



**WORKPLACE VIOLENCE  
PREVENTION**

**VIDEO  
SURVEILLANCE**

**ACCESS  
MANAGEMENT**

**SECURITY  
OPERATIONS**

## SECURITY ASSESSMENT

It is indisputable that the cost of reaction is exponentially greater than the cost of being proactive. In working the dualistic role as a security consultant, (a Proactive Discipline), and as a court certified forensic security expert (a Reactive Discipline), the cost differential is stark. From a cost perspective, the price of reaction, including litigation defense, is far and away costlier and prevention in the first place. This iteration is particularly germane to hospitals, educational institutions, and to a slightly lesser degree, shopping malls. A reasonable standard of care is therefore situational, as defined by unique needs of every industry, as defined and quantified by the local defined threat environment.

According to the most recent issue of the Journal of Healthcare Risk Management, of the 12 defined Sentinel Events, five have security implications. Additionally, a recent poll found that 68% of nurses have experienced at least one incident of violence, while 20% have experienced nine or more. Rarely a week goes by without a news report of a serious security breach at a hospital, with workplace violence (WPV) leading the way.

Concerning effective security programs: *You can't know where you are going, if you don't know where you have been.* The contemporary security remedies of today, differ significantly from the remedies of five or 10 years ago. As technology has evolved, costs have gone down. *Consider the cost of a video surveillance system 15 years ago as compared to today.* There has been a shift from reliance on security personnel to a multitude of new and divergent technologies. Twenty years ago, infant abductions were a clear and present danger. The NCMC was regularly reporting infant abductions. As new technology evolved, infant abductions have been brought under control.

The security officer of today should be the glue that synergizes the effectiveness of a wide range of security methodologies. There has been an evolution in the ability to leverage security assets in a manner that ensures that the whole is greater than the sum of its parts. There have also been significant changes in the ambient threat environment, affecting the reasonable standard of care. The standard of care criteria is being shaped by tort law. Security driven litigation is a continuing reality. This reality, in turn, has impacted the entirety of security planning. A significant portion of security decision making is determined by the desire to avoid the liability claim of inadequate security.

The challenge for hospitals is to project a welcoming environment, while at the same time providing adequate security and safety for patients, visitors and staff. Ensuring that each security program meets the reasonable standard of care criteria,



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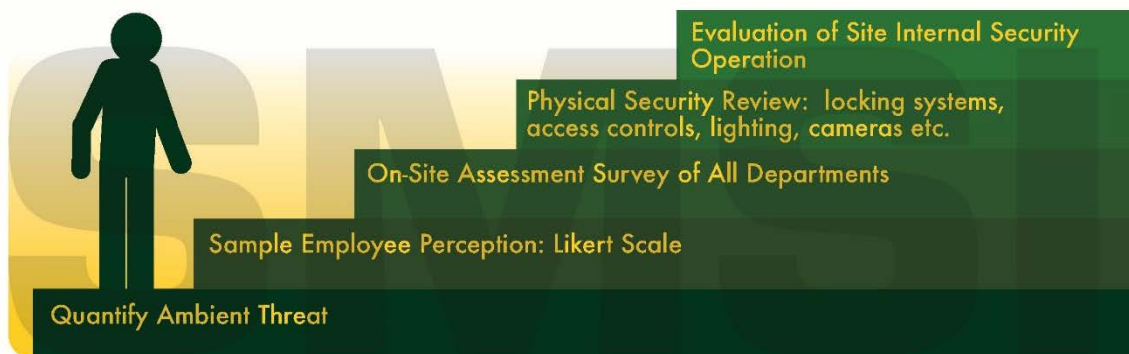


should not be the single driving force behind every security program. Loss prevention is not exclusive to liability mitigation. Loss prevention is also applicable to the security of loss prevention of plant and equipment, inventories and supplies, as well as proprietary information and patient confidentiality protections. Therefore, the application of security technology and security personnel must be driven by quantifiable needs. It is imperative to understand that the mere existence of security technology, such as video surveillance systems, will deter criminality. It is the proper application of technology that really counts

SMSI Inc. is a security consulting firm that specializes in the comprehensive assessment of the security and loss prevention needs of healthcare facilities. Our team members bring a wealth of *hospital security expertise* to the table from the perspective of both the private and public sector. SMSI has no conflicts of interest in that we are not engaged in the provision of security services such as security systems and guard services. The SMSI team brings objectivity to the mission by addressing the unique and individuated needs and interests of the clients we serve in our determination of vulnerabilities and the subsequent recommendation of solutions. The cost of reaction will always exceed the cost of being proactive. Hospital security, unlike the universal precaution framework practices of hospitals, security is a situational discipline predicated on ambient need.

SMSI also has substantial experience as forensic security experts, especially cases that proclaim inadequate hospital security operations. We also understand the need to mitigate intentional tort claims, such as the excessive use force or false imprisonment. Over the last 25+ years our workplace violence cases have included homicides, infant abductions, parking lot attacks, sexual assault cases, and active shooter cases. Hospital security programs must therefore be proactive by supporting the goals of deterrence and prevention. Hospital security programs are always held to a *high standard of care*. Reaction, after the fact, is far more costly than reasonable prevention.

### The Assessment Process



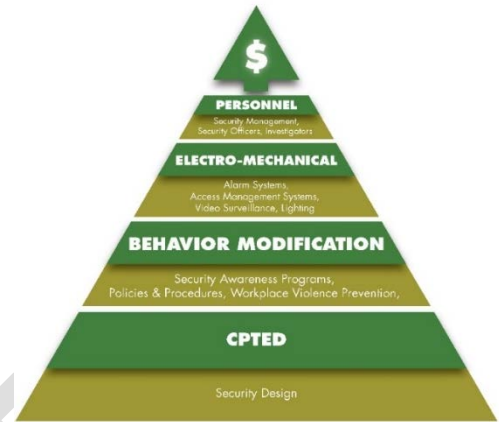
Given the assumption that security is a situational discipline, we offer the above construct as a hierarchical guideline of the progression of our security assessment process. The first step requires defining the ambient threat environment, using the CAP Index and other available data such as police crime data, as well as internal incident data. Without this kind of hard data, the security program may be predicated on mythology. Second, the success of every security program is a direct function of employee buy-in. With this objective in mind, we have created a Likert Scale Questionnaire to measure employees' perceptions regarding safety and security. We want employees to know that their opinions are important.





Consequently, the Matrix above helps to model the budgetary process as well as providing a paradigm of *reasonable deliverables*, thereby ensuring that our remedies are need-based. There is also the need to satisfy accreditation agencies such as JCAHO, OSHA and various state and federal agencies. However, the mere compliance with regulatory guidelines and standards does not necessarily mitigate liability.

Clearly the cost of Prevention is almost always more cost-efficient than reaction after the fact. When the assessment process has been completed, our mission is to then turn to the determination and prioritization of reasonable and acceptable corrective actions. Our security solutions model is situationally effective and budget priority sensitive.



**SMSI, Inc.**  
SECURITY SOLUTION HIERARCHY

The **SMSI Likert Scale Questionnaire** is a very unique proprietary diagnostic instrument which serves three purposes: (1) It sends a message to every employee that opinions are important. (2) Employees who are part of the evaluative process are much more likely to become part of the solution. (3) We continually learn facts that we might have otherwise missed. Even on those occasions when employee perceptions do not match reality, we become aware of factors we might have otherwise missed. When there is a mismatch between our findings and employee perceptions, those perceptions must be changed. With a minimal amount of training, all employees can become capable and informed observers, including the ability to recognize the incipient signs of WPV. Employees, when empowered to recognize potential threat with the ability to exercise basic de-escalation skills, become invaluable to the process of violence mitigation. This training can also be applicable to contracted employees such as greeters, housekeepers and facility employees. The successful mitigation of threats will be successful when those threats are recognized and mitigated in the incipient phase.

**Crime Prevention through Environmental Design (CPTED):** SMSI is unique in the ability to apply CPTED principals to the security and loss prevention process. The SMSI assessment process leaves no stone unturned. This includes the evaluation of the efficacy of physical security methodologies presently in place such as locking systems, surveillance systems, access control systems (including visitor control) and CPTED design (steps 3 & 4). Finally, the in-house security organizational structure will be evaluated for both measurable effectiveness and cost-efficiency.



**CPTED FOR HOSPITALS**

clearly applicable to hospitals. The goal is to deter criminal activity. CPTED principles of design affect elements of the built

more likely buy into the resultant solutions. Our team is uniquely conversant with the techniques and sensibility of **CPTED** (*Crime Prevention through Environmental Design*) principles. Three of our team members are **Certified CPTED Practitioners.** Our qualifications are generally unique. As security and loss prevention consultants, our mission is the reasonable mitigation of preventable security breaches that affect patients, staff, guests, as well as property. CPTED can be a powerful to in this mission.

Crime prevention through environmental design (CPTED) is part of a multi-disciplinary approach to deterring criminal behavior through environmental design. *CPTED strategies rely upon the ability to influence offender's decisions that precede criminal acts.* CPTED is

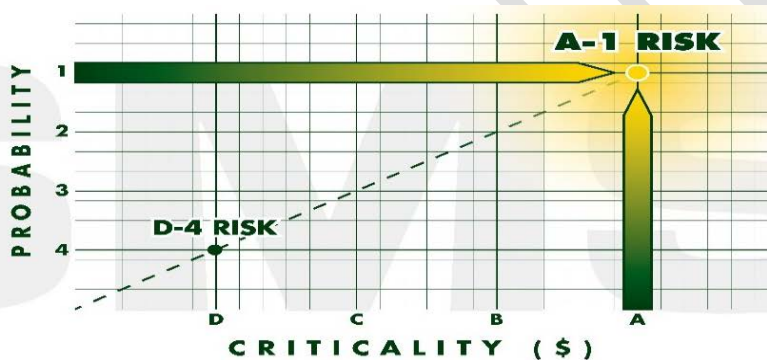




environment ranging from the small-scale (such as the strategic use of shrubbery and other vegetation) to the design of building access and building navigation (way-finding). Finally, the application of CPTED principals reinforce the notion of a holistic security strategy.

**CPTED** is especially effective when all employees are adhering to the mantra: **If you see something; Do something.** As noted, a unique methodology of our security assessment process is that we encourage the input of every employee. Employee perceptions are important to eventual success. Therefore, with anonymity, employees are requested to respond to our online **SMSI Likert Questionnaire** (as noted in step 2 of the assessment model). This proprietary questionnaire samples employee perceptions as relates to their perception of the security program. We have noted that employees who participate in this aspect of the assessment process are much With approximately 1 to 2 hours of training, all employees understand how to invoke this slogan.

The **Vulnerability Assessment Matrix** model below depicts **SMSI's two-dimensional analytical process**. This model quantifies security risks from the perspectives of both the probability of occurrence, as well as the financial impact of criticality of occurrence.



## VULNERABILITY ASSESSMENT MATRIX

As part of the evaluation process, the **SMSI Vulnerability Assessment Matrix** provides both a quantitative proportional and budgetary paradigm for the application of reasonable and actionable corrective remedies. This model considers the probability of occurrence and the potential resultant cost of inaction. This means that a D-4 risk (low probability of occurrence, low financial impact) would likely be mitigated by low cost procedural remedies. On the other hand, an A-1 Risk will almost always require a budgetary response.

Up to this point, the emphasis has been on the evaluation side of the equation. The **Security Solution Hierarchy using Maslow's Hierarchy of Needs** as a model provides a roadmap for a hierarchal security program by applying less costly remedies before the application of the most-costly remedy: Security Personnel.

You will note that the **Security Solution Hierarchy** applies the least costly remedies first with subsequent remedies to follow when needs justify. The **SSH** assures effective implementation of *need-driven security remedies*, thereby ensuring optimal return on investment. The Security Solution Hierarchy provides a cost-effective construct and a hierarchical model for any credible hospital security program.

The Hierarchy also factors into the process the accumulative positive impact of a wide range of security methodologies, further enhancing ROI. The foundational construct of CPTED provides added value and effectiveness to all hospital security programs by reinforcing the concept of unity of purpose. CPTED implicitly encourages the notion that every



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employee has a role in maintaining effective security. *The mitigation of a single WPV incident will cost-justify the entire security assessment process.* Under the best of circumstances, security officers are the glue for security program.

As qualified **Security Expert Witnesses**, having dealt with numerous cases wherein there have been assertions of inadequate security, we have found that in most cases the presence of inadequate security would have been discovered within the context of a security review. As well experienced Forensic Security Experts, we can attest to the fact that the cost of Prevention is always more cost-efficient than reaction, after the fact. SMSI security reviews are generally cost beneficial in that they introduce the application of new security technology, which in almost every case, reduces cost by moving from manpower to emerging technology. Security programs must also be pragmatic and reasonable to be accepted.

**Collectively, the SMSI Inc. Team offers the following qualifications:**

- The SMSI team has more than 35 years of hospital security and loss prevention experience.
- We have been retained in hundreds of security litigations as forensic expert witnesses covering over 30 states, and Puerto Rico. These cases have included, but are not limited to: homicides, infant abductions, sexual assaults, battery, excessive use of force by security personnel and aides, and inadequate security design.
- The SMSI Team includes former law enforcement officers.
- We have also worked cases involving inadequate background checking, and/or credential verification.
- We maintain memberships in ASIS International, ASHRM, SCAHRM, ACHE, IAHS, ICA & Cal DOCA  
Certifications: CPP (Certified Protection Professional); CMAS (Certified Master Anti-Terrorism Specialist); CHEPS; PSM (Physical Security Manager); CHPA (Certified Healthcare Protection Administrator); CFE (Certified Fraud Examiner) & Certified CPTED Practitioners.
- Certifications: CPP (Certified Protection Professional); CMAS (Certified Master Anti-Terrorism Specialist); CHEPS; PSM (Physical Security Manager); CHPA (Certified Healthcare Protection Administrator); CFE (Certified Fraud Examiner) & Certified CPTED Practitioners.

**Consider the following questions:**

- Has your hospital conducted a comprehensive security review in the last three years?
- Does your hospital presently rely on Site Specific CrimeCast Data?
- Is your security program overly labor intensive and low on technology?
- Is your security team using current security management software?
- Has every hospital employee participated in security awareness training program, including WPV?
- Is security the technology (video, locking and access control systems) over five years old?
- Has your security design maximized the cost-effective strategy of CPTED (both interiors & exteriors)?
- Have your security officers been certified for the hospital environment?
- Is public access control to your hospital commensurate with a reasonable standard of care?
- Does your background checking vendor warrant no negligent hires?

**SMSI also offers separate and distinct onsite Workplace Violence Mitigation: If You See Something; Do Something**  
SMSI Inc. welcomes the opportunity to submit a **comprehensive security assessment proposal** specific to the needs of your hospital. If you would like to receive further information, do not hesitate to contact me **directly**

*The SMSI Team has, and continues to be retained as Forensic Security Experts covering most states across the country, plus **Puerto Rico** and **St. Croix**. We can attest with certainty that the investment in a comprehensive security assessment is far more cost-effective than defending a single inadequate security lawsuit. The question becomes: Is it preferable to have a security assessment before-the-fact or after the fact? **Request a Proposal today!***

**President: William H. Nesbitt, CPP, Certified CPTED Practitioner (Consultant & Forensic Security Expert)**  
**Member: ASIS International; IAHS, ICA, Cal DOCA, ACHE, ASHRM, SCAHRM**



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