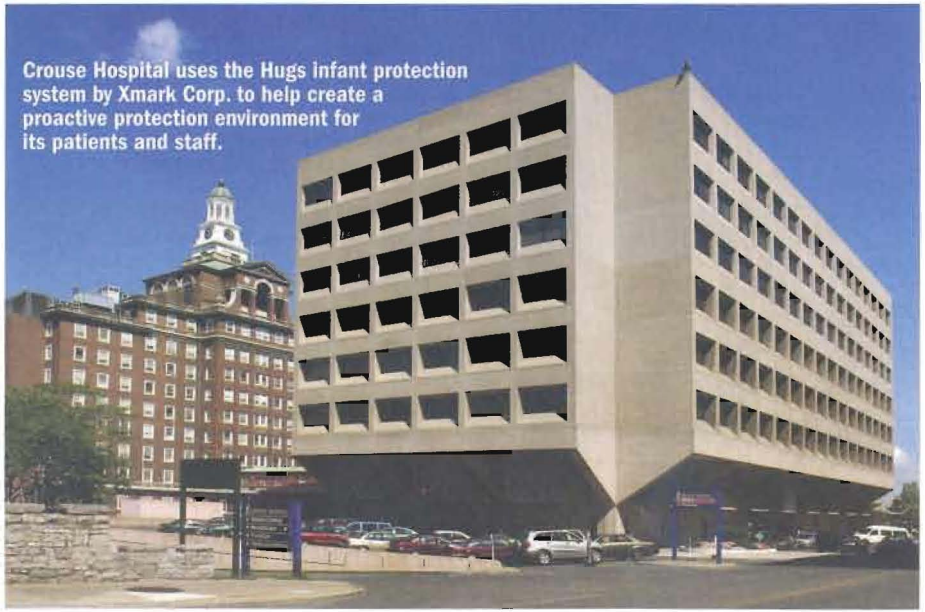
Code Pink

A SYRACUSE, N.Y., HOSPITAL CONSIDERS THE HUMAN SIDE OF SYSTEMS INTEGRATION TO BE THE MOST IMPORTANT WHEN GUARDING AGAINST BABY SNATCHERS



Crouse Hospital uses the Hugs infant protection system by Xmark Corp. to help create a proactive protection environment for its patients and staff.

At Crouse Hospital, Syracuse, N.Y., where doctors and nurses deliver up to 7,000 babies a year, security is drum tight against baby snatchers. Ten years ago, Crouse became the first hospital in the United States to introduce the Hugs infant protection system, manufactured by Xmark Corp., Ontario, Canada. Since then, security and safety director Tom Bassett has hosted some 30 other hospital administrators who have dropped by Crouse for a look. And while they're making the rounds, Bassett is confident about stopping at nurses' stations or approaching staff members to discuss the system and, particularly, the policies arising from it. Regardless of job titles or occupations, everyone at Crouse knows security is their business.

Creating a proactive protection environment is key for administrators who are considering integrating or interfacing an infant protection system with their current institutional security system. With radio frequency transmitters, sensors, magnetic locks and surveillance cameras, one would think the technical aspect of system integration would be the hard part of this endeavor. But according to Bassett, it's the human side of integration that needs the attention.

"When you talk about infant abduction, it's a hospital-wide matter," Bassett says. "So when you integrate systems, it's the employees' knowledge you have to consider as well, not just electrical or technical systems."

Personnel matters resonate with system integrators such as Steve Bergstrasesser, president of TotalKare of America Inc., a Syracuse-based company dedicated to providing specialty security and communications equipment to the health care industry. Before TotalKare installs a new infant protection system, the sales representative tries to walk in the shoes of those on the hospital floor. The representative spends a lot of time with hospital personnel finding out about their needs and how they'd like the system to run. He or she asks questions about such matters as what doors they want alarmed, where they want access points and the normal movement of

babies. "We determine those needs by talking to key nursing personnel and the security director," Bergstrasesser says. "They're the ones who know the flow of people, what everyone who takes a baby is looking for and which is the quickest way out. You have to think about that to determine how to box the culprit in."

Indeed, as Bassett says, security personnel have only a few crucial minutes available when a baby is taken until the best opportunity to apprehend the perpetrator is lost. That's why everyone needs to know the infant protection system well, and also why he stresses training above all. As many people as possible need to know how to react to an abduction he says, and understand the system that's trying to corner the captor.

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Since this is a long process, Bassett suggests facilities give themselves ample time to integrate a new system with an existing one, taking anywhere from a few weeks to a few months. "When you're talking about what can be hundreds of staff members, it can take a while to get adjusted," he says. During and after integration, employees need to be regularly assessed on their system knowledge. For example, at Crouse Hospital, all staff members take part in an annual computer-based test of their infant abduction system knowledge and must achieve a minimum score of 80 percent to pass. Bassett runs two to three drills a month, followed closely by a review of successful and unsuccessful reactions.

During reviews, Bassett pays close attention to operational policy. It's much easier to determine if something is wrong when policies are in place that outline the norm, he says, such as the routes that infants are moved through corridors, the way they are transported and other details that become standard operating procedures. Even though hospital staff members are extremely busy doing their jobs, they will notice if a baby is being moved in an unorthodox manner, or through a corridor, stairway or elevator where babies do not normally appear. "If policies are in place and followed, then it will be obvious when someone is doing something different and security can be notified," Bassett says.

Another key aspect of integration is the physical location of the system's monitoring center. It is important to ensure that all system events are being monitored at all times. Most facilities have one or several nursing stations in the obstetrics area equipped with PCs for staff to perform essential functions, such as adding information on each infant after the tag is attached or discharging the tag when it's time for the infant to go home. However, the heavy demands on the staff in the obstetrics department mean that it isn't possible to have someone watching the computer at all times. That's why it is essential that the security department also have full access to the system. In the case of Crouse Hospital, security actually houses the main server computer that runs the system.

"We set up our system so security is the monitoring center," Bassett says. "We've done well because the security department is the main controller." Indeed, with the security desk keeping a watchful eye on hospital activities through closed-circuit televisions and alarms, nurses and other caregivers can stay more focused on their primary duties. Response to emergencies can be faster, more direct and inclusive, given security personnel's connection with law enforcement agencies. "We meet regularly with a captain from the Syracuse police department so authorities are aware of the basics of our system," Bassett says. When an infant security alarm goes off and an incident occurs, the vital line between security and police is already well-established.

Integrators such as TotalKare are the link between hospital customers like Crouse and technology providers. They bring information on trends in hospital practice, so that manufacturers like Xmark can ensure that their products will integrate smoothly into the clinical environment.

"We're always looking for ways to make our products integrate not only with the hospital's other systems, but with its clinical workflow as well," says Diane Hosson, vice president of marketing for Xmark. "In fact, the actual infant protection system itself is only one part of the hospital's overall solution. It needs to be part of a set of practices and policies that touches every corner of the hospital, from nursing right through to risk management and the campus police." ■