

Project Submission:
2009 Delaware Valley Patient Safety Award

PENNSYLVANIA HOSPITAL

*“Safe and Secure – Our Commitment
to Our Patients and Staff”*

Safe and Secure – Our Commitment to Our Patients and Staff

Abstract:

In mid 2008, in response to staff concerns about their safety while on hospital grounds coupled with the low ratings for safety and security felt in the hospital and reflected by our patients on the Press-Ganey surveys , a Security Risk Assessment was conducted hospital-wide in May 2008. This assessment determined that there were existing vulnerabilities in the areas of access control; inadequate video surveillance; inefficient security patrols; lack of visitor control; entry and visiting rules/regulations violations; disruptive behavior; reported criminal activity; and, trespassers in the hospital. Security did not have the proper tools to mitigate many of these exposures.

Data were gathered following the Security Risk Assessment and “Safe and Secure” was started on October 1, 2008 with the goal to initiate a comprehensive program to address the security / safety vulnerabilities for the hospital. Safe and Secure is the integration of our hospital’s security systems, policy / procedure and people to enhance the hospital overall security profile. It is also designed to be an ongoing and continuous program until “all reasonable” security measures have been met.

Keys to success included the full endorsement and encouragement by senior leadership, staff input in designing the program, communication of the program to staff and visitors, and a well trained security staff who fully understood the mission of Safe and Secure.

Indicators of success included a decrease in thefts, trespassing, unsecured areas, physical disturbances and rules/regulation violations and an increase in patient perception of safety and security felt in the hospital.

Safe and Secure – Our Commitment to Our Patients and Staff

Baseline - In mid 2008 the results of a 2007 employee survey showed that 44% of responding staff rated the question “How would you rate your entity on the safety of your work area” as average to poor and 55% rated the question “How would you rate your entity on the safety of its physical surroundings” as average to poor. There was the feeling that security was not visible or was non-responsive. At this same time, the hospital was at the 44th percentile with a mean score of 87.2 for “Safety and Security Felt in the Hospital” on the Press-Ganey patient satisfaction survey. A Security Risk Assessment was conducted hospital-wide in May 2008. As part of the assessment, a count was conducted of all persons entering the hospital over a sixteen hour period. During that time, there was a total of 6142 persons entering by one of three entrances. This assessment determined that there were existing vulnerabilities in the areas of access control; inadequate video surveillance; inefficient security patrols; lack of visitor control; entry and visiting rules/regulations violations; disruptive behavior; reported criminal activity; and, trespassers in the hospital. Security did not have the proper tools to mitigate many of these exposures.

Goal - Safe and Secure was started on October 1, 2008 with the goal of implementing a comprehensive program to address the security / safety vulnerabilities for the hospital. Safe and Secure is the integration of the hospital’s security systems, policy / procedure and people to enhance the hospital overall security profile. Safe and Secure is also designed to be an ongoing and continuous program until “all reasonable” security measures have been met.

Interventions - Process changes implemented

- A pedestrian survey was conducted at every point of entry into the hospital to determine who was entering the hospital
- A new multi-disciplinary team of clinical staff and non-clinical staff was formed to revamp the visitation policy of the hospital
- All staff members were required to wear hospital ID badges, visibly displayed, upon entering the property. Staff without proper ID were required to sign-in at the security podium and/or be issued a temporary visitor pass.
- Visitors must obtain a visitor’s pass to enter the hospital. This visitor’s pass must be prominently worn while in the hospital. It has a photograph of the visitor and the visitor’s destination. Photos are “stored” which expedites the visitor’s sign in on subsequent visits
- A new vendor policy was developed and an “active” vendor list was established.
- All deliveries must be signed in and staff expecting deliveries (including food orders) must meet the delivery in the lobby

- A security officer is now posted in the main lobby of the hospital on a 24 hour basis. The guard established a security presence at the main entrance while providing immediate customer service.
- The main entrance was designated as the primary entry point - Patients, guest and visitors are directed to enter the hospital through the main entrance which provided Security increased access control
- An employee only entrance was created which is controlled by an access control reader and a video camera which is monitored by security.
- Security patrols and scheduling were re-arranged for more efficiency and visibility of officers around campus
- Security was posted in the Emergency department on a 24 hour basis.
- The loading dock was closed during non business hours and admittance was monitored during off hours
- Improved communication methods and strategies and location/deployment of Security Officers provided timely response to Stat calls and general assistance and “lock down” of the facility in response to Code Amber Alert
- Staff were educated to immediately report any suspicious activity to security
- Security patrol routes were re-designed to add to visibility and better coverage of the campus
- Greater communication was established between security and staff to address concerns and share ideas
- Additional community involvement was initiated to address concerns and to track trends which may be detrimental to patient, staff, or visitors.
- Regular meetings were implemented with local police and law enforcement agencies (on and off site) for better relationship and coordination

Interventions - Systems implemented included:

- Fifteen new digital CCTV cameras with high resolution were added to strategic points of entry into the hospital and other sensitive areas like the Infant security units, emergency department and pharmacies. These new cameras are IP based and can be viewed remotely by officers on different posts around the campus. This additional viewing option serves as a “force multiplier” for security coverage.
- A new two-way intercom system was installed which connected directly to security for quick assistance
- A visitor management system (PassagePoint) was installed which allowed us to issue visitor passes to guests. In an emergency, the system can report how many visitors are potentially in the building. This system also integrates with the security system for real time exchange of information.

- Emergency call boxes were installed in the garages and on the external perimeters of the hospital which connect directly to security.
- New high- tech multi-track photo ID badges were issued to staff which can be programmed specifically for each staff member according to job description and /or clearances.
- Dual track digital card readers were installed at entry points and restricted locations throughout the hospital. Staff was assigned access to doors/entrance points based on their job function and the system is monitored by security in real time.

Keys for success:

This program was fully endorsed, embraced and encouraged by senior leadership

- The Safe and Secure program was presented to senior leadership as a phased-in program to be implemented in stages from the outside of the hospital inward. The plan to senior leadership addressed three major components of Safe and Secure to include: (1) the security components, (2) policy/procedures which needed to be revised or created, and (3) the communication / education of staff about the new program. Senior leadership investigated the feasibility of each component of Safe and Secure and the benefits of instituting the program. Once the program was authorized to proceed, senior leadership was out front promoting Safe and Secure to other directors, managers and staff. Senior leadership also provided resources in the form new equipment and staffing

The program was well communicated to staff, visitors and guests. Staff was allotted opportunity to provide valuable input and criticism about the program

- A communication plan was developed to relay the new Safe and Secure plan to the entire organization. Town Hall style meetings were conducted where a large population of staff assembled representing all departments of the hospital to hear about the safe and secure program. Staff was able to provide feedback as well as give recommendations for improvements to the program.
- Department meetings and nursing huddles were used to talk about the Safe and Secure program and if /how the program would effect their operations. Significant and useful information was gathered at this level of meetings because operations issues were reviewed about the program and Safe and Secure was revised as needed.
- Hospital wide communication was distributed in written and electronic format announcing the program, defining the purpose of the program and providing context as to why the program was needed. **(Attachment B)**
- Periodic surveys with patients and visitors were conducted to determine their “safety values” and their expectation of hospital security.
- Letters were sent out to all affiliated physician practices about the Safe and Secure program

A well trained security staff who fully understood the mission of Safe and Secure

- The security staff provided valuable input in the design of Safe and Secure. Emphasis was placed on the structure of the security department to maximize the effectiveness of Safe and Secure. Training of the officers became the driving force for moving the program forward.
- The security patrol patterns were re-structured to increase visibility and cover more of the hospital grounds. Stationary posts were created at entry points to greet patients, visitors and staff and also serve as the buffer to unauthorized entry
- A set of “Core Competencies” was created for the officers to provide an expectation of what knowledge and job behaviors are expected of each officer. (**Attachment C**)
- A platform was provided for input from Security officers. Several Q & A sessions were conducted with the officers about the implementation of the Safe and Secure program. Hearing the officers concerns about the staff, patient and visitor reactions to the program was vital to the final design of the program

Results:

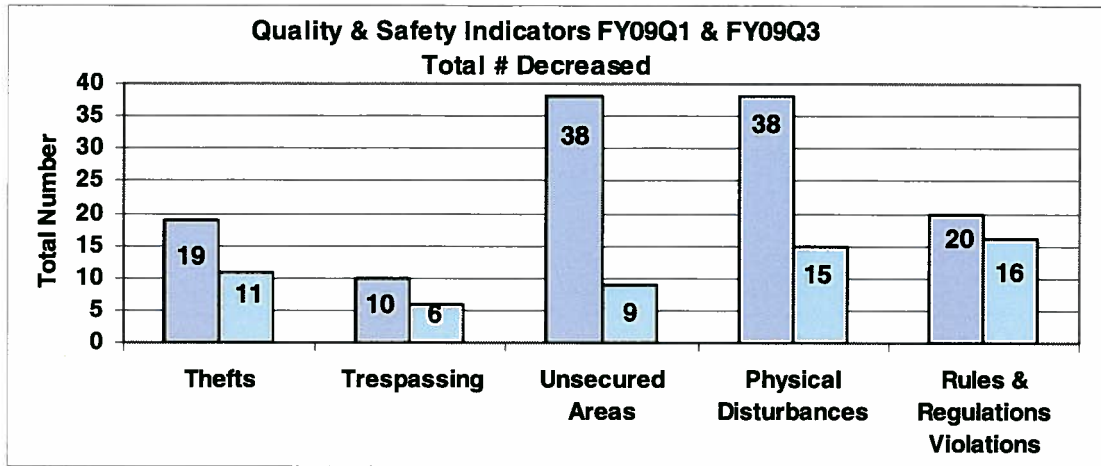
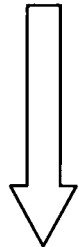
- Decrease in number and percent of reported thefts (42%), trespassing (40%), unsecured areas (76%), physical disturbances (60%) and visitor rules/regulations violations (20%) (**Attachment A**)
- Press-Ganey patient perception of safety/security felt in the hospital increased from the 44th to the 65th percentile with increase sustained – (**Attachment A**)
- Improved collaboration between security and other hospital departments with general impression of staff feeling safer.
- Re-designed security patrol routes adding to increased visibility and better coverage of the campus
- Improved comprehensive and accurate identification of staff, visitors and vendors
- Designation of a primary point of entry provided Security increased access control while providing immediate customer service.

Replicating Safe and Secure throughout the region

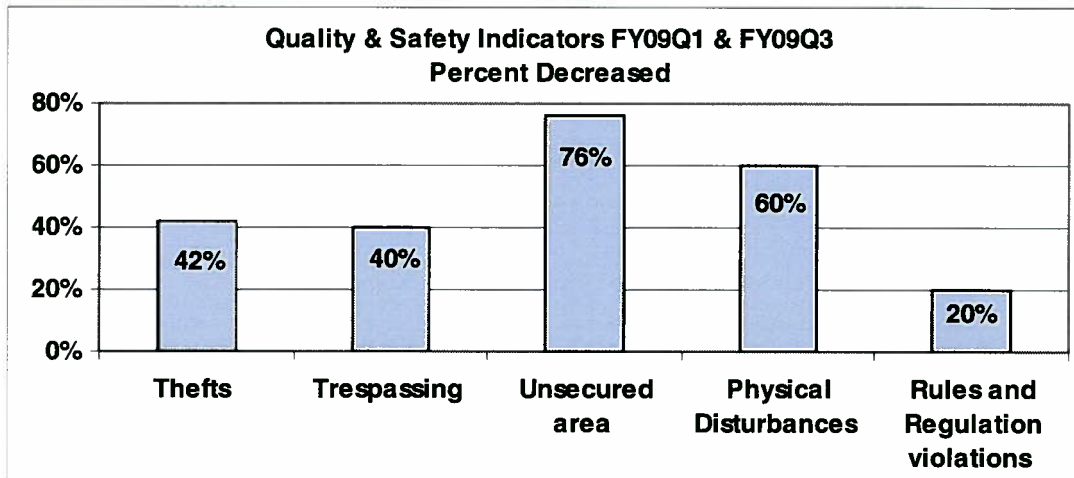
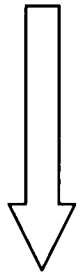
Most of the process changes discussed above could be replicated with minimal additional expense or personnel. The first step would be to conduct an assessment of the physical layout of the facility and traffic pattern of staff and visitors to identify vulnerabilities. As part of the assessment, existing policies and procedures should be reviewed to identify deficiencies to be addressed. The next step would be to convene a multidisciplinary team to analyze the results of the assessment and prioritize actions to be taken. The team would also provide over-site for the development and implementation of the action plan and ROI for related associated expenses. Including staff in the development of the process and related changes and extensive communication to all levels of the organization and hospital community prior to implementation is integral to the success of the project.

Attachment A

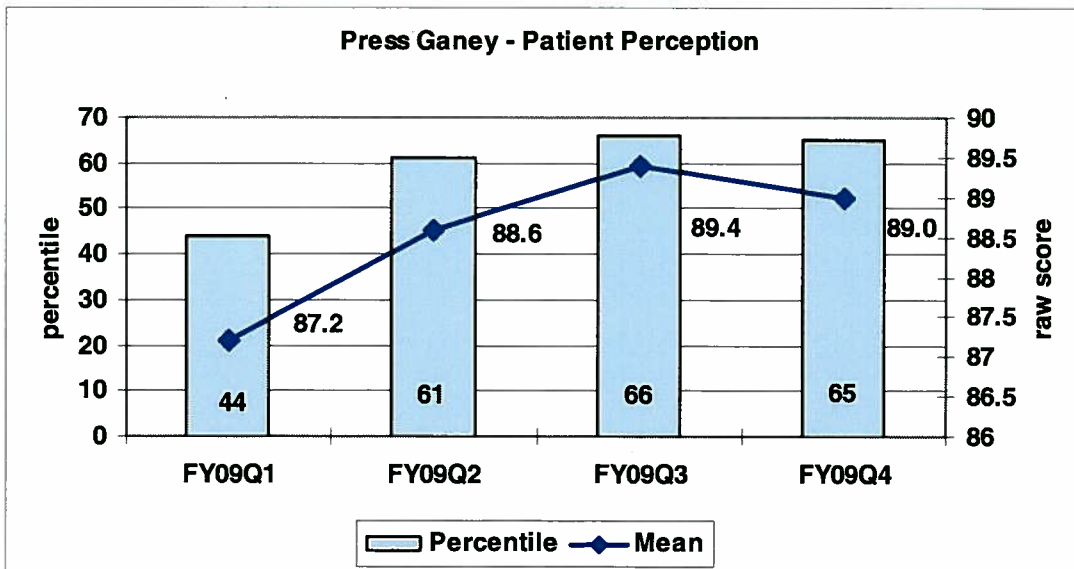
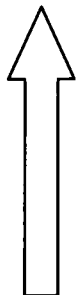
Results:
Decrease in number of reported events



Decrease in percent of reported events



Increase in Press-Ganey – Safety/security felt in the hospital



Attachment B

employee VOICE

Responding to Employee Feedback at

Hospital

Volume 2 - Issue 2 - September 2008

Keeping you safe and secure.

In employee satisfaction surveys and town meetings, employees have expressed concerns about the level of security here at Hospital. You asked for a more secure hospital, and we have answered with the safe and secure program. The security of our patients, visitors and employees is a top priority. Safe and secure will enhance many of our current security measures.

"This is another step to assure the safety of our patients, visitors and employees," says director of security. "Our officers will now be able to closely monitor every hospital entrance."

First we will focus on the hospital itself, the center of patient care and the most heavily traveled building on campus. As of October 1

- The entrance on Street will be limited to employees only from 6 a.m. to 3 p.m. daily. Employees will be required to swipe their hospital ID to gain entrance. This entrance will be closed after 3 p.m. daily and on weekends, as is currently the case.
- The Street entrance will remain open 24 hours a day, seven days a week with employee ID access only between 10 p.m. and 6 a.m. Security personnel will have an increased presence in the lobby during overnight and

early morning hours.

The tunnel connecting the Building to the hospital will also become a secured entry. You will need your hospital ID to gain access to the tunnel from either direction. Security cameras and lighting are also being added inside the tunnel.

Visitation policy changes

The Hospital has installed a new visitor management system. Beginning October 1, all visitors will receive a visitor badge upon entrance. The badge expires after 12 hours and cannot be re-used at any other time. "We have over 6,700 people entering the hospital daily. With these security measures, we are able to make certain that everyone who enters is supposed to be here," continues. In addition, vendors entering the hospital will be checked in and identified as such.

The welcome desk will operate from 6 a.m. to 9:30 p.m. Monday through Friday and 10 a.m. to 9:30 p.m. on Saturday and Sunday.

"Our team has developed a comprehensive plan that addresses the security concerns of employees and security experts," says chief operating officer.



A security guard keeps a watchful eye on the entrance.

Carrying your ID

Having your hospital ID in your possession at all times is very important and helps the security officers keep our hospital safe and secure. If you do not have a hospital ID and feel that you should have one, please see your manager.

You Asked, We Answered

We regularly receive many wonderful suggestions from employees. It is because of you that these issues are brought to our attention, and we are able to act on them. Keep 'em coming—and we will do our best to continue implementing your solutions.

Most Requested

Most Asked Questions by Employees

Recycling bins throughout the hospital

Are there any plans to get recycling bins throughout the hospital? So many plastic bottles, newspapers and aluminum cans are thrown away. We can make a big difference with this simple step.

Response: Thanks for your questions and concern regarding our recycling efforts here at

It is clear that hospital operations in general create many environmental impacts. Our bottle and can recycling efforts have grown significantly since its inception. We started with 17 receptacles as a pilot program in April, and because of your (employees') demand and strong feelings about this initiative, that number has grown to over 40 in a few short months! We are currently in the process of developing a strategic plan through the Green Committee. Part of this three-year plan is a goal to place receptacles in every available point of generation at the hospital and its surrounding buildings. We also do, in fact, recycle all of our newspapers here that are provided to our patients or back!

Lunch with and Allied Health and Support Services began "Dine with and Breakfast" based on feedback from employees within the department. Each month meet with staff only from a different department to discuss important topics and address staff concerns and questions. It is an open forum for staff's voices to be heard by their department leadership.

Human Resources - The HR department now sends out an email to employees when they return on back!

Attachment C

Hospital Security Department Core Competencies for Security Officers

I- General Knowledge

- 1- Working knowledge of the Hospital Campus
 - a) Overview of the hospital's Vision and Patients Rights
 - b) What crimes must be reported
 - c) Basic understanding of each crime definition
- 2- Knowledge of existing policies and procedures
 - a) Know where to locate policies and procedures
 - i. Intranet
 - ii. Written copy
3. Know how to submit work requests for Engineering, Environmental Services and Information Services.
 - a) e-mail
 - b) Phone
4. General working knowledge of Crime Prevention
 - a) personal safeguards
 - b) protecting assets
5. Knowledge of the Safe and Secure Program
 - a) Definition
 - b) Key components of the program
6. Ability to effectively work all designated security posts in the department
7. All Officers **must** have knowledge of the Console post to include: The Infant security system, CCTV system, access control system, fire systems, and early warning indicators.
8. Must be able to communicate to the Hospital staff, patient, visitors in a Professional manner
9. Have working knowledge of the fire and emergency evacuation policy and plan
 - a) Be able to identify the Department of Health (DOH) and The Joint Commission (TJC) guidelines
 - b) Be able to know the procedures for a medical emergency when it occurs
 - c) Be able to locate a hazardous substance fact sheet (HSFS) for each chemical in the MSDS.
10. Should have a strong understanding of Relationship Base Care (RBC) and how it is applied.
11. Should be able to trouble shoot problems to some degree.
12. Name and location of the President of the Hospital

13. Name and location of the Chief Operating Officer (COO) of the Hospital
14. Name of different Units and departments and their managers /directors
15. Accommodate questions regarding parking issues and shuttle service
16. What do you expect from others, what do you expect from yourself?
17. What do you expect from your fellow worker?

II Specialized Skill

- 1
 - a) be able to know what universal precautions are
 - b) Be able to know the locations where biohazards are stored.
 - c) Be able to know the difference between red and yellow bags.
2.
 - a) be able to recognize a spill
 - b) Be able to respond to a spill

III- Skill Application

- 1) How to write a preliminary report
 - a) Being able to answer: who, what, where, when, why and how
 - b) Legible writing
 - c) Understandable grammar
- 2) How to operate a burglar alarm
 - a) arm and disarm
 - b) basic troubleshooting
- 3) How to operate a two-way radio system
 - a) where to find the instructions
 - b) location of microphones
- 4) Should have computer skills or in the process of developing them
- 5) Should have a proactive mindset
- 6) Should be a team player (flexibility-shared workload)