

AEHA-ALPHA Presentation Abstract

Utilizing Institutional Security Measures to Reduce Risk

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Southeast Alaska Regional Health Consortium (SEARHC) organized a task force in January 2007 to address remaining consortium wide security concerns. The emphasis for a closer look was driven by recent break-ins to village based clinics. The events were the result of local individuals in Kake and Hydaburg with substance abuse issues targeting Controlled Substances (Narcotics) stored inside the clinic pharmacies. Employee concerns have also increased in response to the events; regarding staffing during opening and closing hours, on-call needs, and number of staff responding to emergencies. Additional concerns recognized that local law enforcement staffing was inadequate and unresponsive to clinic staff concerns. The combination of these issues also influenced the Drug Enforcement Agency (DEA) to voice concerns about continuing to honor issued permits that allow narcotics dispensing from the two village clinic pharmacies.

The task force polled other area environmental health offices to determine the best security practices being utilized for village based clinics throughout the state and any pros and cons associated with those security measures in place. The task force also utilized a security consultant group from Seattle to conduct an inventory and risk assessment of all current security systems utilized at larger SEARHC facilities as a potential model for the village sites. This is an ongoing process with the intent to develop an overarching security plan that aligns with the mission, vision and culture of the organization. Through this process thus far, SEARHC identified several available technology and non-technology based security measures. The assessment revealed methods that can be taken to centralize the security process and standardize interconnection of the security components. SEARHC also noted benefits of security measures that help reduce risk and improve employee efficiency and compliance. These findings will be presented as a "lessons learned" overview meant to encourage other institutions to incorporate beneficial security measures within their healthcare facilities.

The presentation will provide an overview of the SEARHC risk assessment process. Following recent break-ins at 2 village clinic pharmacies the organization utilized a security consultant group to assess security and risk reduction initiatives. The presentation will review measures being utilized and identify areas for improvement at village clinic, sub-regional clinic and hospital sites.

Better understanding of the risk assessment process.

Identify the benefits that security measures provide in the institutional setting.

Recognize the steps involved with a systematic review.

SLIDE SHOW COMMENTARY

Introduction

Well, Good morning folks. I am thrilled to be here to talk about Security Measures that we utilize in the SEARHC facilities to reduce risk to our biggest assets. I feel and believe that we have only 2 top assets with our Employees and Customers representing a bonded top asset followed distantly by our Facilities or generically termed “buildings”. What I mean is if nothing else, the events of 9/11 and Hurricane Katrina taught all of us a lesson. You can rebuild a house, you can rebuild a school and even a Pentagon building but you can’t replace those people that make it a community. People are the #1 asset inside the 2nd asset a place of healing or commonly called healthcare facility.

This presentation is really about giving more control and protection to the primary care providers throughout this great state. These people already have the toughest job around. They provide frontline ambulatory healthcare in the most rugged wilderness in America while working in underserved village and frontier communities every day. The odds are really stacked against them and still the patient population presents its own unique challenges. With a Traditional or “Native” if you will culture struggling to hold on to its “values” or past if you will as it becomes accustom to its transition or merger with modernized western culture or what I call the “instant access” of my generation. Here in Alaska we continue seeing a “myriad” of healthcare conditions at higher prevalence levels. Such conditions as alcoholism, substance abuse, domestic violence, sexual abuse, molestation and suicide come to mind among other traditional clinical diseases.

LEARNING OBJECTIVES

I believe my presentation will give you a good overview of what we are doing to evaluate our risk as a consortium and ongoing implementation of security measures that we think will provide more protection and control to our employees while making our infrastructure less vulnerable for the future. Combined these are SEARHC’s most important assets. A skilled staff of caring employees in a functional well equipped healthcare facility or “clinic building” if you will.

REGIONAL COVERAGE

SEARHC employs approximately 1,000 personnel throughout Southeast Alaska. Currently we are the largest employer in the region. We provide services to 18 communities with 11 primary care clinics, 3 physician staffed sub-regional clinics, and a critical access hospital located in Sitka. Over the past 4 years we have experienced several break-ins to our village facilities located in Angoon, Kake, Hydaburg, and our Juneau sub regional clinic.

RESULTS OF THE DAMAGE

The intent of these break ins was an urge to access “controlled substances” or narcotics if you will. The responsible trespassers were residents of the very communities that SEARHC serves, while they were suffering from a condition of substance abuse addictions. Each incident had a greater than \$5,000 but typically less than \$10,000 cost to repair the “building”. But it is the last point listed here that was most affected and that SEARHC is most concerned with. Staff members began to lose trust in their small community sense of safety. They became reluctant to work after dark and to be on call after hours and especially on weekends when alcohol and substance abuse events are more prevalent.

The DEA also noted the trend and their concern grew with each event. They cautioned us that our permits may be suspended if we do not act to reduce these substance abuse related break ins.

INITIAL RESPONSE

Following each of these break ins our MEH Security Supervisor a 4 year marine corps veteran and former Sitka police officer traveled to each site and conducted informal Security Improvement Surveys and plans for improvement.

Training and awareness are another important aspect in the risk reduction process. We have a video conferencing system throughout SEARHC called Polycom and this enables us to connect with most village sites to provide interactive trainings involving powerpoints, videos and classroom demonstration. We utilize a training program called Management of Aggressive Behavior or MOAB and since the break ins occurred we now strive to require annual MOAB refresher training for all clinic staff members.

The last item includes responsive steps that were installed during the repair. This includes key pad locks on the pharmacy doors and wall inset narcotics lock boxes. As an Administrative control and added protection measure we started using the “buddy system” simply put that means 2 person’s each weekend on call so that staff members were not responding to the clinic alone.

ASSESSING RISK

We first sent exploratory emails to other tribal health corporation Environmental Health departments located in Fairbanks, Dillingham, Bethel, Nome and Kotzebue to determine their exposure to similar narcotics targeted break-ins the best practices already in place within their village clinic sites. We found a wall inset narcotics safe that requires a key pad code for access. Each employee ID badge number can be set up to allow access from a computer back at the tribal hospital. So a safe in 1 village can be opened by only the 3 employee ID badge numbers that are

assigned to that village clinical staff. We also found a plan to install a key pad lock on both entrance doors for a new clinic. This would limit access by metal lock and key or deadbolt hardware to the clinic manager and city administrator only. All clinic staff employees would have to access by key pad code only.

We brought in the Aronson Security Group from Seattle to provide a Consortium wide systematic review and risk assessment. Their consultants had previously helped in 2002 and 2005 with our current hospital security measures and Juneau sub regional clinic measures which I will review later in the presentation. When we brought them in for this process we provided the history of these recent break ins and made the focus on village clinics as our most vulnerable point in terms of assets.