Cost Versus Investment
How Does Your C-Suite View Security?

President / Chief Consultant
WarSec Security
After You’ve Joined the Company as the Security Leader

Your initial assessment needs to be unbiased

**Why:** Avoid coming into the company with a preconceived plan or a template on how to improve security in their business.

**Benefit:** It opens a dialogue. Each business has its own distinctive security needs and your job is to adapt smart security solutions to meet those needs.

Learning a business’ culture is essential before making substantive recommendations

**Why:** Knowing the business’ culture regarding security is essential to avoiding mistakes of the past.

**Benefit:** Visibility and clarity around who is doing what and why across the enterprise when it comes to security.

Meet with business leaders at all levels and focus on their business challenges

**Why:** It keeps security visible and in sync with business leaders and their operations.

**Benefit:** Other business leaders will appreciate that you really understand their world and will have greater respect for you and your team.

You are in the company primarily to make it safer, more secure and more profitable

**Why:** You need to demonstrate your enthusiasm by sharing how smart security can improve profitability.

**Benefit:** Business leaders’ attention and engagement.

Understand how the business is run and how it measures success

**Why:** Done well it helps you to align the security program to business needs and goals.

**Benefit:** Being proactive helps you be ahead of many other issues such as pending union contracts, workforce reductions, and potential mergers or acquisitions.

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Answering the Big Questions

- What’s Everyone Else Doing?
- Do We Have To Do It? Who Says?
- What Will Happen If We Don't?
Other than the risks the business needs to address, which of the following is the most important concept you need to communicate about security to management today?

- The business value of security: 57%
- Security responsibilities/activities: 12%
- Demonstrating measurable operational excellence: 15%
- Cost savings through security risk mitigation: 9%
- Security resources used by each business function: 1%
- Where Security’s resources are going (e.g., budget/FTE): 4%
- Other: 2%
Which of the following was the outcome of your most successful presentations to executive management?

- A better understanding of what security does and its value to the organization (49%)
- A promotion for the security leader (3%)
- Budget defense (proposed budget cut stayed) (7%)
- Have not found an appreciable outcome yet (14%)
- More resources (e.g., budget, FTE) (10%)
- More visible role for security (14%)
- Other (3%)

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A 2014 report from the US Dept. of Labor indicated in part, that “violence and other injuries by persons or animals accounted for 4% of the cases in the entire US private sector in 2013, with a rate of 4.2 cases per 10,000 full-time workers.

In the health care and social assistance sector, 13% of the injuries and illnesses were the result of violence and the rate increased for the second year in a row to 16.2 cases per 10,000 workers, up from 15.1 in 2012”.

The April 2015 OSHA 3148 update states, in part, that “...Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually, with 70 to 74% occurring in healthcare and social service settings”.

Step 1: Know and Understand Your Industry
Violent Injuries Resulting in Days Away from Work, by Industry, 2002-2013

In December 2015, OSHA issued a series of citations to Brigham and Women's Hospital in Boston, Massachusetts related to workplace violence issues. For the sixth time in 2015 alone, they refer to their “General Duty” clause (5A-1)* as the reason for the citations. Their recommendations (fourteen in total) included:

- Ensure that security staffing is adequate in all areas to respond to incidents while security stations remain staffed
- Ensure all staff are aware of appropriate policies / procedures regarding WPV and their role in such events
- Create safety plans along with security for patients that have demonstrated behaviors of concern in the past
- Ensure that existing countermeasures are working properly
- Conduct periodic comprehensive reviews of high risk areas
- Develop a violence reporting program and tracking method

* OSHA General Duty Clause, Section 5(a)(1), requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.
In 2016, OSHA 3826, “Workplace Violence in Healthcare – Understanding the Challenge” was released to supplement previous OSHA documents on the subject. Among its findings:

- From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average.

- In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees. Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees.
2018 Update

Rate of intentional injuries, per 10,000 workers

- Health care and social assistance
- Retail trade
- Manufacturing
- Construction
- All private industry

Healthcare Worker Injuries Resulting in Days Away from Work, by Source

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%

Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.
Security Concerns Are Dynamic

What is the Top Security Risk to your Organization - 2016?

- Cyber crime
- Insider threat
- Political/social instability
- Business disruptions (e.g. extreme weather, fire)
- Security talent - difficult to attract/retain
- Supply chain disruption/ supplier risk
- Failure to provide duty of care (e.g. travel security)
- Regulations/ compliance
- Workplace violence
- Other

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Security Concerns Are Dynamic

What is the Top Security Risk to Your Organization - 2019?

- Cyber crime
- Business disruptions (e.g. extreme weather, fire, power outage)
- Workplace violence
- Insider threat
- Supply chain disruption/ supplier risk
- Regulations/ compliance
- Political/social instability
- Talent shortage
- Failure to provide duty of care (e.g. travel security)
- Other

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Although there is no federal occupational safety and health standard for workplace violence prevention, OSHA may issue citations to employers for violating a certain provision of the OSH Act—referred to as the general duty clause—which requires employers to provide a workplace free from recognized hazards likely to cause death or serious harm.

To cite an employer under the general duty clause, OSHA must have evidence that

1. a condition or activity in the workplace presents a hazard to an employee,
2. the condition or activity is recognized as a hazard by the employer or within the industry,
3. the hazard is causing or is likely to cause death or serious physical harm, and
4. a feasible means exists to eliminate or materially reduce the hazard.
Increased Fines for OSHA Violations

Beginning January 13th of 2017, OSHA has increased their fines as part of their increased enforcement efforts.

- Fines for “Serious” or “Other than Serious” violations have been increased to $12,675 per violation
- Fines for “Failure to Abate” a recognized and documented issues have increased to $12,675 per day beyond the abatement date
- Fines for “Willful” or “Repeated” issues have increased to $126,749 per violation (a ten-fold increase)

For example, should OSHA determine that your facility or organization failed to address six (6) “Serious” WPV related issues, this would result in an initial fine of over $76K. Should they return and not be satisfied with the abatement, this would increase to $760K plus $12,675 per day per violation until resolved.
In November of 2018, bill HR 7141 (now known as HR 1309) was introduced that would set a deadline for OSHA to issue the first national standard requiring that healthcare and social service employers develop and implement a comprehensive workplace violence prevention plan.

Provisions include that employers must develop and implement a Workplace Violence Prevention Plan tailored to the relevant hazards in the specific facility, that such plans must include controls such as security, staffing, and training on de-escalation techniques and the employer must investigate each incident of workplace violence as soon as practicable, document the findings, and take corrective measures.
In March of 2019, the Occupational Safety and Health Review Commission ("OSHRC") issued a decision on the Secretary of Labor’s power to issue citations under the General Duty Clause relating to the prevention of workplace violence in a case involving Integra Health Management*.

In this case, a young community health worker was stabbed to death by a behavioral health patient at his home during a follow up needs assessment visit. The victim had reported that the patient had made her “uncomfortable” in previous visits and records show that the patient had a long history of violent and criminal behavior at the time of the event.

One of the more important aspects of this unique case and its findings is that the decision may have set a precedent regarding the "foreseeable" nature of violent events and the impact of the OSHA General Duty clause on WPV events.

*https://www.oshrc.gov/assets/1/6/Integra_Health_Management,_Inc.,_Docket_No._13-1124.htm
In July of 2017, the American Hospital Association (AHA) issued a groundbreaking report that compiled the actual costs of workplace violence to healthcare providers as well as to communities. Some of their findings include:

- It estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approx. $2.7 billion in 2016.

- It also estimated national in-facility violence costs of $428.5 million, including $234.2 million for staff turnover, $42.3 million in medical care and indemnity (compensation for lost wages made to employees who were injured on the job) for employee victims of violence, and $90.7 million in disability and absenteeism costs.

- The report also indicated an annual cost of $17,500 per organization on workplace violence prevention plan development.
AHA estimates cost of turnover due to violence is $234.2 million

$97,216-$104,440
cost to replace a nurse

1% turnover attributed to violence

How much is violence costing your organization?
Released on April 17th, 2018, TJC Sentinel Event Alert #59, “Physical and Verbal Violence Against Healthcare Workers” offers a wealth of information regarding the detection and prevention of workplace violence.

Take a stand: No more violence to health care workers

Forms of violence to health care workers
- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Violence against health care workers is grossly underreported

Only 30 percent of nurses report incidents of violence

Health care workers
- think that violence is “part of the job”
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Only 26 percent of emergency department physicians report violent incidents
Released on January 28th of 2019, TJC Quick Safety newsletter 47, “De-escalation in Healthcare” provides even more references and resources as the issue with behaviors of concern from customers continues to grow.

De-escalation in health care

**Issue:**
The need for using de-escalation techniques has become more prevalent as violence in health care settings increases. De-escalation is a first-line response to potential violence and aggression in health care settings.¹ The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants.² A three-year study in the *American Journal of Nursing* noted that 25 percent of nurses reported being assaulted by patients or the patient’s family members. Statistically, higher rates of health care violence are reported to occur in the emergency department (ED), geriatric and psychiatric settings.³

The purpose of this Quick Safety is to present some de-escalation models⁴ and interventions for managing aggressive and agitated patients in the ED and inpatient settings. There are many different de-escalation techniques; this Quick Safety is intended to guide health care professionals to resources for more information and training.
Basic Principles of Proving Your Value

- Step One – Document *what* you do for the organization and *why*

- Step Two – Demonstrate *how much* you do (metrics)

- Step Three – Demonstrate *how well* you do it (value)

You have to take what you know and translate it into a language that the C Suite will understand and appreciate, typically through metrics, KPIs and dollars.
Document what you do for the organization and why

<table>
<thead>
<tr>
<th>Security Core Duties / Responsibilities</th>
<th>Required By...</th>
<th>Reference / Guideline</th>
<th>Required / Expected / Optional</th>
<th>Approx. FTEs required per shift</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to Emergency Codes / Traffic and Pedestrian Control (Emergency)</td>
<td>TJC</td>
<td>EC 01:01:01, EC 02:01:01, EC 04:01:01, EM 01:01:01, EM 02:01:01, LD 04:01:01</td>
<td>Required</td>
<td>2</td>
<td>Emergency codes (fire, bomb threat, etc.) require one officer at the scene and one to meet first responders.</td>
</tr>
<tr>
<td>Response to Criminal Activity / Police Presence / Forensic Patient Response</td>
<td>TJC / OSHA</td>
<td>EC 01:01:01, EC 02:01:01, EC 04:01:01, EC 06:01:01, LD 02:01:01, LD 04:01:01, OSHA 5 (a) 1, OSHA 3148</td>
<td>Required</td>
<td>2</td>
<td>Response to criminal activity should have responding officer plus backup / witness. Based upon jurisdiction and role of healthcare security force, per TJC organization is responsible for following local, state and federal laws including those regarding response to criminal activity on their property.</td>
</tr>
<tr>
<td>Assist with Patient Restraints</td>
<td>TJC / CMS / OSHA</td>
<td>PC 01:02:13, RI 01:06:03, 42 CFR 482.13, OSHA 3148, OSHA CPL 052</td>
<td>Required</td>
<td>2</td>
<td>Per most legitimate de-escalation and patient intervention training programs, violent patient restraints should NEVER be attempted by one person (even when properly trained)</td>
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<tr>
<td>Response to Alarms / Workplace Violence Prevention and Response</td>
<td>TJC / OSHA</td>
<td>EC 01:01:01, EC 02:01:01, LD 03:01:01, LD 04:01:01, OSHA 5 (a) 1, OSHA 3143, OSHA CPL 052</td>
<td>Required</td>
<td>1</td>
<td>Minimal staffing to meet requirements based upon roles and responsibilities</td>
</tr>
</tbody>
</table>
### What You Do and Why

<table>
<thead>
<tr>
<th>Security Core Duties / Responsibilities</th>
<th>Name of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Service</strong></td>
<td><strong>Required By...</strong></td>
</tr>
<tr>
<td>Patrois of Non Security Sensitive Areas (Internal and External/Parking Areas)</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Money / Valuables Escorts and Delivery</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Allowing locked areas upon request</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Controlling traffic (vehicle or pedestrian) Non emergency</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Stand bys with Patients</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Issuing Employee Ids / Fingerprinting</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Staff Escorts / Parking Lot Shift Change</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Preventive Maintenance Checks on Alarms / HELP stations / CCTV</td>
<td>Best Practice</td>
</tr>
<tr>
<td>BHU / IVC Transports</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Visitor Escorts (Hospitality House, etc.)</td>
<td>N/A</td>
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<tr>
<td>Motorist Assists (Unlocks, Battery Bocos, Tire Changes, Vehicle Locates etc.)</td>
<td>N/A</td>
</tr>
<tr>
<td>Patrois of Sites Not on Main Campus</td>
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<tr>
<td>Response to Alarms &gt;1 mi from Campus</td>
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<tr>
<td>Parking Enforcement / Citations</td>
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<tr>
<td>Patient / Helicopter / Wheelchair Assists</td>
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<tr>
<td>Morgue Assists</td>
<td>N/A</td>
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</table>
How Do You Know What You Are Doing?

**Data Sources**

**Internal Data Sources**
- Incident reports / CAD system
- Visitor management systems
- Risk management reports
- Workman’s comp injury data

**External Data Sources**
- Local crime statistics
- Professional studies / benchmarking reports
- Industry newsletters / safety updates / research reports
Demonstrate *how much* you do (metrics)

**Count of Incident Types**

- Assault of Employee: 49
- Assault and Battery: 5
- Assault and Battery: No Weapon Present: 3
- Code Gray: 9
- Code Gray: Actual: 17
- Harassment/Threats: Employee/Staff: 20
- Harassment/Threats: Employee/Staff: Domestic Dispute: 3
- Harassment/Threats: Employee/Staff: Protective Order: 2
- Harassment/Threats: Employee/Staff: Verbal/In Person: 15
- Harassment/Threats: Employee/Staff: Via Telephone/E-mail/Fax: 20
- Total: 143
Demonstrate *how much* you do (metrics)

- **Metal detection** - How many weapons did you confiscate last year? How many issues did this prevent and at what cost?

- **Visitor management** – How many watch list people intercepted? How many patients with special considerations? How many patients designated as private due to security reasons?

- **Crime hot spots** - What is the impact of re-allocation of patrols?
### Demonstrate how well you do it (value)

**Cost Avoidance – Staff Education**

<table>
<thead>
<tr>
<th>Class</th>
<th>In-House Instruction</th>
<th>Outside Instructor Cost</th>
<th>Outside Instructor Lodging</th>
<th>Outside Instructor Food</th>
<th>In-House Total Cost</th>
<th>Outside Total Cost</th>
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</thead>
<tbody>
<tr>
<td>Non-Violent Physical Crisis Intervention Initial Class</td>
<td>$1236.60</td>
<td>$1314.47</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In-House Instructor</td>
<td>$1236.60</td>
<td>$1314.47</td>
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<td></td>
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<tr>
<td>CFI Instructor</td>
<td>$181,681.00</td>
<td>$4,000.00</td>
<td>$4,200.00</td>
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<td></td>
<td>$185,481.00</td>
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<td>Non-Violent Physical Crisis Intervention Refresher Class</td>
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<td>$2,277.41</td>
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<tr>
<td>In-House Instructor</td>
<td>$300.00</td>
<td>$2,277.41</td>
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<td>CFI Instructor</td>
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<td>$2,400.00</td>
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<tr>
<td>Rapes and Aggression Defense - RAD User Class</td>
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<td>Personal Safety/On-scenario</td>
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<td>Weightless Violence/Active Shooter</td>
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<td>In-House Instructor</td>
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<td>Tabletop Drills</td>
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<tr>
<td>In-House Instructor</td>
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<td>$10.00</td>
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<tr>
<td>Outside Instructor</td>
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<td>$10.00</td>
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<tr>
<td><strong>Totals</strong></td>
<td>$2,033.60</td>
<td>$14,006.88</td>
<td>$43,164.80</td>
<td>$53,000.00</td>
<td>$32,850.00</td>
<td>$71,150.00</td>
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</table>

**In-House Savings**

> $460K saved
After reviewing the hours of training being provided and the increasing number of requests for security related programs by clinical teammates, research was conducted regarding the fair market value of the programs being provided “at cost” throughout the year.

By calculating actual costs for compensation, certification and materials, and then comparing this to the costs of a third party vendor providing the same training, one might be able to demonstrate significant cost savings by providing such programs in house.
## Cost Avoidance – Staff Education

| Class                              | Hrs | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Tot | In-House Instructor | In-House Materials | Outside Instructor Cost | Outside Instructor Lodging | Outside Instructor Food | In-House Total Cost | Outside Total Cost |
|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------|---------------------|------------------------|------------------------|-----------------------|-------------------|-------------------|
| Non-Violent Physical Crisis Intervention Initial Class | 8   | 38  | 49  | 46  |     |     |     |     |     |     |     |     |     |     | 519 |                     |                     |                        |                        |                       | $464,986.12         |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   | $1,200.00           | $1,541.47               | $2,741.47               |                       | $191,437.00        |
| CPI Instructor                     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   | $186,067.00         | $4,000.00               | $1,430.00               |                       | $191,437.00        |
| Non-Violent Physical Crisis Intervention Refresher Class | 3   | 53  | 91  | 85  |     |     |     |     |     |     |     |     |     |     |     |                     |                     |                        |                        |                       | $122,181.00         |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   | $900.00             | $2,127.41               | $3,027.41               |                       | $122,181.00        |
| CPI Instructor                     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   | $217,321.00         | $8,000.00               | $2,860.00               |                       | $226,181.00        |
| Rapes and Aggression Defense - RAD User Class | 12  | 5   | 7   |     |     |     |     |     |     |     |     |     |     |     |     |                     |                     |                        |                        |                       | $348.00             |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   | $900.00             | $48.00                  | $348.00                  |                       | $12,780.00         |
| RAD Instructor                     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   |                      | $60.00                  | $3,600.00               | $3,120.00               |                       | $12,780.00         |
| Workplace Violence/Active Shooter  | 1   | 107 | 30  |     |     |     |     |     |     |     |     |     |     |     |     |                     |                     |                        |                        |                       | $339.00             |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $125.00              | $274.00              | $27,400.00              | $4,800.00               | $325.00               | $32,525.00         |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   |                      |                        |                        |                       | $0.00               |
| Webinar                            | 2   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                     |                     |                        |                        |                       | $0.00               |
| Tabletops/Drills                   | 3   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                     |                     |                        |                        |                       | $0.00               |
| In-House Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |                   |                      |                        |                        |                       | $0.00               |
| Outside Instructor                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $0.00               | $0.00                | $0.00                  | $0.00                  |                       | $0.00              |
| Totals                             | 203 | 185 | 131 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 519 | $3,150.00           | $4,006.68             | $431,648.00             | $31,200.00             | $3,235.00            | $1,156.00         |
## Cost Avoidance – Staff Education

| Class                                      | Hrs | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | CHS Instructor | CHS Materials | Outside Instructor Cost | Outside Instructor Lodging | Outside Instructor Food | CHS Total Cost | Outside Total Cost |
|--------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------|---------------|------------------------|--------------------------|------------------------|----------------|------------------|
| Non-Violent Physical Crisis Intervention   | 8   | 10  | 3   | 5   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | $2,000.00       | $208.62       | $22,662.00            | $4,400.00               | $1,430.00              | $2,208.62   | $28,492.00     |
| Initial Class                              |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $2,000.00       | $208.62       | $22,662.00            | $4,400.00               | $1,430.00              | $2,208.62   | $28,492.00     |
| CPI Instructor                             |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $300.00         | $0.00         | $0.00                 | $6,600.00               | $2,145.00              | $300.00     | $8,745.00      |
| Non-Violent Physical Crisis Intervention   |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $2,400.00       | $0.00         |                       |                           |                       |                 | $2,400.00   |
| Refresher Class                            |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $4,000.00       | $1,800.00    | $4,000.00             | $130.00                 | $7,130.00              | $4,000.00   | $11,230.00    |
| Taser X26P CEW User Course Initial Class   | 16  | 10  | 3   | 5   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | $4,000.00       | $36.00        | $3,600.00             | $4,000.00               | $1,300.00              | $8,036.00   | $16,065.00    |
| Taser Master Instructor                    |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $2,400.00       | $0.00         |                       |                           |                       |                 | $2,400.00   |
| Pressure Point Tactics - PPCT Initial Class| 16  | 10  | 3   | 5   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | $4,000.00       | $36.00        | $3,600.00             | $4,000.00               | $1,300.00              | $8,036.00   | $16,065.00    |
| PPCT Instructor                            |     |     |     |     |     |     |     |     |     |     |     |     |     |     | $2,400.00       | $0.00         |                       |                           |                       |                 | $2,400.00   |
| Pressure Point Tactics - PPCT Refresher Class| 8   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | $2,400.00       | $0.00         |                       |                           |                       |                 | $2,400.00   |
| CPR and AED Certification - AHA Initial Class and Refresher Class | 4   | 10  | 5   |     |     |     |     |     |     |     |     |     |     | 0   | $200.00         | $30.00        | $2,230.00             | $0.00                  | $0.00                  | $230.00     | $2,230.00     |
| CPR Instructor                             |     |     |     |     |     |     |     |     |     |     |     |     |     | 0   | $200.00         | $30.00        |                       |                           |                       |                 | $230.00     | $2,230.00     |
| AHA Instructor                             |     |     |     |     |     |     |     |     |     |     |     |     |     | 0   | $200.00         | $30.00        |                       |                           |                       |                 | $230.00     | $2,230.00     |
| **Totals**                                 | 10  | 3   | 5   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | $15,300.00     | $2,074.62     | $31,432.00            | $24,000.00              | $5,720.00              | **$61,212.00** | **$61,212.00** |

**In-House Savings**

$43,237.68
Cost Avoidance – Staff Education

- For 1st Quarter, in-house training programs demonstrated a cost savings of over $508,000 while simultaneously reinforcing the culture of security and increasing the ability to meet the growing needs of clinical partners for workplace violence related programs. This year's example exceeded $2 dollars.

- By adding Distance Learning Modules through and LMS to eliminate travel and overtime scheduling for certain topics, an additional $100K of cost avoidance could be realized in subsequent years with minimal investment.
Demonstrate how well you do it (value)

- Each hour reduced in wait time is $5K in revenue as well as increased satisfaction scores for reduced wait times of other patients.

- Working with local law enforcement and other agencies, hospital security may be able take on some responsibilities of transporting such patients from the ED to an long term treatment facility.

Revenue enhancement – Mental Health Patient Boarding in ED

$5,000 per hour
Security Program Maturity Models

1- Reactionary
2- Managed
3- Documented
4- Measured & Incorporated
5- Continuous Improvement

Value = Success
Validating appropriate resources for security in any environment is a difficult endeavor, even more so with an increased “more with less” approach for non-revenue generating departments.

Since the preventative value of security is difficult to prove, each professional security practitioner must do his or her best to take existing data and translate it into a language that your C-Suite will understand.

Investment or cost? It depends upon how one approaches the issue, but one cannot purchase insurance coverage after an adverse event has occurred.
Your Questions

Bryan Warren, MBA, CHPA, CPO-I
President / Chief Consultant

WarSec Security
Bryan.Warren@Warsecsecurity.com
980-989-2550
www.WarSecSecurity.com