

## Hospital security: Are present plans enough?

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Jessica Bartlett - Reporter- *Boston Business Journal*

In the week since a man entered **Brigham and Women's Hospital** and shot and killed a physician, security has been a top topic of discussion within Greater Boston's health care community.

At the Brigham, staff was already trained to handle what is known as an "active shooter", and had a security presence nearby to assist with emergencies. But even that wasn't enough to deter or prevent Stephen Pasceri, 55, of Millbury from entering the hospital and seeking out cardiac physician Dr. Michael Davidson before fatally shooting him.

Though metal detectors may have prevented Pasceri from entering the facility with a gun, installing detectors isn't a direction many feel hospitals should go.

"Obviously it's up to each individual hospital," said John Erwin, executive director for the **Conference of Boston Teaching Hospitals**. "There's a balance. Hospitals are community resources and open 24/7. You want them to be places people feel comfortable to go and you want them to be open and accessible...I think hospitals feel they can reach that balance without metal detectors."

Erwin added that adding metal detectors would be logistically difficult, considering how many buildings and entrances hospitals typically have on a single campus.

The presence of an armed guard, and bolstered security in general, may also deter a crime before one even begins, said Dan Mailhoit, president of New England Security Protective Services Agency Inc.

But whatever the measures in place, security is grounded in an organization's plan for communication, said Mark Dutra, director of security and public safety at **Franciscan Hospital for Children**.

"I don't know if it would have had any effect in stopping what occurred (at the Brigham), but from a mitigation perspective, we're best served by all disciplines within the hospital sharing safety and security concerns," Dutra said.

At Franciscan Hospital, staff has developed a "code silver" plan in the case of a security issue.

Other hospitals have a remote-locking system at entranceways to evaluate people before they even are allowed to enter a facility, Mailhoit said.

Yet balancing the need for security and the cost of such measures is difficult.

Dutra said at Franciscan, which prioritizes security so much that it allocated funds specifically for a security department and director position two years ago, executives aren't able to fund all the security investments Dutra suggests.

"You really have to sell it," Dutra said, nothing that of the 10 items he might request funding for, executives will ask him to prioritize maybe three.

Prioritizing funding for security will become increasingly difficult, Dutra said. Not only are hospitals facing revenue pressures due to government regulations and reimbursement changes, but federal funding for security, once in abundance after Sept. 11, 2001, is becoming harder to come by.

"Hospitals were able to tap into federal resources for a decade. Now we're coming to a time where organizations are going to be more pressed to utilize their own dollars to keep these initiatives going," Dutra said.