Appropriate visitor management protocols (identifying unknown persons in resident areas particularly after normal visitation).
- Reminding patients about their valuables and common sense security measures such as keeping exterior doors and windows secured and not to allow tailgating of doors.
- Reporting suspicious incidents in a timely manner to the proper personnel (See Something, Say Something).

The theft of a patient's valuables is not only a financial loss but in many cases it is an emotional blow as well especially regarding the loss of items with high sentimental value. ⁹

Identifying Suspicious Behavior

One of the simplest methods to increase security and our own protection is to always remain alert. Criminals tend to be discouraged if they notice that someone is watching them or can possibly identify them later should a criminal act occur.

A good practice is to develop a sense of what is "normal" behavior by persons entering your work area. You should 'benchmark' normal routines and compare new arrivals' behavior against your 'benchmark'. Some unusual behavior to look for may include:

Identifying Suspicious Behavior

- People who do not approach a reception desk to check in or do not appear to know where they are going and are not seeking help. These individuals may be waiting for an opportunity to 'tailgate' into an office or through an access controlled door.
- Persons obviously looking for or asking about security devices such as door-release switches or cameras.
- Persons trying door knobs of offices or carrying unusual items like PC monitors or laptops without a case or bag.
- During inclement weather, people who do not remove their coat, hat, gloves, etc. or make attempts at getting comfortable while they are waiting.

11

Categories of Suspicious Persons

	Opportunists	Probers	Solicitation / Peddlers
Method	Try to get past reception either on a pretext or with a modest disguise.	Try to get past reception either on a pretext or with a modest disguise.	Watch for such individuals trying to sneak past you.
Focus	Look for certain items such as laptops, while others will steal anything of value.	Search out specific items and then come back after hours to steal them.	Seeking access to sell some type of product or service but some on the other hand, are opportunistic thieves.
Best Defense	Politely, but firmly, stop and question these people and verify their story prior to granting them entry into your premises.	Interested in locating and learning about your security measures. For this reason, do not discuss any security measures with anyone.	Be prepared for walk-bys and 'tailgating'.
Escalation	Alert your supervisor, security, or some other person of authority.	Notify a person of authority once he/she leaves the premises so further security measures can be temporarily instituted.	Summon for help if these individuals refuse to co-operate, argue, or become violent.

Probers in Action



13

Being a Good Witness

Should you get an uneasy feeling from **ANY** persons while at work call for assistance and do not provide anyone access into a secured area if practical until the issue has been resolved and assistance has arrived. If the situation becomes threatening, move to a safe area as quickly as possible and do not attempt to intervene.

Be a good witness by documenting what you have just seen and not discuss/compare observations with other witnesses so you do not muddle your memory.

One way to strengthen this skill is a technique known as the 3 Second Scan.

14

The 3 Second Scan

Starting with a person's face, by scanning their body quickly with purpose you can determine a significant amount of information for later use or recollection:

- Apparent sex and race of the subject
- Unique features (scars, tattoos, piercings, etc.)
- Approximate height, weight and build
- Clothing worn (not just type but also color and style-remember that clothing is the most transient of features and can be changed very quickly by the subject to avoid later detection. People tend however, to wear similar colors and styles, and this may assist later when searching for the subject.)
- Any items that the subject may be carrying (especially valuables or out of place items like laptops, monitors, etc.)

15

Social Engineering

Being in the healthcare industry, we are all aware of how important patient information and confidentiality is (HIPAA regulations for healthcare related data is one example) but many times we are unaware that critical information is being improperly secured or provided to non-authorized persons every day.

- Dumpster' Diving – probably the most simple and yet effective way of getting confidential or other important information is as simple as someone going through your trash. Any memos, letters to or from persons in your office, or anything containing names, address, phones number or account numbers can easily be used in a fraudulent way. All such information should be shredded or disposed of properly to avoid having it fall into the wrong hands.

16

Social Engineering (cont.)

- Pretext Telephone Calls - basically this involves imposters posing as legitimate business contacts or customers and using a fictitious pretext to get information. These persons can often include former clients or family members of clients, so be cautious about giving out ANY information that might be used improperly (such as verifying that a patient is present or other information not publically known). Any such questions should be referred to your supervisor right away.

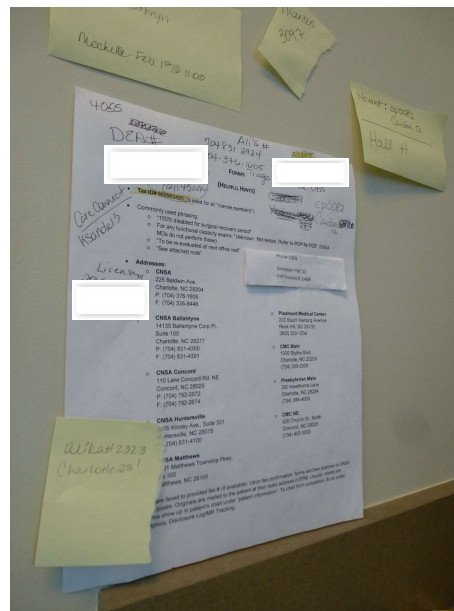


Social Engineering (cont.)

- Document / Mail Theft - All such documentation should be properly secured or shredded if unwanted, and never allowed to collect in an unsecured area or improperly disposed of.
- E-mail Scams / Phishing – There are many such scams involving the use of unsolicited e-mail messages. The same rules as pretext telephone calls should be observed, and any requests for confidential information or that seem suspicious should be refused and reported right away.
- Confidential Information Gathering – When information is written down for convenience by staff but left unattended and unsecured.

18

Unsecured / Unattended PHI



Situational Awareness in Parking Lots

- Keep your head up and pay attention to your surroundings. This is the one of the most effective methods to stay safe.
- Keep to the middle of sidewalks and walkways, avoiding things such as alleys, dumpsters, shrubbery, etc.
- Keep at least one hand free at all times for your keys or any defensive items you might have
- Do not become distracted or preoccupied when walking to your vehicle (including use of a smart phone or other device)
- If faced with an attacker, above all else, **ESCAPE!** Do not fight if asked for your wallet, jewelry, car, etc. These are replaceable
- Never willingly go to a secondary location with an attacker or stranger.

Unique Conditions for Conflict

Common situations that healthcare professionals have to deal with contribute significantly to the potential issues involving patients and family members. Situations include:

- Dealing with patients and clients that suffer from behavioral disorders or under the influence of alcohol, medications or controlled substances.
- Giving poor prognosis, imposing physical limitations or providing other "bad news" to emotionally unstable patients or those without sufficient coping mechanisms when such information is shared.
- Denying narcotics or other controlled substance prescription demands or refusing to categorize a client's diagnosis based upon their request due to disability claims, insurance reimbursement or other purposes.
- Misplaced blame for financial situation resulting from charges incurred from medical treatment and / or related services (labs, X-ray, etc.).
- Treating people that are in pain, frightened and / or irrational.

Joint Commission Quick Safety # 47

Released on January 28th of 2019, TJC Quick Safety newsletter 47, "De-escalation in Healthcare" provides references and resources as the issue with behaviors of concern from customers continues to grow.

Quick Safety

Issue 47 | January 2019

De-escalation in health care

Issue:

The need for using de-escalation techniques has become more prevalent as violence in health care settings increases. De-escalation is a first-line response to potential violence and aggression in health care settings.¹ The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants.² A three-year study in the *American Journal of Nursing* noted that 25 percent of nurses reported being assaulted by patients or the patient's family members. Statistically, higher rates of health care violence are reported to occur in the emergency department (ED), geriatric and psychiatric settings.³

The purpose of this Quick Safety is to present some de-escalation models⁴ and interventions for managing aggressive and agitated patients in the ED and inpatient settings. There are many different de-escalation techniques; this Quick Safety is intended to guide health care professionals to resources for more information and training.

L.E.A.P.S.

L = Listen to what they are saying

E = Empathize with their point of view

A = Ask reflective questions

P = Paraphrase what you heard

S = Summarize

23

Intimidating Behavior

It is expected that when patients or visitors approach you that you will be engaged in conversation for a brief period of time. This is certainly expected and an opportunity to practice good customer service skills. There are some things about such conversations that you should be aware of:

- If the discussion becomes unfriendly, focuses heavily on specific employees or any controversial issues (“where are the drugs kept”, “when do you get off work”, etc.), you should immediately seek to end the conversation and get help.
- If you cannot end the discussion after two or three attempts and the situation becomes threatening, call for assistance and do not grant anyone access into access controlled areas until the problem has been resolved.
- If you get an uneasy feeling from ANYONE, discreetly call for help²⁴ and reasonable attempt to delay their entry into patient care areas if you can safely do so.

Use of a Code Word or Phrase

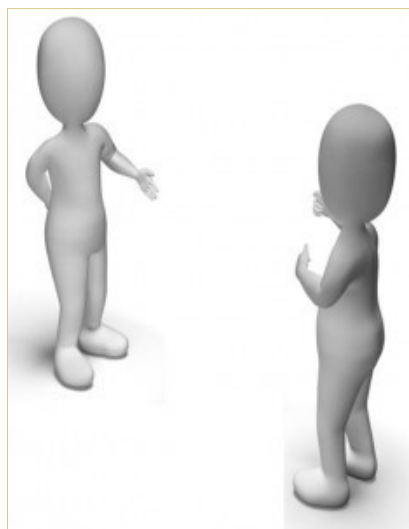
If you need to summon assistance right away when physical warning signs present themselves consider the use of a code word or phrase that only you and your teammates know the meaning of. If it is used, this means “I need help” and to contact either local police or security right away and have them respond immediately to the site.

- The code word or phrase should be simple and easy to remember
- It should not be something that can be confused for another issue
- All staff should learn this code word as part of their initial orientation to the work environment and it should be reinforced periodically at staff meetings and other educational and information sharing sessions
- The names “**NORA**” (**N**eed **O**fficers **R**ight **A**way) or “**EDNA**” (**E**mergency **D**eveloping, **N**eed **A**ssistance) are two good examples

25

Defensive Stance

- Reactionary Gap of 4' or More (Social Space)
- Hands Up & Out
- Feet Shoulder Width Apart
- Knees Slightly Bent
- Attention on the Other Persons Movements (Especially the Hands)



26

B.E.R.T. Team

A program that is being adopted by a number of healthcare facilities that have limited security resources on site is the formation of a Behavioral Emergency Response Team, or a BERT. A BERT team is comprised of staff that have been appropriately trained in de-escalation and patient restraint techniques and the goals of such a team can include :

- Early identification of patients that would benefit from such specialized support to maximize treatment outcomes and maintain safety.
- Provide a multidisciplinary coordinated response for patients with disruptive behaviors.
- Promote workplace safety while minimizing violent events.
- Enhance the plan of care for patients with disruptive or threatening behaviors that compromise safety to themselves, other patients, visitors and staff.

B.E.R.T. Team (cont.)

The composition of a BERT team can vary based upon the facility and its resources, but should include clinical as well as non-clinical support staff (when available) to assist when situations require immediate intervention and the de-escalation of behavior. Criteria for calling a “BERT” response might include some of the following:

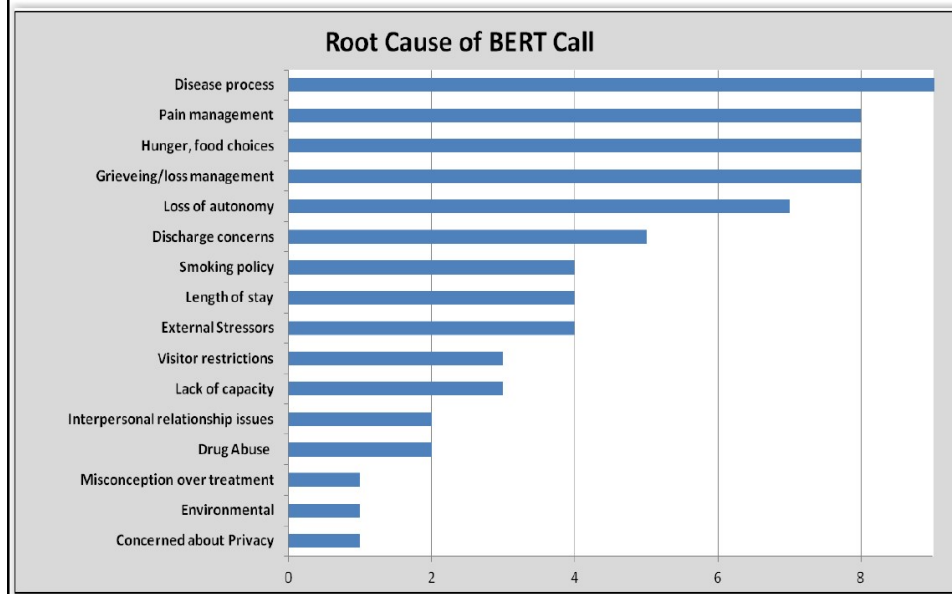
- Staff perception of endangered safety and need for assistance
- Hostile behaviors such as cursing, threats against staff or others, and gestures attempting to physically assault others
- Destruction of property or tampering with medical apparatus
- Escalating hostility without the ability to be redirected or calmed
- Failure to accept clinical directives with verbalized intent to harm others or self or those who exhibit self-harming behaviors

B.E.R.T. Team (cont.)

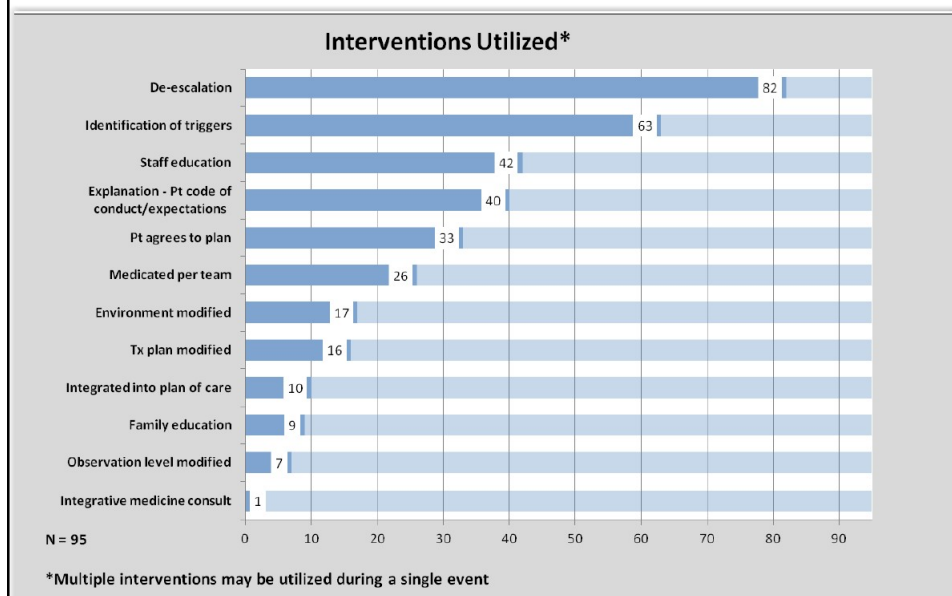
Through proper documentation and an analysis of BERT Team activations, a number of important measurable outcomes can be accomplished. Some of these might include:

- The total number of security related calls for disruptive incidents on site (may be used to validate additional security resources including the need for access controls or panic / duress devices)
- Impacts upon annual Employee Satisfaction surveys
- Impacts upon Patient Satisfaction and HCAHPS scores
- Other measurable outcomes such a potential reductions in AMA's, reductions in workman comp claims and indemnification, improved reporting of workplace violence situations, etc.

B.E.R.T. Team (cont.)



B.E.R.T. Team (cont.)



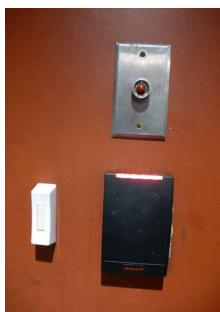
Public / Private Partnerships

Another strategy that healthcare facilities (especially those without a full time security presence on site) should consider is the support and partnership from local law enforcement in evaluating the physical security needs of the facility or supporting the use of a professionally certified healthcare security consultant to perform an assessment of the site to identify opportunities for improvement (based upon regulatory requirements and industry best practices).

Many law enforcement agencies can provide a Crime Prevention Through Environmental Design (CPTED) survey to identify common physical security issues of a facility, such as lighting, landscaping, access controls, alarm systems and more. Check with your local agency to see if this service is available.

32

Opportunities for Improvement



33

Working Together To Make The Work Environment Safer

There are several universal concepts that care providers can take to promote a secure and safe environment for ourselves as well as our patients, visitors and co-workers.

- Secure valuables properly to prevent crimes of opportunity
- Make certain that all confidential data and client or business information is protected properly and not left in an unattended or unsecured area (including laptops and tablets)
- Close and secure all offices, desks, and storage areas when not in use to prevent probbers or passersby from easy entry or tailgating
- Consider the formation of a multidisciplinary BERT team to respond to incidents involving people exhibiting threatening behaviors
- Contact local law enforcement immediately to report suspicious activity or concerns and for assistance in CPTED surveys
- Consider a facility security assessment by a certified healthcare security professional to identify opportunities for improvement

34

In Closing

Security needs to be an integral part of the healthcare culture, especially for our patients, visitors and fellow staff. Through due diligence and situational awareness many incidents can be avoided or mitigated.

While adverse events can occur at any time and any place, remember security is everyone's responsibility, and it is critical for all of us to be prepared to prevent unwanted disruptions to customer service and client care as well as promoting our own personal safety and that of our colleagues.

35

Resources / References

- 2019 The Joint Commission De-Escalation in Healthcare
 - https://www.jointcommission.org/assets/1/23/QS_Deescalation_1_28_18_FINAL.pdf
- 2018 Joint Commission Sentinel Event Alert #59 – Physical and Verbal Violence
 - https://www.jointcommission.org/sea_issue_59/
- 2019 IAHS HealthCare Security Guidelines
 - <https://www.iahss.org/general/custom.asp?page=guidelines>
- BERT Program Design and Solutions – University of Maryland Medical Center
 - http://www.marylandpatientsafety.org/documents/Annual_Conference_2015/Solutions/Behavioral_Emergency_Response_Team.pdf
- CPTED and the Community Policing Model
 - <https://www.ncjrs.gov/pdffiles/crimepre.pdf>

36

Discussion



37