01. Program Administration

05. Program Measurement and Improvement

02. Incident Categories and Data Analysis

STATEMENT:
Healthcare Facilities (HCFs) should collect security incident and activity data to monitor the environment, make data driven decisions and meet regulatory compliance. Collecting standardized incident and security activity data will assist HCFs to benchmark nationally and internationally. Statistical data should be used to support security program initiatives, quality and efficacy.

INTENT:

1. DATA COLLECTION: HCF's should collect security incident and activity data as outlined in this guideline.
   a. Incident data collected should include incident and security activity categories as well as sub-categories.
   b. Data incident categories and subcategories should be collected in a manner to sufficiently measure security program effectiveness.
   c. The HCF may elect to collect additional data to support specific program requirements or performance improvement processes.
   d. Electronic data collection is recommended.

2. INCIDENT CATEGORIES: HCF's should collect the following incident and activity data in the following categories (*Refer to IAHSS Incident Category Framework*):
   a. Violence and Aggression (Crimes Against Persons).
   b. Other Crime.
   c. Security Assistance.
   d. Emergency Response.
   e. Safety and Facility Management.

3. DATA ANALYSIS/ STATISTICS: The ability to benchmark and compare data against other facilities is an important quality improvement component.
   a. The collection and analysis of qualitative and quantitative data is important to the recognition of incident patterns and staffing utilization that includes:
      i. Understanding of crime.
      ii. Types and rates of aggression.
      iii. Tracking high volume security resource allocations.
      iv. Security resource allocations for patient care.
      v. Involvement with emergency management; and
      vi. Other security program activities.
   b. Data is essential to making and gaining support for improvements necessary to address risks and threats to the HCF.
      i. Identify <u>severity</u> of incident and the impact. Examples may include:
         1. Person
            a. Minor — awareness and report only; Patient Level 1 Flag (Awareness for behaviors such as repeated loud cursing, verbal threats, intimidation).
            b. Moderate — credible threat or first aid / clinical intervention required but not resulting

in hospitalization or serious injury; Patient Level 2 Flag (threat of immediate assault).

c. Major — serious act requiring clinical intervention resulting in hospitalization or serious injury; Patient Level 3 Flag (potential discharge of patient from care).

d. Critical — serious act resulting in death of an individual.

2. Business

a. Minor — awareness and report only; close call with potential for business interruption.

b. Moderate — interrupting operations of a business unit or entire facility lasting 8 hours or less.

c. Major — interrupting operations of a business unit or entire facility lasting more than 8 hours up to 96 hours.

d. Critical — interrupting operations greater than 96 hours to include complete closure of entire facility for any period of time.

ii. Incident / Crime Trending

1. Incident data (numerator) may be transformed to a rate using the following denominators to normalize the data for comparative statistical analysis. Examples may include:

a. Incident number (numerator) per 1,000 patient days (e.g. physical assaults /1,000 patient days).

b. Incident number (numerator) per 1,000 Emergency Department visits (e.g. physical assaults in the Emergency Department / 1,000 ED visits).

c. Incident number (numerator) per 100 FTEs (e.g. physical assaults / 100 FTEs).

d. Crime rates per 100 beds allows for comparison of crime rates over time.

2. Identify trends where the incidents are occurring. Examples may include:

a. Health system, campus, building, floor, and department.

b. Incidents occurring in the Emergency Department (numerator) per number of all incidents in other departments (denominator) equals rate of incidents occurring in the Emergency Department (e.g. rate of assaults in the Emergency department compared to other departments).

3. Identify trends when the incidents are occurring. Examples may include:

a. Month-over-month, quarter-over-quarter, or year-over-year;

b. Day of the week or specific shift or hour of the day (e.g. night shift on weekends experience more assaults than other days or shifts).

4. Identify trends of who is involved in incidents. Examples may include: HCF staff, security, law enforcement workplace violence typology (e.g. percent of violence involving nurses versus security).

iii. Staffing and Other Related Trending. Examples may include:

1. Security Full Time Equivalent (FTE) staffing per 10,000 patient days.

2. Security FTE cost per patient day.

3. Security FTE per 1,000 security incidents.

4. Security incident rate (by day or shift) per 1,000 patient days.

5. Incident rate changes due to implementing security risk mitigations (e.g. staff training, tools implemented, processes changed).

4. DATA RELEASE: HCF should proactively engage and determine with Legal, Risk Management, Human Resources, and others on security data and incident reports which may be released internally and externally to the organization.
    a. HCF Security programs are encouraged to provide timely data and reports to key internal stakeholders. Examples may include:
        i. Security Sensitive Area Leadership.
        ii. Environment of Care or other internal committee or work-group.
        iii. Administration.
        iv. Risk Management / Legal / Human Resources.
    b. HCF should be cautious when releasing incident data internally and externally to the organization and should consider:
        i. Removing protected health or and other confidential information as determined by the HCF.
        ii. Removing sensitive/ protected facility information.
        iii. Obtaining proper approval to release data.
        iv. Adherence to Security Department and HCF policy.

SEE ALSO:
IAHSS Healthcare Security Industry Guideline 05.02, Security Role in Patient Management
IAHSS Healthcare Security Industry Guideline 05.03, Violent Patient / Visitor Management
IAHSS Glossary of Terms
IAHSS Incident Categorization Framework

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