ENVIRONMENT OF CARE

SECURITY MANAGEMENT PLAN

JANUARY 2013

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1. Goal. This management plans describes the framework to manage security risks and improve security performance. The scope and objectives are consistent with the Command’s values, vision, and mission to provide quality healthcare to Soldiers, retirees, and their families.

2. Objectives. The following objectives will ensure the physical security of patients, visitors, and staff and prevent the loss of information and property –

a. Effectively manage security risks by using best industry practices

b. Optimize resources by using efficient security processes

c. Improve staff performance through effective security education and training

d. Improve staff and patient satisfaction by providing a safe and secure physical environment

3. Scope. This management plan applies to this Military Treatment Facility (MTF) and all subordinate MTFs to include (LIST ALL CLINICS AND SATELLITE LOCATIONS SERVED BY THE MTF AND COVERED UNDER THIS PLAN).

4. Responsibilities.

a. The Security Officer is responsible for developing, implementing, and monitoring this plan and the MTF’s security policies and regulations.

b. The Organization Chart in Appendix A shows the primary officers, departments and services that provide input into the development, implementation, and maintenance of this plan.

c. Service and department chiefs develop and implement department-specific security standing operating procedures (SOPs) and carry out MTF-wide security policies and regulations.

d. All staff, personnel, and volunteers obey security procedures.

5. Security Management Elements of Performance. The Reference Crosswalk in Appendix B lists the corresponding policies, regulations, SOPs, systems, and databases pertaining to each of these requirements.

a. Security Management Plan. The management plan is based on a plan, teach, implement, respond, monitor, and improve framework and it addresses the processes that are essential for maintaining a safe environment of care (EC)/physical environment (PE).

b. Risk Assessments.

(1) The Security Officer conducts a security risk assessment at least annually that includes a thorough evaluation of the MTF’s buildings, grounds, security systems, equipment, services offered, and patient populations served; local crime statistics; and current world events. The potential for workplace violence is also considered in the risk assessments. Management and staff are active participants in the risk assessment process.

(2) Both proactive risk assessments (e.g., internal performance improvement data; staff, patient, and family feedback; environmental monitoring; results of failure mode and effects analyses; governmental regulation reviews; association, society, and professional literature reviews; exercise after action reports; preventive maintenance; and design reviews; etc.) and reactive risk assessments (incident investigations, security system failure investigations, root cause analyses, etc.) are used to identify trends for which corrective action is needed.

(3) The risk assessment process is also used to manage “gray areas” that do not have a clear resolution. An example of a “gray area” is deciding the best way to secure sharps in the Emergency Room. “Gray area” issues are brought to the Safety/EC Committee for discussion and resolution.

c. Risk Management Process.

(1) The Security Officer and other experts work with supervisors and staff to determine the engineering and administrative controls and safe work practices necessary to eliminate or control security risks. First-line supervisors are responsible for making sure controls and work practices are used and effective.

(2) All security risks are evaluated, tracked, and abated on a worst-first basis. Interim measures are implemented when hazards cannot be immediately abated to manage risk and minimize potential harm to patients, staff, and visitors.

d. Access to Sensitive Areas. The following areas have been identified as “sensitive” within the MTF, and they are equipped with work area specific access control measures.

(1) Pharmacies – In/Out Patient/PX

(2) Command Suite/Staff Offices

(3) Power Generation Stations/Generator System/Mechanical Rooms

(4) Medical Warehouse

(5) Dental Lab/Vault

(6) Computer Rooms

(7) Others as identified in the Emergency Operations Plan

e. Orientation and Annual Refresher Education and Training Program.

(1) The orientation and education component pertaining to security addresses the following criteria:

(a) Security risks in the MTF environment and assigned work area, such as theft, violence in the work place and the methods for eliminating or minimizing security risks.

(b) General security processes, such as wearing identification badges and reporting security incidents.

(c) Emergency processes, such as responding to a lost child.

(2) The Chief, Plans, Training, Mobilization, and Security (PTMS), manages the MTF’s New Employee Orientation Program. Generally, new employees are scheduled to attend orientation within 30 days of hire.

(3) The Chief, PTMS also manages the MTF’s Annual Refresher Education and Training Program. Generally, all staff members attend annual refresher training during their birth month.

(4) Supervisors provide worksite-specific orientation and annual refresher education and training.

(5) All education and training is documented in the staff competency folders.

f. Information Collection and Evaluation System.

(1) Reporting and Investigating Security Incidents, Problems, Failures, and Use Errors.

(a) The Incident Reporting and Investigation System covers all security incidents involving patients, staff, visitors, information, and property. Examples of reportable serious incidents are listed in MEDCOM Supplement 1 to AR 190-40 and include suicide attempts, arson, incidents that result in the evacuation of patients, etc.

(b) Anyone can report a security incident to the Security Office via telephone or by the MTF’s Report of Serious/Sensitive Incident, MEDCOM Form 104-R (MCPM), Aug 95.

(c) The Security Officer, Risk Manager, or other MTF representatives as deemed appropriate by the Commander promptly review incident reports to identify trends, determine root cause(s), and suggest corrective actions to prevent recurrence. Summary reports are submitted to the appropriate committee for further review and resolution as needed.

(2) Annual Evaluation.

(a) The Security Officer keeps the management plan current by reviewing the plan at least annually (i.e., one year from the date of the last review, plus or minus 30 days) and making modifications based on changes to policies, regulations, and standards. In performing the annual review, the Security Officer uses a variety of sources such as inspection and audit results, security incident reports, employee concerns, customer satisfaction surveys, suggestion boxes, performance improvement committees, and other statistical information and tracking reports. The Security Officer may also use other forms of review and input from relevant sources such as leadership, other EC/PE disciplines, management, staff, personnel, and volunteers.

(b) The annual evaluation includes an assessment of the plan’s:

(1) Scope. Based on the current locations and services offered, the scope of the plan is expanded, reduced or maintained at its present scope (buildings, equipment, people, operations, services).

(2) Objectives. An annual assessment is made to determine if the objectives, as outlined in paragraphs 2.a through 2.d are current.

(3) Performance. A review of performance objectives is determined by the achievements related to the security processes necessary for maintaining a successful security program.

(4) Effectiveness. An acceptable level of effectiveness is determined by attaining success in meeting objectives and producing a satisfactory level of performance.

(c) After the Safety/EC Committee approves the annual review, the results are submitted to the Executive Committee for review and approval.

(d) The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance the Employee Orientation and Annual Refresher Training Programs.

(3) Safety/EC Committee. The Security Officer is a standing member of the Safety/EC Committee and is responsible for providing recurring reports on the status of the Security Management Plan to include:

(a) Annual evaluation of the Security Management Plan

(b) Performance improvement standards/initiatives

(c) Deficiencies, problems, failures, user errors

(d) Serious incident reports involving staff, patients, and others within the facility

(e) Risk Assessments

(f) Environmental tour trends

(4) Performance Improvement Activities.

(a) Performance monitoring is used to –

(1) Identify areas of concern and strengths in the MTF’s Security Program

(2) Identify or determine actions necessary to address areas of concern

(3) Assess actual compliance with relevant security policies, regulations, and standards

(b) The Security Officer –

(1) Identifies at least one measurable performance improvement standard regarding actual or potential risk related to one or more of the following:

(a) Staff knowledge and skills

(b) Level of staff participation

(c) Monitoring and inspection activities

(d) Emergency and incident reporting

(e) Inspection, preventive maintenance, and testing of equipment

(2) Considers high-risk, high-volume or chronic problems when developing performance standards to better focus limited resources.

(3) Sets desired goals or benchmarks and develops and implements data collection and reporting procedures.

(4) Appendix C lists the Security Performance Measures for this year.

(c) The Safety/EC Committee tracks performance and documents the results in the committee minutes.

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| **Regulation, Policy, or SOP Number** | **Regulation, Policy, or SOP Name** | **Date Published** | **Point of Contact** | **Relevant EC Standard and Element of Performance** |
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| **Performance Objective** | **Performance Indicator(s)** | **SMART Performance Measure/Action Plan** |
| --- | --- | --- |
| Effectively manage security risks by using best industry practices. Specifically, manage risk through the prompt completion of background checks. (BSC: Internal processes) | % background checks completed within 30 days of hire | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet our goal? * How will you prioritize these steps? * What date do you need to collect and evaluate? * How will you collect and report the data? |
| Optimize resources by using efficient safety and health processes. Specifically, replace current badging system and process with new technology and procedures to reduce the time spent issuing identification badges (BSC: Resources) | # time to issue identification badge | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet our goal? * How will you prioritize these steps? * What date do you need to collect and evaluate? * How will you collect and report the data? |
| Improve staff performance through effective safety and health education and training. Specifically, increase staff knowledge of security procedures for displaying their identification badges. (BSC: Learning and Growth) | # staff observed not properly displaying their identification badges | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet our goal? * How will you prioritize these steps? * What date do you need to collect and evaluate? * How will you collect and report the data? |
| Improve staff and patient satisfaction, by providing a secure physical environment. Specifically, responding to staff and patient security concerns. (BSC: Customer Satisfaction) | % security issues (identified on patient surveys/employee perception surveys) effectively resolved each quarter | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet our goal? * How will you prioritize these steps? * What date do you need to collect and evaluate? * How will you collect and report the data? |