



SECURITY ASSESSMENT OFFERING FOR HOSPITALS

When was the last time your hospital commissioned an objective, comprehensive security review? *Was the security review considered reactive or proactive?* **Security Management Services International, Inc.** is a security consulting firm that focuses on the unique security needs of hospitals. We have found that most security reviews come in the wake of an adverse event.

Our team is typically called upon to address the efficacy and adequacy of hospital security programs from two perspectives: We are frequently retained as forensic security experts. Under these circumstances, we are retained to evaluate security programs in the wake of a security breach resulting in a lawsuit. We have provided these services to both defense and plaintiff firms. Alternatively, the SMSI team also provides proactive comprehensive security evaluations to hospitals. Because security is a situational discipline, our assessments are sensitive to the specific needs of each hospital, including the ambient threat environment

SMSI has been providing these services, for over 25 years across the United States and the Caribbean. It is important to note that **SMSI is not engaged in the provision of guard services. Additionally, we are not engaged in the sale and/or installation of security technology, such as Video Surveillance Systems, Physical Security Barriers, Alarms Systems or Access Control Systems. We are not in the contract security business.**

Because security is a situational discipline, security solutions must be need-driven as defined by the ambient threat environment. This means that the clinical criteria of the universal precautions model do not apply to security disciplines. SMSI has provided comprehensive security assessments as well as the provision of forensic expert witness services to a wide range of clientele, with a heavy emphasis on the healthcare industry. The range of security challenges for each hospital is situational. Parenthetically, hospital security programs must not impinge on the primary mission of each hospital. The challenge is to meet the mission in a caring and safe environment, while at the same time effectively responding to the local ambient threat environment.

As previously alluded to, the SMSI Team has national experience as forensic security experts in litigation matters that assert the claim of inadequate security. As a direct benefit of our litigation experience, SMSI has gained the understanding of the methodologies required to reasonably mitigate claims of security negligence. This also includes the mitigation of intentional tort claims, such as the excessive use force or false imprisonment. Over the past 25+ years, our workplace violence litigations have included homicides, infant abductions, parking lot attacks, sexual assault cases, and active shooter cases. It is worth noting that hospital security programs will be held to the *highest reasonable standard of care*. Therefore, our consultations must be anticipatory, as well as proactive. In hindsight, most of these lawsuits would have been mitigated had there been a comprehensive security review. Our forensic experiences have made us better consultants.

The securing of hospitals is unique as compared to other verticals. As a member of **ASHRM**, it is worth noting, *according to a recent issue of the Journal of Healthcare Risk Management*, that of the **12** delineated Sentinel Events, **five** have direct and/or indirect security implications. A recent poll revealed that 68% of nurses have experienced at least one incident of workplace violence (WPV), while 20% have experienced nine or more episodes. Rarely a month goes by without a report of a serious security breach at a hospital, with workplace violence leading the way. Our goal is to apply the principals of Root Cause Analysis before-the-fact. **Security is an anticipatory discipline**. Clearly, hospital security fits the clinical model of prevention as espoused by **ASHRM**.

The good news is that with a reasonable amount of proper preparation, most hospital employees can be empowered to become part of the solution, including the mitigation of WPV. Employees should be enabled to initiate the processes of effective mitigation, especially during the incipient stage. Loss prevention training is also applicable to contracted employees such as greeters, housekeepers and facility employees. The mitigation of security threats is very effective when the threats are recognized and addressed during the incipient phase. Effective staff training will provide most employees with the means and the capability to identify potential threats before the fact. However, to mitigate threat, it must be identified, defined and quantified.

Because security is situationally-driven, we need to examine both past and present data, as well as emerging trends. The first step requires defining the ambient threat environment, which includes the use of the **CAP Index** and other quantitative data such as police crime data as well as internal incident data because the success of every security program is a direct function of employee buy-in and participation. Additionally, we are always interested in perceptions of both safety and security as perceived by rank and file employees as well as the perceptions of the C-Suite. *It is also important for employees to know that their opinions matter*. Effective security requires teamwork and synergy. Upon request our Security Assessment offering will be addressed by a comprehensive Proposal, including cost. Some of the components of the assessment process will be addressed next.





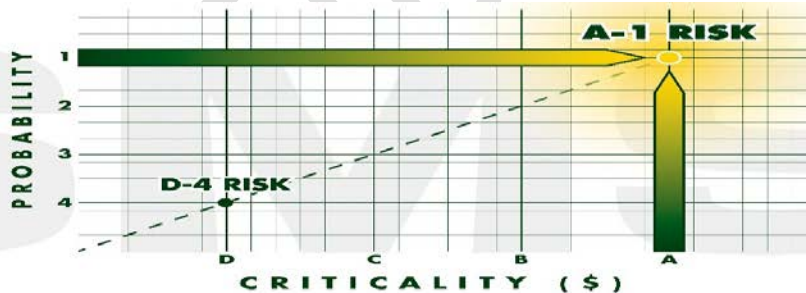
We have learned that employees who participate in the assessment process are much more likely to participate in the resultant solutions. *If we listen to employees, these employees are more likely to listen to us.*



This graphic above represents the progression of the assessment process. The SMSI onsite assessment process leaves no stone unturned. This includes the evaluation of physical security methodologies such as locking systems, surveillance systems, access control systems (including visitor control) and **CPTED** design (steps 3 and 4). The organizational structure of each security program will be evaluated for both effectiveness and efficiency. Under the best of circumstances, the security organization should be the glue that gives the entirety of the security program quantifiable success (step 5).

Attached to this document are the **CVs** of **Bill Nesbitt** and **Drew Neckar**. Bill Nesbitt's hospital experiences began as a young man. Bill was a Navy Corpsman who served his entire enlistment at the U.S. Naval Hospital, in Philadelphia, PA. Both **Drew and Bill** are also **CPTED Certified** (*Crime Prevention through Environmental Design*). Within our assessment process, we rely on direct observation, as well as hard data. We invite you to visit Wikipedia to learn more about the cost-efficient benefits to be gained by applying CPTED principals.

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



VULNERABILITY ASSESSMENT MATRIX

The purpose of the **SMSI Vulnerability Assessment Matrix** is to illustrate that risks are two dimensional (**probability of occurrence and the financial impact of occurrence**). 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. The matrix shows that there is a construct to the assessment process. In other words, our goal is to not only identify risk, but to also quantify risk.

The Matrix also helps to model the budgetary process as well as providing a standard of *reasonable deliverables*, thereby ensuring that remedies are need-based. There is also the necessity to satisfy accreditation agencies such as JCAHO, OSHA and various State and Federal agencies. The rhetorical question becomes: Is it more cost-effective to conduct a security assessment with the objective of reducing liability and keeping staff and patients safer, as opposed to having the same exercise conducted by a well-qualified forensic



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security expert *after the fact*, within the context of a lawsuit. Once we have completed the assessment process, our mission turns to the determination of reasonable, and acceptable corrective actions. Our security solutions model is situationally effective and budget priority sensitive.

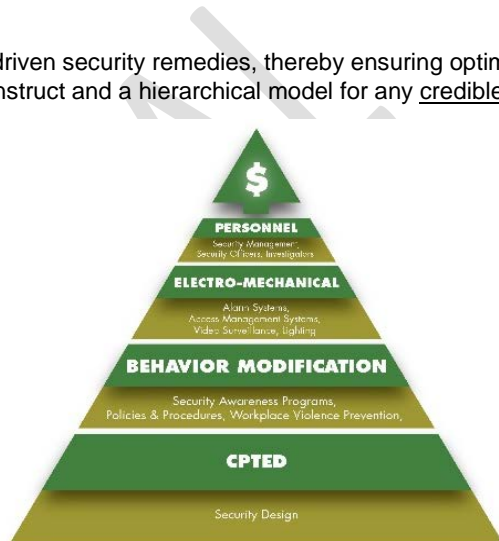
The **Security Solution Hierarchy**, using Maslow's Hierarchy of Needs as a model, provides a roadmap for a hierarchal security program by applying less costly remedies before the application of the costliest remedy: Security Personnel. Consistent with our previous models, you will note that the **Security Solution Hierarchy** (SSH) applies the less costly remedies first, with more costly remedies to follow as needs justify.

The **Security Solution Hierarchy** also 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, thereby enhancing ROI.

The foundational construct of **CPTED** provides an added value and effectiveness to all hospital security programs by reinforcing the concept of unity of purpose. **CPTED** implicitly encourages the notion that every employee has a role in maintaining effective security. The mitigation of a single WPV incident will most likely cost-justify the security assessment.

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

- The SMSI team has more than 55 years of combined hospital security and loss prevention experience, including in-house security management.
- Our team has 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 infant abductions, sexual assaults, battery, excessive use of force by security personnel and aides, and substandard security design.
- The SMSI Team includes a former law enforcement officer and a hospital security manager.
- We have also worked cases involving inadequate background checking and/or credential verification.
- We maintain memberships in **ASIS International, ASHRM, SCAHRM, ACHE, IAHS, ICA and Cal DOCA**
- **Certifications: CPP (Certified Protection Professional); Certified Healthcare Protection Administrator; CHPA, Certified in Safety Management (CSM); and Certified CPTED Practitioner.**



SECURITY SOLUTION HIERARCHY



CPTED FOR HOSPITALS

Crime Prevention Through Environmental Design (CPTED) should be applied to every hospital. This cost-effective strategy will pay dividends and may become the glue that holds the entire security program together. **CPTED** will contribute to the mitigation of premises liability claims. *Perception* is always a major component of effective security operations. The essence of the services we offer herein reflects our ability to understand your specific security needs, as well as the means to address these needs. The value of this offering is illustrated in our five-step assessment approach presented herein. In the wake of our assessment process, we also offer the option of ongoing security management support services, including the protection of your interests in dealings with security vendors. The application of CPTED remedies are very cost-effective.

Therefore, the lack of the application of CPTED design, is a cost deficient, as well as a missed opportunity. Bill Nesbitt and Drew Neckar both hold CPTED Certifications.



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Consider the following:

- Has your hospital conducted a comprehensive security review in the last 3 years?
- Does your hospital presently rely on Site Specific CrimeCast Data?
- Is your security program overly labor intensive?
- Is your security program optimizing cost-efficient integration of current security technology?
- Has every hospital employee participated in a security awareness training program based on ambient need, including workplace violence mitigation? Are employees trained to recognize the incipient signs of potential work place violence?
- Have you evaluated the pros and cons of contract security officers versus a proprietary security force?
- Is optimizing security technology (video, locking and access control systems) over 5 years old?
- Has your security design maximized the cost-effective strategy of CPTED (both interiors and exteriors)?
- Is the security department using analytical security management software?
- Are security decisions need and data driven? 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 insure no negligent hires?

After-the-fact, SMSI also offers a wide range of optional Security Management Support Services. Visit our **LinkedIn Group: Security Source Online**. We welcome 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 us.

SMSI also offers separate and distinct onsite **Workplace Violence Mitigation Training**, customized to each of your hospital's specific needs. We would be happy to provide further information on this topic in the form of a special proposal. The goal is to involve employees as part of the solution. Therefore, every employee should understand our principal: **If You See Something, Do Something**. Appropriate training will answer the questions: **See What and Do What?** Recent data shows that WPV continues to rise to 39%, yet only 19% of these events were reported into official reporting systems. *Many states require that healthcare facilities have comprehensive WPV prevention plans, thereby establishing a nationwide reasonable standard of care.*

As security professionals, our mission is to anticipate and to mitigate threat, including both internal and external acts of dishonesty, as well as criminality. Hospitals and their patients, visitors and staff all deserve a safe workplace. *Good security is simply good business for all hospitals.* The most cost-effective conclusion is to be proactive today, as opposed to reacting tomorrow.

If the needs discussed herein are of concern to your organization, SMSI would be happy to provide a comprehensive Security Assessment Proposal for your consideration. SMSI also provides security management support services as a follow-on option to the security assessment process.



From Campus Safety Magazine:

- **75% of domestic violence victims are being targeted at work**
- **Hospitals are targeted by active shooters**
- **Two women who were visiting a gunshot victim are shot outside a Midwest hospital**
- **Man Charged with Homicide in Hospital Security Officer's Death**
- **Woman Accused of Attempting to Abduct Babies at Southern Hospitals**

A recent study determined that nearly half of the hospitals reported an increase in crime/security incidents, compared with 2016, while only 14 percent reported a decrease. The cost of reaction is always much greater than the cost of mitigation.

Finally, the **SMSI Team of Drew Neckar, CPP, CHPA, CSM and Bill Nesbitt, CPP**, brings extensive healthcare security management expertise, having worked for a major hospital group in the upper Midwest. **Drew** also has broad-based security management



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experience with educational institutions and not-for-profit educational facilities, including 56 career and technical colleges serving more than 20,000 students throughout the United States. We also understand the threat environment from the perspective of over 30 years of security litigation. A significant number of our cases have included healthcare facilities. These cases have been brought by patients, as well as by contracted employees. We believe that employees, including contracted employees, with a little bit of training, have the potential to become part of the overall security program. Security Awareness Programs for Hospitals are analogous to the well-known Neighborhood Watch Program.

Over the past several years, as forensic security experts, we have been engaged in numerous hospital security related litigations, covering more than 30 states. Most of these litigations would have been mitigated if there had been periodic objective security reviews. The internal and external threat environments are unique for each hospital.

The good news is there have been significant advances with capability of security technology, while at the same time this technology is becoming very cost-efficient. Security technology and staff participation has reduced the budgetary pressure for security FTEs. The net impact is the increase of perceived risk for would-be perpetrators. Remember, the cost of a comprehensive security assessment is a fraction of the cost of defending an inadequate security claim. A site-specific Proposal will be provided upon request. A comprehensive Security Assessment should be the predicate for an evolving security program for at least the next five years. Remember, security is a dynamic situational discipline in a constant stage flux. A site-specific Proposal will be provided upon request.

Certifications for **Bill Nesbitt**: Certified Protection Professional, Certified CPTED Practitioner
Member ASIS International, IAHSS, ASHE & ASHRM

Certifications for **Drew Neckar**: Certified Protection Professional, Certified Healthcare Protection Administrator, Certified in Safety Management

Memberships: ASIS International, International Association of Healthcare Safety Security, American Association of Safety Engineers, National Association of Drug Diversion Investigations, National Association of Campus Safety Administration

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