

# CANADIAN SECURITY

## Always on call

Jennifer Brown February 3, 2009

News



*Martin Green has found creative ways to keep the hospitals he works at secure. When it comes to upgrading technology, progress has been slow but that's what happens when you're competing for dollars that could also be*

*spent on life-saving hospital equipment.*

A 2003 Pontiac Montana mini-van parked outside Rouge Valley Health System in Scarborough has RVHS vanity plates. It's the Centenary hospital site's lone patrol vehicle. The only reason the security department even has the van is because the hospital's manager of security and parking, Martin Green, struck a deal with a local car dealership to donate it. He got someone else to donate the light bar on the top of the vehicle, and ongoing donations he solicits from the community are used to maintain the vehicle for the department. Last year, he also picked up some slightly-used DVRs when another colleague in the public sector was upgrading equipment.

It's another example of how Green has become savvy in the ways of managing on a limited budget. Even though Rouge Valley Health System (RVHS) — which consists of Centenary Hospital in Scarborough and Ajax-Pickering in Durham Region — is experiencing some facility renewal, the security department continues to have limited resources so he finds way to keep his aging security system running and provides coverage the best way he knows how. The hospital is the only one in the GTA that doesn't have a dedicated security officer permanently stationed in the ER. It also has aging camera infrastructure and is running a \$78-million deficit.

Rouge Valley consists of several sites, including two community hospital campuses located 22 km apart: Rouge Valley Centenary in east Toronto and Rouge Valley Ajax and Pickering in west Durham. Together they employ a team of 224 general practitioners, 325 specialists and 1,000 nurses.

The hospitals span one million square feet. Each hospital site sees 50,000 emergency room visits a year. RVHS is an acute care community hospital with programs including round-the-clock emergency support, cardiac care and mental health.

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The advertisement features a central image of a person in a dark hoodie, representing a hacker. The background is dark blue with faint, illegible text. The text 'CYBERSECURITY WEEK' is prominently displayed in white on a red background. Below it, a white button with the text 'FIND OUT MORE' is visible. To the right, the text 'BROUGHT TO YOU BY' is partially visible above the 'CALIAN' logo.

It's a hospital group in the middle of several redevelopment projects. Centenary's facilities are in three buildings — the oldest built in 1967 is not fully outfitted with a sprinkler system. A Birthing and Newborn Centre at Centenary opened on Dec. 10, 2008. This all-new addition to the Rouge Valley Centenary hospital campus (located at the corner of Ellesmere and Neilson Roads) is state-of-the-art with a Hugs infant protection system.

The Ajax-Pickering site's new construction is scheduled to open this summer with a new ER, diagnostic imaging, lab services, complex continuing care and 30-bed continuing care unit.

About 20 mental health unit beds were also transferred to the Centenary site from Ajax in the fall of 2008 making Centenary the largest in-patient mental health unit in the GTA with a total of 60 beds.

However, no additional resources came with that transfer for the security department and its role in assisting staff with those patients.

Green grumbles here and there about the financing of security in health care, and while he's usually able to adapt, sometimes unfortunate incidents prove that his call for additional resources was appropriate.

Until a tragic event last April in which a man tried to stab himself to death, there was no means for the staff area of the ER to be locked down in an emergency — even though ER doctors had been asking for it for almost 10 years.

It took a \$25,000 fix for mag locks to be put in place in the staff area because the doors were fire exits. Until that man attempted to take his own life, it wasn't a priority item.

Another example was during the SARS crisis of 2003. The province eventually provided the funding to help the hospital ensure the emergency ward could be locked down electronically, but as with so many things in security, it took a tragic incident before action was taken.

“It’s not that they didn’t want to do it, but other things compete for priority,” says Green who is also chairperson of the International Association for Healthcare Security and Safety representing Eastern Canada.

“If it comes down to me getting a lock on a door versus someone getting an IV at a bedside, the IV is always going to win. Sure, I’d like to have IP cameras, video analytics and all these cool toys, but when you’re faced with budgets that are so small and you’re competing with requests for new IV pumps, which way do you think it’s going to go? I managed to get new DVRs from a colleague at another public facility who was upgrading to IP.”

IP system in place

Despite the budget limitations facing Green, a new 60-camera IP system is planned for the Ajax site running on its own separate network — not connected to the hospital systems. The decision to put IP into Ajax is largely because it is a smaller hospital. “We have 18 cameras there now and will be taking it to three times that. When I started, there were none.”

Having a separate network for the security cameras is something Green feels strongly about.

“I’m just so paranoid that something is going to go wrong — if the hospital servers go down, I’m blind. If their network is independent of ours, there are no worries about bandwidth issues creating problems with anything else in the hospital.

Green worked with security systems integrator Nutech (now KM Enterprise Solutions owned by Chubb) in specifying the security systems for the new buildings including a new card reader system.

At the moment, there is no plan to upgrade security technology and facilities at the Centenary site, he says, because it's cost-prohibitive. "The security office would have to be relocated and if I had IP cameras and analogue systems I'd have independent systems. Our guys would have to be looking at two different banks of monitors. I have 112 digital analogue cameras at Centenary and converting to the IP systems is going to be very, very expensive. Before I could do I'd have to relocate my security office at the cost of \$40,000 and then look at the cost of upgrading to IP. I'd love to do it " the ease of putting in IP cameras is amazing."

Well-trained people

Perhaps more important than new technology though is an emphasis on well-trained staff. Green has in-house security professionals at the Centenary site and contract guards at the Ajax-Pickering facility. The hospital pays \$23 per hour at the Centenary site and \$16.50 at Ajax-Pickering. The Centenary site employees are unionized under the Service Employees International Union (SEIU).

"You're better served having your own people. I really support the in-house model. If you look at all the other hospitals with in-house security (which includes most of the downtown core hospitals) the pay scales are all close to the same. That's what it costs to have in-house security people and they're worth it.

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"My guys at the Ajax site are the lowest paid in the place but they have the keys to the organization. How does that make any sense? They're the ones running to a dangerous incident in the middle of the night."

Despite what might come off as a cynical feeling about the support, Green says he will probably never leave health care. He cares about the facilities he works to help protect. Walking through the halls, it's clear many staff members know him.

“I love it too much. There’s no other place in the world where you’re going to have the kind of exposure to people that we have here.”

What does he hate most about the job?

“I hate fighting for the dollar all the time.”

Green has also made personal sacrifices to his job over the years. During SARS in 2003, he worked alongside ER staff to make sure those visiting the hospital observed the rules about protecting themselves and patients in the hospital.

“We were Ground Zero for SARs. I didn’t see my family for weeks and it affected my family in many other ways. My youngest son had a school friend whose parents wouldn’t let him play with Colin because his dad worked in a SARS hospital. It was tough because I chose this life but my kids didn’t choose it,” he says.

Today, he says the industry is better qualified and the profession has a better feel even though there are fewer resources in health care.

“We’ve seen so much change. When I started at St. Joseph’s Hospital in 1983 I had 25 security officers in my department with no training — nothing,” he says, adding he’s also energized by the renewal projects that are happening, hopeful that one day, funding for security systems will be an easier sell.

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