Healthcare Violence, an Epidemic Changing the Role of Security

The Affordable Care Act (ACA) is one of the most discussed topics across the country and is having a powerful impact on the healthcare industry. The ACA has brought healthcare insurance to millions who now have access to healthcare. Emergency Departments report a fifty to two hundred percent increase in census, which of itself adds stress to patients experiencing longer waiting times.

By Lee Cloney, CHPA, CPP

Although hospitals reported to the International Association of Healthcare Safety and Security that in 2016 they experienced a 68% decrease in crime last year, many other hospitals are reporting that medical staff are expressing more concern about their safety in healthcare facilities.

- The Alzheimer’s Association estimates that, “In California, the number of adults having Alzheimer’s disease will increase by 69% from 2016 to 2030.”
- California Senate Bill 1299 documents that, “violent attacks at California hospitals underscore the need for more health care worker protections.”
- Hospital staff working in Emergency Departments (ED) are facing an ever-increasing risk of becoming victims of violence at the hands of their patients.
- A recent article in the Washington Business Journal illustrated the crisis impacting our EDs - workers are calling on the Department of Health and Human Services and the police to help them stem the violence in Washington DC hospital EDs, according to David Corbin for Firestorm.
- According to the Center for Disease and Control (CDC), in terms of fatal workplace violence, overall we have seen a decreasing trend over the past ten years while the numbers of homicides in healthcare have remained relatively stable.
The Effect on a Security Team

In response to drug seeking behavior and the increasing demand for behavioral health treatment, some hospitals report that security is receiving more threat reports due to medical staff reliance on security assistance for de-escalation. Patient resistance to being weaned from narcotic prescriptions produces frustration that medical staff now faces.

Although the number of physical aggression incidents remains stable, the number of calls for assistance is increasing dramatically. At one hospital, calls for assistance have increased 83%. Additionally, the number of hours that the security team devotes to watching potentially aggressive patients has increased by an average of twenty percent. By contrast, staffing levels for the security team is being scrutinized for reductions due to a decline in hospital revenue.

Another dimension affecting security team efficiency is the increased requests for training of medical staff. While the most common request is for active shooter training, a greater need may be for de-escalation training so that medical staff can adequately manage the growing behavioral health population.

Security teams now have to balance regular physical security duties with responses for assistance in managing patients. When a hospital experiences burglaries, that situation does not rise in importance to the same level as response to medical staff in potential situations of aggression. The safety of employees is paramount.

Another dimension affecting the efficiency of the security team is their response capability and training to recognize and respond to biological threats. “The risk of a biological terrorist attack to America is an urgent and serious threat. A bioattack could cause illness and even kill hundreds of thousands of people, overwhelm our public health capabilities, and create significant economic, societal and political consequences,” said subcommittee chairman Martha McSally (R-Ariz). Security teams must be ready for potential terrorism and that may mean having ready access to augmentation forces.

One aspect that offers security teams some added capabilities is the advanced use of cameras and security systems, as such:

- Internet Protocol camera systems can monitor, detect motion in viewed areas and notify the security team of suspicious situations.
- Cameras monitored by a security operation center can be used to provide video escorts of staff going to their vehicles, as well as monitor lone staff in critical areas.

Using security systems in this fashion improves efficiency as well as adds new services for medical staff.

Conclusion

Security staffs should consider an internal trainer on their staff. Added new requirements for the training of security staff include active shooter, hazmat situation responses, and advanced confrontation management. Some hospitals report a reduction in revenue for affordable healthcare patients and are not willing to support an increase in security staff. Security staff must prepare to train medical staff in order to manage the de-escalation of anxious patients and must consider upgrading electronic security resources for early warning of security issues.
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