

## MarketWatch

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### Health care facilities elevate security condition

Hospital security directors trying to get their arms around security's increasing role in various areas of operations

The general need to protect patients and staff, as well as the realization that hospitals and health care facilities may be possible terrorists targets, has heightened the awareness for security among health care providers and the entire vertical market, according to integrators working with health care clients.

Over the past two years, noted Tony Varco, vice president-security for Convergent Technologies, hospitals and health care facilities have stepped up their performance of security assessments along with the resulting planning and training.

"People are trying to get their arms around it," he said of security for this sector, in part because there may be some requirements for or at least advantages to doing so. For instance, said Varco, the Joint Commission on Accreditation of Healthcare Organizations has some basic security requirements tied to the accreditation process, while Health Insurance Portability and Accountability Act regulations mandate the safeguarding of medical records. And while the latter speaks more to the IT side of security, Varco noted "there is also a lot of paper behind those records," which needs to be protected.



*Maria Gonzalez*

As a result, said Varco, security is gaining a higher level of involvement and exposure within the hierarchy of hospitals and medical facilities. And to some degree, more dollars are being spent on security as well.

Fred Frank, branch manager at SFI Electronics, said security assessments are leading to new policies within hospitals as they relate to events such as disasters.

For instance, said Frank, two North Carolina hospitals with which he works -- Wake Forest University Baptist Medical Center and Forsyth Medical Center -- have both looked at disaster planning, including assessing their access control systems, and putting together policies related to the need for and ability to shut down card readers on doors, as well as how to program the system to respond during a disaster.

Disaster planning requires a level of redundancy, said Maria Gonzalez, vice president at systems integrator Nortronics. Hospital security can't be without power, she said, so security directors are looking at power supplies, battery back up and extra computers for their access control systems. "If a unit goes down, there needs to be a mirror unit to take over," she said.

While Gonzalez said hospitals aren't mandated to improve their security as yet, she has witnessed more money going toward security, especially as facilities continue to expand.

One of the top priorities among hospitals these days, noted Steve Drapeau, account executive at Surveillance Specialties, is within the maternity department. "Every hospital is pretty much interested in it," said Drapeau of the infant protection systems that are designed to prevent baby switching and abductions.

Perspective parents are even interviewing hospitals to see if they have such systems, he said. "It's a big selling issue," he added.

Surveillance Specialties represents the Halo infant protection system, while Frank said his company has installed Accutech infant monitoring systems. Debbie Perkins, marketing manager at Surveillance Specialties, said by using such security measures for their nurseries, hospitals can not only determine if an infant has been taken beyond set perimeters such as elevators, but also can lock down doors or activate cameras in response to the alarm.

The integration of video with infant protection systems is indicative of the move toward integration within all areas of security.

Up until recently, said Gonzalez, CCTV, alarms and baby monitoring systems have been separate, "but now we

can integrate them on a single platform."

At Fletcher Allen Health Care in Burlington, Vt., Surveillance Specialties installed a completely integrated system that included access control, digital video recorders, color CCTV cameras, intercoms and emergency call boxes.

Varco agreed that integration among systems is becoming more important. Still, he said, there are reasons why integration doesn't readily take place -- key among them the existence of older systems.

Frank agreed that hospitals, especially because of their ongoing building projects, have myriad technologies in place. Baptist Medical Center, he noted, has 500 cameras installed over the past 10 to 15 years. These range from old pan-tilt models, he said, to high-speed zoom domes. The cameras operate over fiber, twisted pair and microwave, he said.

Renovation can be a time to upgrade systems and move toward networking, Varco said.

And with networking, he said, comes the greater involvement of the medical facility's IT department with security. "IT is there because of video," he said. "Video is jumping on the LAN."

"Hospitals are also starting to look at IP cameras," because they want to begin to employ intelligent video, according to Gonzalez. "Behavior intelligence is a young technology," she said, "but it's here." For public areas, it can be used for crowd management, she said, such as sending alarms if groups of people are gathered in certain restricted areas; video analytics can tell if someone falls while entering the hospital.

Drapeau said he is also witnessing hospitals "going down that IP road" by putting all IP CCTV cameras on a network. "It's the next wave of technology," he said.

At Forsyth Medical Center, Frank said the pharmacy is already employing an IP camera that is used by the head pharmacist to see what medication a nurse is using. The nurse places the medication in front of the camera and the pharmacist views it remotely from his office.

The integrators also pointed to the widespread acceptance of access control systems for employees and staff as a part of basic hospital security measures these days. "Credential management is an absolute must," said Varco, who said he is witnessing "a flurry of activity in this area."

However, it was noted, visitor management has not taken off for hospitals. "We're still relatively poor in terms of funneling people into facilities," explained Varco. Drapeau said he tries to guide clients toward using a single entrance after hours, "but they really should be doing that during the day, too."

Most said hospitals and health care centers struggle with the need to remain open and accessible to the public, while also striving to protect patients and staff, and safeguard drugs and equipment. "You can't restrict people from coming in, but you can monitor them once they are in the building," said Gonzalez.

Where access control is expanding, said Frank, is for tracking personnel who have entered certain hospital rooms or for noting what classes hospital personnel are attending so they get proper credit.

Hospitals are also interested in implementing new technologies such as remote locks on drug carts, said Gonzalez.