EP30-16 Penrose-St. Francis Health Services

**SECURITY MANAGEMENT PLAN – FISCAL YEAR 2013**

# Environment of Care Plans Policy NO EC 01.01.01

# Revision: 7/2012 Reviewed: Page 1 of 4

Approved: **Security Sub-Committee** - **Environment of Care Committee**

Department: **Security** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE/RATIONALE:

The purpose of the Security Management Plan is to support the Penrose - St. Francis Health Services’ goal of providing a reasonably safe and secure environment for patients, visitors, associates, volunteers, medical staff, and vendors. The Security Management Plan applies to Penrose Main Hospital, St. Francis Medical Center, St. Francis Health Center, and the Penrose Community Urgent Care. G4S Secure Solutions provides security services to all Penrose - St. Francis Health Services facilities.

This plan supports the mission, vision, and values of Penrose - St. Francis Health Services, as well as the general safety policies and all regulatory requirements. The Penrose – St. Francis Health Services Environment of Care Committee reviews and approves the Security Management Plan annually.

OBJECTIVES:

The Security Management Plan is a risk reduction program designed to identify potential risks, assess possible corrective measures, and generally reduce property losses and potential personal injuries at the facilities through the following processes: The Security Program Manager oversees day-to-day security operations in an effort to provide a reasonable safe and secure environment. The Director of Support Services is ultimately responsible for overseeing implementation, development and monitoring of the Security Program for Penrose – St. Francis Health Services facilities.

1. Penrose – St. Francis manages and identifies security risks associated with the Environment of Care by utilizing the following internal and external sources:
* Security incidents involving patients, visitors, personnel, or property.
* Using the security trend analysis reporting tool in addition to other law enforcement data (i.e. CAP Index reports, etc.) regarding:
* Security Incidents
* Security Conditions
* Police and Community information and statistics
* Investigations
* Security staff training
* Security staff performance
* Basic activities and services
* Periodic assessment to identify security risks in the physical environment will include the following:
* Physical plant size including current and planned changes, type of clientele, volume of business, community setting
* Community crime patterns, neighborhood patterns of change
* Exterior lighting, landscaping, communications systems, and parking issues
	+ Physical and electronic security systems
1. In the event a security risk is identified, PSFHS leadership takes appropriate action in minimizing or eliminating identified security risks.
2. Patients, staff and others are appropriately identified when entering the facility.
3. Penrose – St. Francis leadership and G4S Secure Solutions will work together in declaring an area security-sensitive based on the potential for violence or use of weapons; especially vulnerable populations such as the elderly, infants, and children; the availability of drugs, money, and unsecured personal property; identification and access for visitors/associates in all areas of Penrose - St. Francis Health Services.
4. Access to security sensitive areas is determined by the department managers and/or directors. The following areas have been declared as security sensitive.

Penrose Main Hospital

* Emergency Department
* Pharmacy Storage – 1st Floor Cancer Center
* Main Pharmacy
* ICU/CCU

St. Francis Medical Center

* Emergency Department
* Main Pharmacy
* Birthing/Infant Care
* Pediatrics
* NICU
* ICU/CCU

Administrative Support Center (ASC)

* Closed Door Pharmacy
1. To minimize the risk of an infant or pediatric abduction, The Security Program Manager works in collaboration with department managers in identifying and implementing pediatric abduction prevention measures.
2. When a security incident does occur, security officers will follow PSFHS policies and/or security procedures as outlined in the Penrose – St. Francis Health Services Facility Security Orders.
* The Penrose - St. Francis Health Services Facility Security Orders provide policy, procedure, direction, and overall control for the Security Program.
* Facility Security Orders are periodically reviewed, and revised as necessary. The Director of Support Services approves the Facility Security Orders in writing.
1. Security incidents and conditions are individually reported to and summarized statistically by the Security Program Manager for the Director of Support Services. At a minimum, the following occurrences will be reported on a Security Incident Report and investigated.
	* Non-medical related injuries to patients or others in the hospitals facilities
	* Personal or PSFHS property damage
	* Security incidents involving patients, staff or others within its facilities
2. Using the results of the data analysis, G4S Secure Solutions produces a written Annual Effectiveness Review of the Security Management Plan. The review is the basis for Penrose – St. Francis Health Services and G4S Secure Solutions leadership to improve on identified security vulnerabilities as it relates to the Environment of Care.
3. Penrose – St. Francis Health Services leadership assists in accomplishing the Security Management Plan’s objectives by performing the following actions:
* Monitor contracted services by evaluating the services in relation to the hospital’s expectations.
* Works closely with the Security Program Manager to identify and prioritize Security Performance Improvement Measures based on changes in the internal or external environment.
* Selected process improvement activity results are reported to the Environment of Care Committee at scheduled intervals.
* Changes to the Performance Improvement Measures will be brought to the Environment of Care Committee for approval.
1. G4S Secure Solutions will verify security staff qualifications by performing the following:
* Conducting initial criminal background checks on all security personnel as required by law and hospital policy. Conducting annual background checks as required before renewal of the Security Officer license each year.
* Ensure security officers assigned to PSFHS properties receive physical orientation and ongoing education to maintain or increase competency. All training will be documented and maintained on file with the Security Program Manager.
* Competency-based staff evaluations will be completed a minimum of annually.
* Take appropriate action when a security officer’s competence and/or behavior does not meet G4S Secure Solutions or Penrose – St. Francis Health Services expectations.
* Provide specialized training required to meet these expectations whenever responsibilities change.
1. The following measures help Penrose - St. Francis Health Services and security leaders identify changes in Penrose - St. Francis Health Services’ security posture and develop remedies for negative changes. When an adverse change occurs, leaders assess the relative severity of the change and determine an appropriate response.

| **PSFHS WIDE SECURITY PERFORMANCE IMPROVEMENT MEASURES** |
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| **Measure****Description** | **Period** | **FY12 Act. Value** | **Goal** | **Actual****Value** | **Action(s) taken when Actual Value falls below Goal** |
| The amount of “No Patrol Hours” does not exceed FY 12’s quarterly actual value.  | Q1 | 462 | 462 |  |  |
| Q2 | 487 | 487 |  |  |
| Q3 | 601 | 601 |  |  |
| Q4 | 661 | 661 |  |  |
| The number of “open/unsecured door” conditions, decreases from the previous quarter by 3%. The FY13 first quarter goal is a 3% decrease from 4QFY12. | Q1 |  | 628 |  |  |
| Q2 |  | 609 |  |  |
| Q3 |  | 591 |  |  |
| Q4 | 647 | 573 |  |  |

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| --- | --- | --- |
| **Measure Description** | **Date** | **Results or Reason for No Drill** |
| Conduct adequate unannounced, facility-wide, infant abduction drills to include personnel who work day, evening, weekend, and/or nontraditional shifts |  |  |
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