



Culture Shift:

**A look at the re-design of the
Security Department at NBRHC**

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WHERE IS NORTH BAY?



Just North Enough to be PERFECT



A short 3 ½ hour drive from either Toronto or Ottawa, situated between Lake Nipissing and Trout Lake

Population of about 54,000

BACKGROUND & HISTORY OF NBRHC

- ❖ North Bay Regional Health Centre - New Organization formed in April of 2011
- ❖ Amalgamation of North Bay General Hospital (Acute Care Schedule 1) with North East Mental Health Centre (Tertiary care Mental Health Facility + Forensics)
- ❖ NEMHC – Contract Plant Security
- ❖ NBGH – Contract Integrated Security

NBRHC – College Drive

- ❖ Main Campus Built on an 80 Acre green filled Site
- ❖ 750,000 Square foot facility
- ❖ The Hospital has 373 in-patient beds



PROGRAMS & SERVICES

High Service volumes from Protective Services

- ❖ Medical/Surgical Services
- ❖ Critical Care
- ❖ Woman & Children
- ❖ Emergency Services
- ❖ Geriatric Care Services
- ❖ Acute Psychiatry/PICU – Child, Adolescent, Adult
- ❖ Crisis Services
- ❖ Tertiary Psychiatry
- ❖ Forensic Psychiatry – Youth and Adult

Unique

- ❖ Mobile Crisis
- ❖ Telemedicine/Telepsychiatry
- ❖ Diagnostic – MRI
- ❖ Nuclear Medicine

King Street Site

- ❖ 29 Residential Tx Beds
- ❖ 10 WMS/Crisis
- ❖ Outpatient Clinics

McIntyre Street Site

- ❖ ACTT programs

Maplewood House

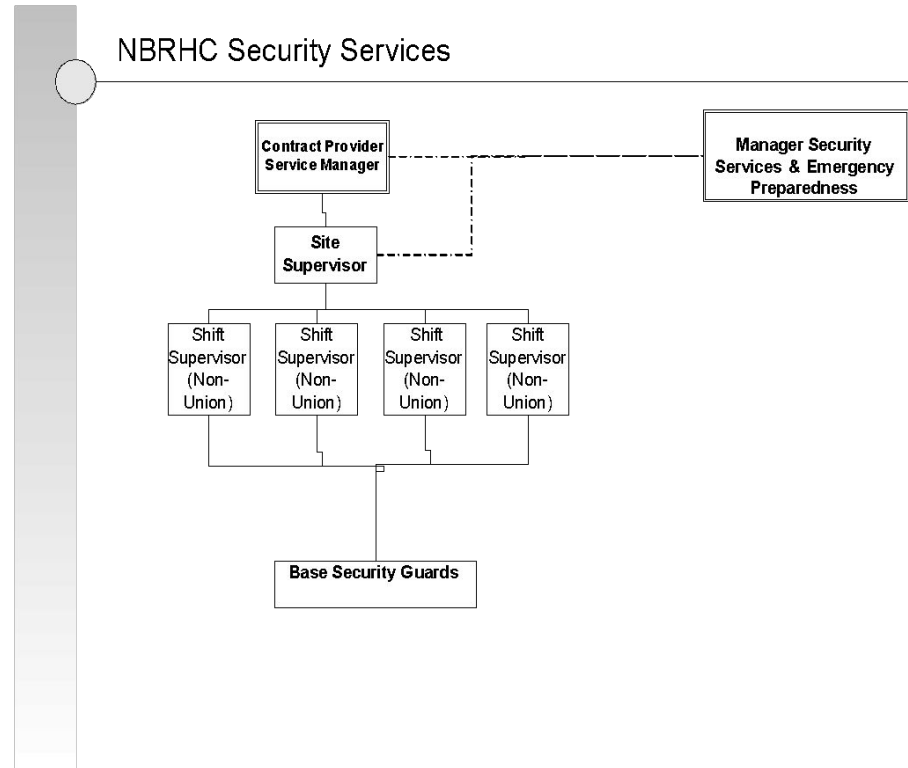
- ❖ 8 Forensic Transition Beds

Satellite Site Locations

- ❖ 31 beds at Sudbury - Kirkwood site
(Complex Dementia, Psych Rehab)
- ❖ Outpatient Programs
 - Wordplay
 - NESGS

NBRHC SECURITY SERVICES – PRIOR TO APRIL 2014

- ❖ New Manager role created and in place Nov 2013
- ❖ Pure Contract service in place
- ❖ Nearing end of contract period
- ❖ Traditional Contract Security model in place
- ❖ Mainly focused on College Drive Site.



SECURITY SERVICES

- ❖ Code Response (Red, White, Yellow etc)
- ❖ Helipad Grounds Crew (HOM)
- ❖ Morgue – Admissions and Discharges
- ❖ Critical Incident follow-up (Slips, Trips, Falls, Loss Prevention)
- ❖ Parking Operations Management (parking gates, machines, complaints)
- ❖ STAT/URGENTCalls
- ❖ Plant Security Functions
- ❖ Access and Egress
- ❖ Search and Seizure
- ❖ CAS Apprehensions
- ❖ Nuclear Medicine Courier Transports
- ❖ Lost and Found Management
- ❖ By-Law Enforcement

CHALLENGES: WITH THE SECURITY SERVICES MODEL

- ❖ Departmental Leadership
- ❖ High # of Complaints
- ❖ Negative Brand Association
- ❖ Enforcement Model vs Service Based culture
- ❖ Lack of Internal and external Partnerships
- ❖ Lack of visual presence (Static vs Dynamic)
- ❖ Lack of standardized processes and quality documentation
- ❖ Low Recruitment and Low Retention.
- ❖ An overall low morale, non-investment and feeling of not being valued (disenfranchisement) amongst members of the Service



ON THE CHANGE JOURNEY

Paul Heinrich



- ❖ New CEO started August of 2012
- ❖ Organization under going significant changes, re-defining “the way we do business” to tackle significant deficit.
- ❖ Need to achieve a balanced budget - \$20 Million Operational Shortfall
- ❖ Introduction of “More Time to Care Model” – Lean Thinking
- ❖ Operational review complete in Fall of 2012
- ❖ A new Strategic Plan developed in Winter of 2013
- ❖ Master Program Development in 2014
- ❖ Unit re-structuring (Bed impact) - 2014
- ❖ Service Re-Structuring and Realignment 2014



TIME FOR A CHANGE



3 Keys to Lean Leadership

- I. Go to the Source (Gemba)
- II. Ask Why (5 Why's)
- III. Respect your people (assets)



President Cho of Toyota

WHY MAKE THE CHANGE



DIRECTION

1 ACCESS TO THE RIGHT CARE

DEFINING STATEMENT:

Providing Care for Our Patients Today and Tomorrow

- ❖ Access to Right Service
- ❖ Reflect Core Values of C.A.R.E
- ❖ Embracing the true mantra of “Service”
- ❖ Reduction in Complaints
- ❖ Change from an Enforcement Culture to Service based Culture
- ❖ Greater visibility - Ambassadors

WHY MAKE THE CHANGE

DIRECTION 2 PARTNERSHIPS WITH PURPOSE

DEFINING STATEMENT: Together, We Get Better

- ❖ Greater Hospital influence over the service
- ❖ Greater Leadership presence in the department
- ❖ Development of strong relationship and fostering of program support
- ❖ Embracing the true mantra of “Service”

WHY MAKE THE CHANGE

DIRECTION **3** OUR PEOPLE ACHIEVING THEIR BEST

DEFINING STATEMENT: The Right People with the Right Skills, Doing the Right Work

- ❖ Greater Leadership presence in the department
- ❖ Standardization of Processes and Procedures
- ❖ Greater influence over “Right Fit” for New recruits
- ❖ Improved wage for frontline Personnel

WHY MAKE THE CHANGE

DIRECTION **4** WISE CHOICES

DEFINING STATEMENT: We Will Do Our Best With What We Have for Those Who Need Us

- ❖ A new approach to Security
- ❖ Cost Effective
- ❖ Efficient

Planning



DATA GATHERING AND ANALYSE

- ❖ “Source Walks”
- ❖ Listened to Staff
- ❖ Literature Review/Internet Search
- ❖ Spoke with Peers
- ❖ Completed Cost Analysis
- ❖ Completed SWOT Analysis



DECISION POINT – HYBRID MODEL



MORE TIME TO CARE

Re-structuring Transition Plan

❖ Phase 1:

- I. Re-branding
- II. Re-structuring of Department

Target for Completion: May 2014

❖ Phase 2:

- I. Programmatic Development
- II. Staff Training & Development
- III. KPI Metric establishment
- IV. Technology

Target for Completion: Spring 2015

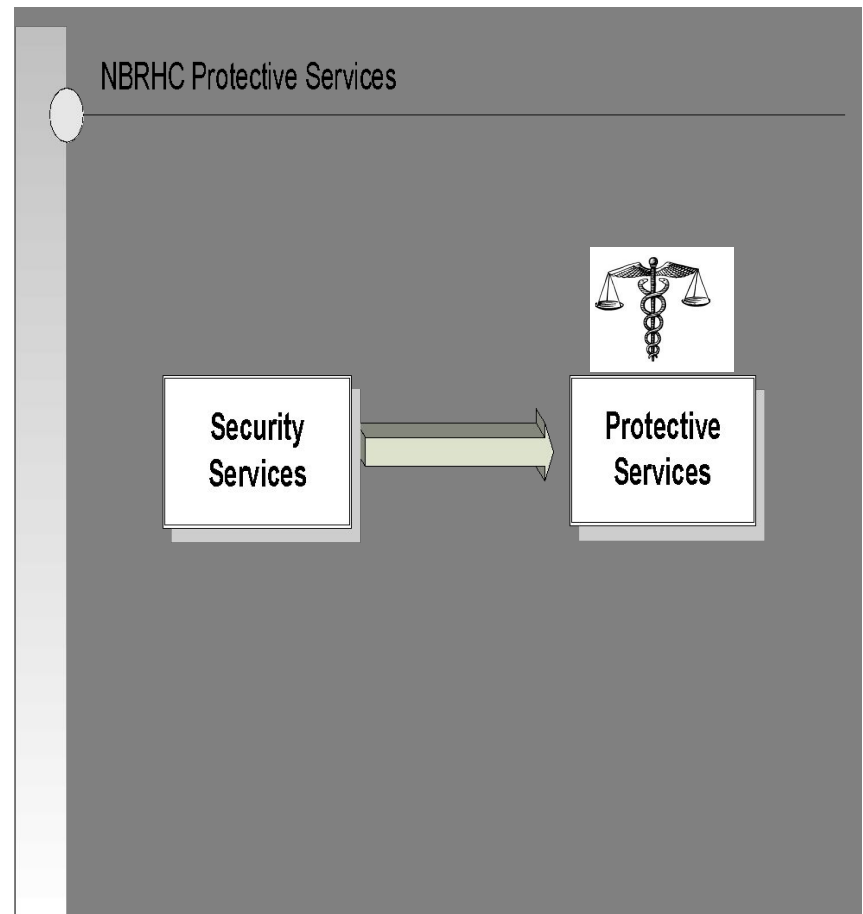
❖ Phase 3:

- I. Service Expansion

Target for Completion: TBD

WHY RE-BRAND

- ❖ Tabula Rasa
- ❖ Name to reflect Culture shift
- ❖ New Identity to the department
- ❖ New identity for “Guards”
- ❖ More reflect the organizations Mission, Vision and Values





PHASE 1 – CREATION OF PROTECTIVE SERVICES

Core Business Mandate

As a branch of the Risk Management Portfolio the primary function of Protective Services is to ensure the safety and welfare of all members of the NBRHC community & the safeguarding of Hospital Property:

Services Provided

- ❖ Safety & Security Operations, Systems and Services
- ❖ Parking Management Operations
- ❖ Emergency/Disaster Planning, Preparedness & Response

Operating Budget:

Base Plant Security: \$1.1 Million

(this excludes West End Communication Centre Operations Costs)

Protective Services Structure

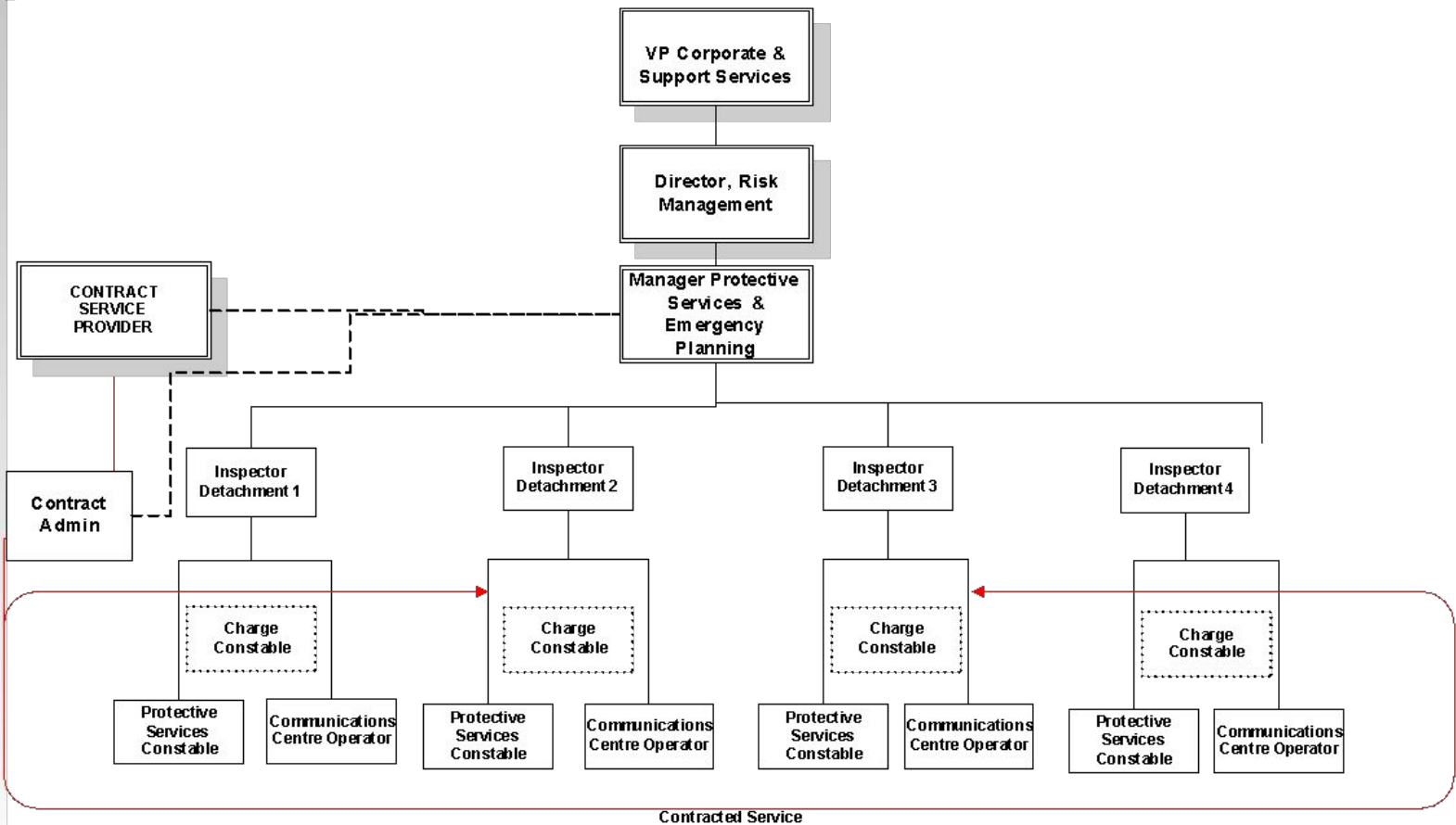
The Leadership Level

- ❖ Manager Titled changed
- ❖ Created 4 Protective Services Inspectors (PSI) – Proprietary Staff
- ❖ Each PSI assigned a “Detachment” composed of 8-10 staff,
- ❖ Each Inspector carries 1 of 4 Administrative Portfolio’s
 1. Emergency Preparedness & Response (EPR)
 2. Tactical Training/Education (TTE)
 3. Operating Standards & Bylaw (OSB)
 4. Evidence Collection and Investigation. (ECI)

Protective Services Structure

- ❖ Program put out for RFP spring 2014
- ❖ Emphasis on “take home” for Frontline Personnel
- ❖ Built-in greater Hospital influence over operations
- ❖ Tour Roster
 - Charge Protective Services Constable (PSC)
1 per Detachment
 - Protective Services Constable (PSC) (Patrol, ED, PW) Days: 2 Nights:
 - Special Duty Constable (SDC)
Days: 2
 - Communication Centre Operator (CCO)
Days: 2 Nights: 2

NBRHC Protective Services



PROTECTIVE SERVICES - STATIONS

- ❖ Strategy Office – Located in the Managers office
- ❖ ED Satellite Office – Located next to triage
- ❖ East End Communication Centre – Main HQ
- ❖ Helipad Safety Hut
- ❖ Monitoring Suite - Located in the AIPU
- ❖ West End Communication Centre – Located in Forensics

TECHNOLOGY

- ❖ CCTV Technology – Fixed & PTZ
- ❖ Card Reader Access Control
- ❖ Guard Tour System
- ❖ Two-Way Radio Communication
- ❖ Electronic Incident Mtg System (REDS)
- ❖ Spider Alert System
- ❖ Automated Parking System
- ❖ Metal Detectors in key programs
- ❖ Vocera – **Currently being explored**
- ❖ Further Automatization of paper processes -
Currently being explored



PROGRAMMATIC DEVELOPMENT

- ❖ Standardized process through in-house development of standard Operating Procedures and Post Orders
- ❖ Standardization of forms used and documentation expectations (SOP's)
- ❖ Development, Training and Education a key priority and PSI Administrative portfolio *
- ❖ Development of Safety Programs which include:
 - Safety bulletins: Bill 168
 - BOLO – POI/VOI Bulletins
 - Safe-P.A.R.C. (Personnel Accompaniment Requiring Constable)
 - Bear Watch Alerts
- ❖ Arrest and use of Handcuff program
- ❖ Notice of Prohibited Entry
- ❖ Key Performance Indicators to measure performance *

STAFF TRAINING AND DEVELOPMENT

- ❖ Instituted in-house Use of Force program through Stay Safe IP.
- ❖ By-Law Enforcement Training (City of North Bay)
- ❖ Emergency Response Training
- ❖ Launch of P.R.E.P.A.R.Ed Program (Fall 2014)
(Patients Requiring Enhanced Observation to Prevent Adverse Results Education)
- ❖ SCIM (Scene Containment Investigation Mtg) training - **Launch 2015**
- ❖ P.A.T.H. PROGRAM (Psychiatric Awareness Training for Healthcare Security) – **Launch 2015**
- ❖ SIRV program – **Service Excellence Increasing Recipient Value**
- ❖ Yellow Shield – Introduction to LEAN Thinking concepts - **Launch 2015**

KPI METRICS



IDEAS/HOW MIGHT WE...?

Name: _____ Date: _____

Problem: _____

Idea: _____

Expected Benefits: _____

Strategic Direction (Circle one):
Access Partnerships People Wise Choices

Metric: _____

Owner _____

Complete Date _____

MORE TIME TO CARE

RHC 2329

Strategic Direction 1

of Physical restraint Interventions
First Month 57% of calls
Last Month 22% of Calls

25% reduction in number of complaints
First Quarter – 10 complaints (baseline)
Last quarter - 70% reduction

Strategic Direction 3

of Improvement idea's

23 improvement idea's implemented last month

OUTCOME

- ❖ Significant improvement in staff morale and feeling of value which was reflected on a staff satisfaction survey released during Healthcare Security Appreciation (IAHSS October 2014).
- ❖ Improved Partnership relationships with Programs (++ Accolades)
- ❖ Improved Partnership with Service Partner
- ❖ Improved Departmental image and brand
- ❖ Standardization of processes and operations
- ❖ Introduction of service improvements (mainly through staff generated idea's)
- ❖ Greater staff investment in the service
- ❖ Significant budgetary savings as result of change.

PHASE 3 – WHERE DO WE GO FROM HERE

- ❖ CCO will be performing back-up function to Switchboard over-night – **initiate 2015**
- ❖ Will be taking over ID badge and access control – **Spring 2015**
- ❖ Further development of services within the Forensic program
 - Specialized Female Unit
 - Additional Monitoring of Second Transition House – Fall 2014
- ❖ Presence and integration into off-locations/programs
 - King Street Site - NDSAP
- ❖ Further investigation in technology solutions to support service delivery.
- ❖ Continue work on moving towards complete Proprietary/In-house Operation.



Questions

