



# 2024 HOSPITAL SECURITY BENCHMARK REPORT

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## Executive Summary

The physical safety of hospital workers and patients is a critical concern for health care facilities, requiring a multifaceted approach to mitigate risks. In the face of increasing patient volumes, complex medical needs, and heightened security challenges, hospitals must adopt comprehensive strategies that incorporate technology, advanced security systems, and a well-coordinated workforce to ensure safety and protect all stakeholders.

The purpose of this Hospital Security Benchmark Report is to provide insight into the strides that hospitals are taking to ensure the safety and security of their patients and workforce. The survey was distributed to directors responsible for safety and security in 173 member hospitals across the six HASC counties. Data was collected between September and November 2024. Fifty-three hospitals participated in the survey, representing a 30% response rate.

### Key Findings

- Seventy-three percent of respondents are in LA County (60%) and Orange County (13%).
- Most respondents are classified as general acute (85%) and acute psychiatric (11%).
- Eighty-two percent (82%) of respondents have staffed bed size of  $\leq 499$  hospitals.
- Most respondents (53%) have indicated that they have not experienced a change in their security budget. However, forty-seven percent (47%) have experienced a change (increase or decrease).  
The top two factors influencing these changes include:
  - Upgrades to current systems and/or staffing levels (95%)
  - New facility, facility expansion or upgrades to current facility (86%)
- Thirteen percent (13%) of respondents are planning to replace color codes with plain language.
- Eighty-nine percent of security units report into operations.
- Twenty percent (20%) of respondents are currently registered as a Private Security Employer and sixteen percent (16%) are currently registered as a Private Patrol Operator.
- The top three security system capabilities at hospitals include:
  - Electronic Access Control (Proximity magnetic strip/bar code/smart code/keypads) (87%)
  - Electronic Incident Reporting System (81%)
  - Mass notification for emergency preparedness (81%)
- Thirteen percent (13%) of respondents have armed security staff.
- Forty-seven percent (47%) of hospitals dispatch security calls for service through hospital operators.
- Top changes in reported incidents over the last 12 months include:
  - Patient/family violence against staff in hospitals, excluding emergency department (52%)
  - Attacks/assaults (49%)
  - Trespassing (48%)

In conclusion, this report provides critical insights into the current state of security operations across hospitals in the HASC region. Key findings show that while many hospitals have not experienced changes in their security budgets, those that have attribute them mainly to system upgrades and facility expansions. A notable trend is the growing interest in replacing color codes with plain language for better communication. The data reveals that most hospitals utilize electronic security systems, including access control and incident reporting, and many are facing more violence and trespassing incidents. Given these findings, it is recommended that hospitals focus on enhancing security measures, including increased staff training and system upgrades, to address the rising incidence of violence and ensure a safer environment for both staff and patients. Additionally, the shift toward plain language and expanded security protocols should be prioritized as part of overall improvement strategies.

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## Report Sponsor and Acknowledgements

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### **Hospital Association of Southern California**

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### **HASC**

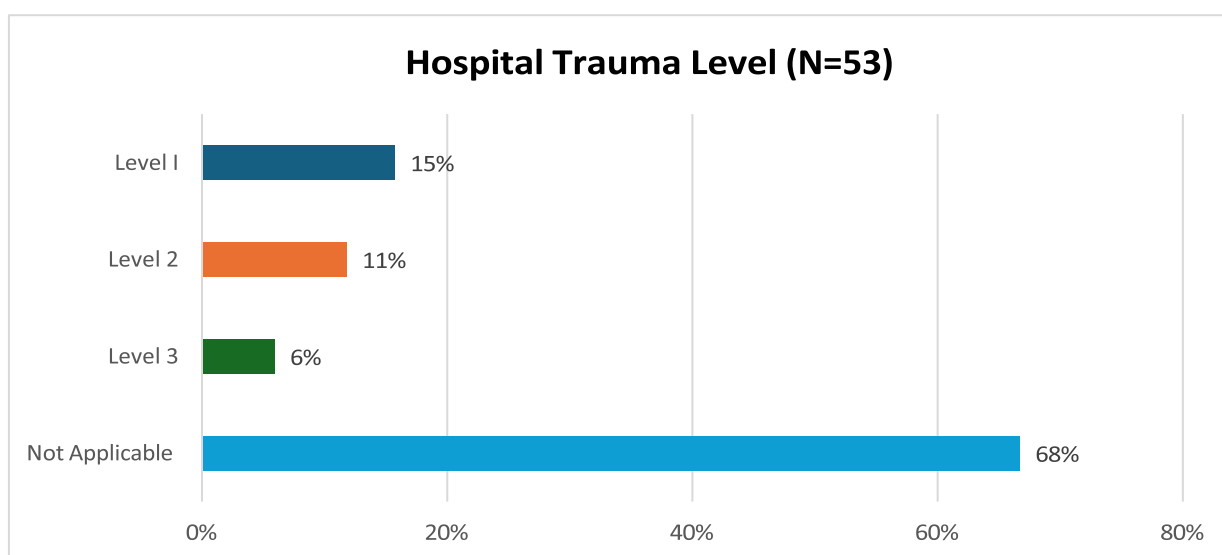
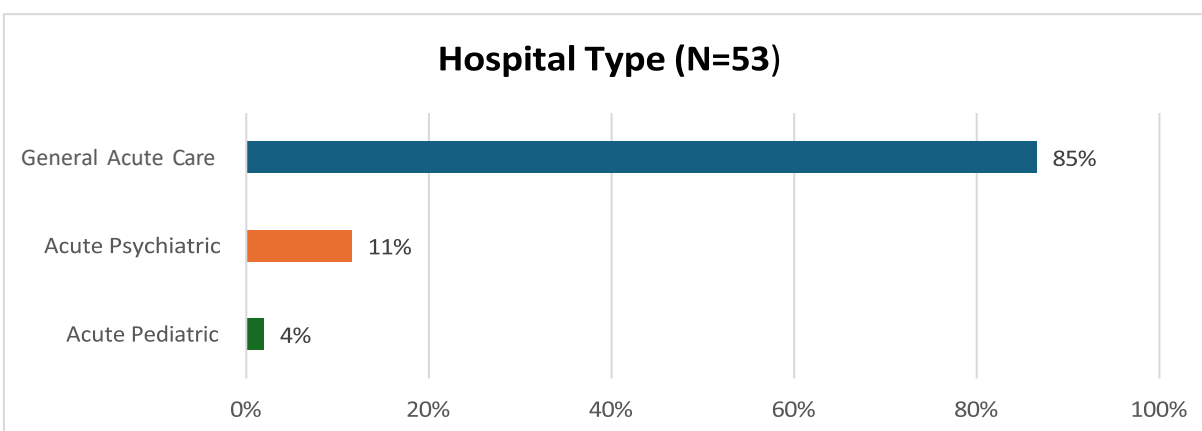
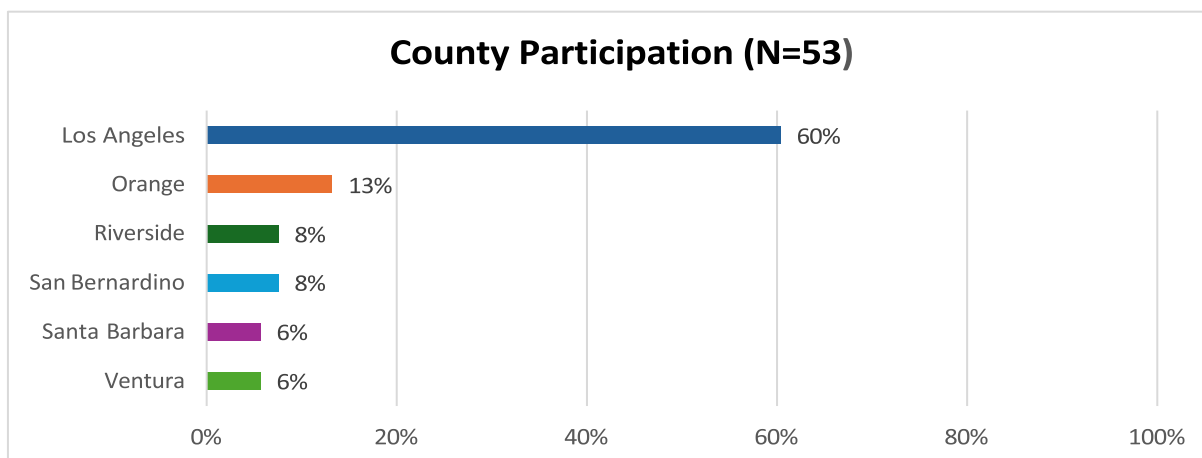
The Hospital Association of Southern California (HASC), founded in 1923, is a not-for-profit 501(c)(6) regional trade association. HASC is dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. We comprise 176 member hospitals and 31 health systems, plus numerous related professional associations and associate members. All have a common goal: to improve the operating environment for hospitals and the health status of the communities they serve.

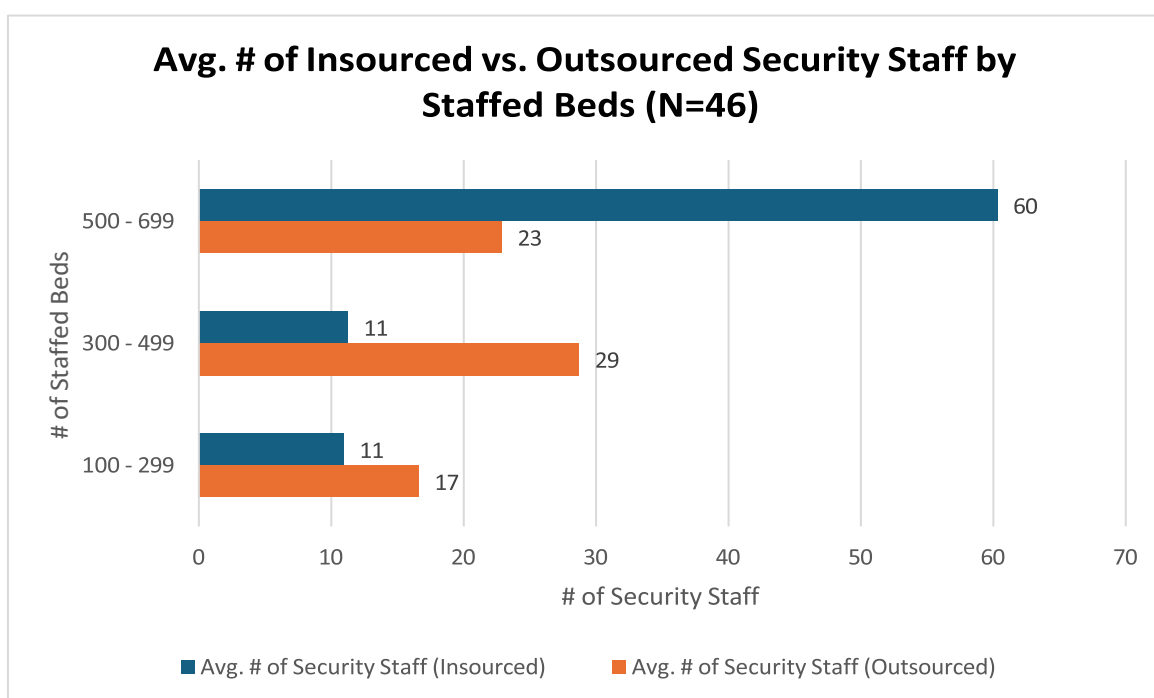
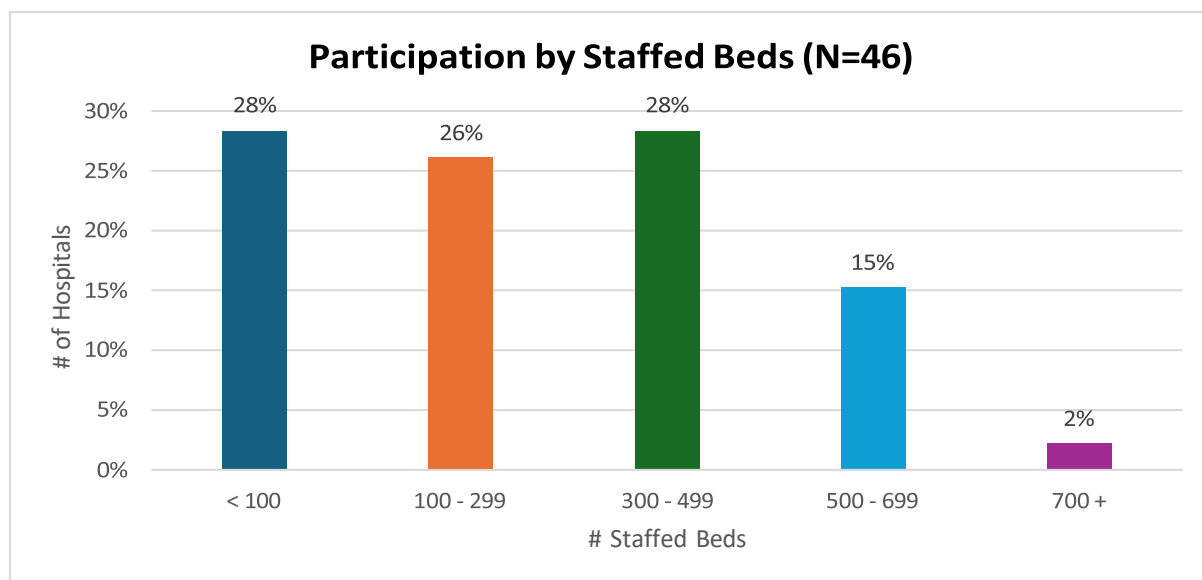
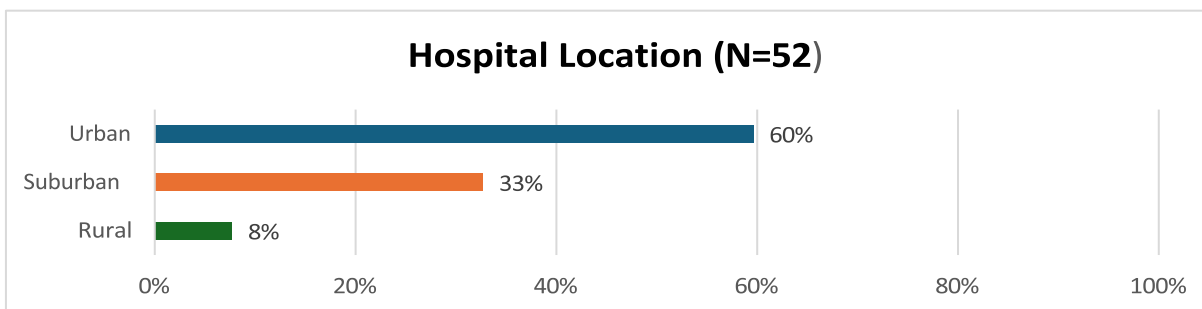
### **Hospital Safety and Security Committee**

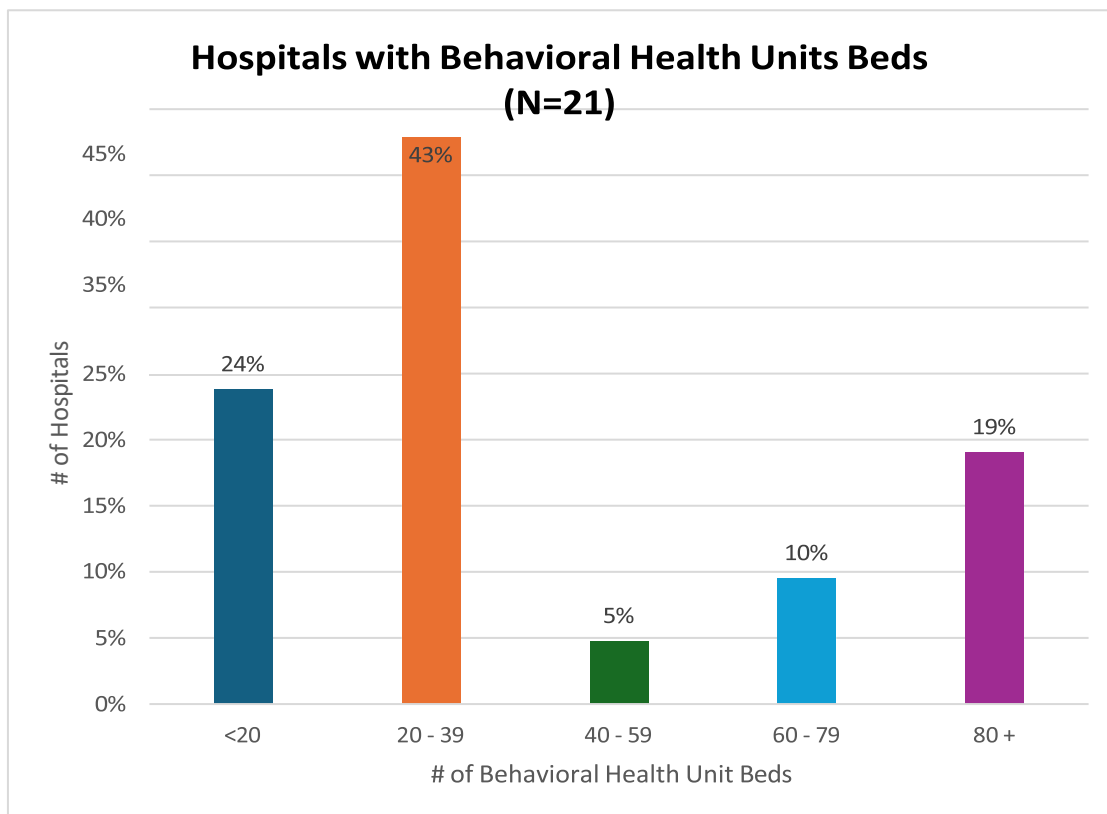
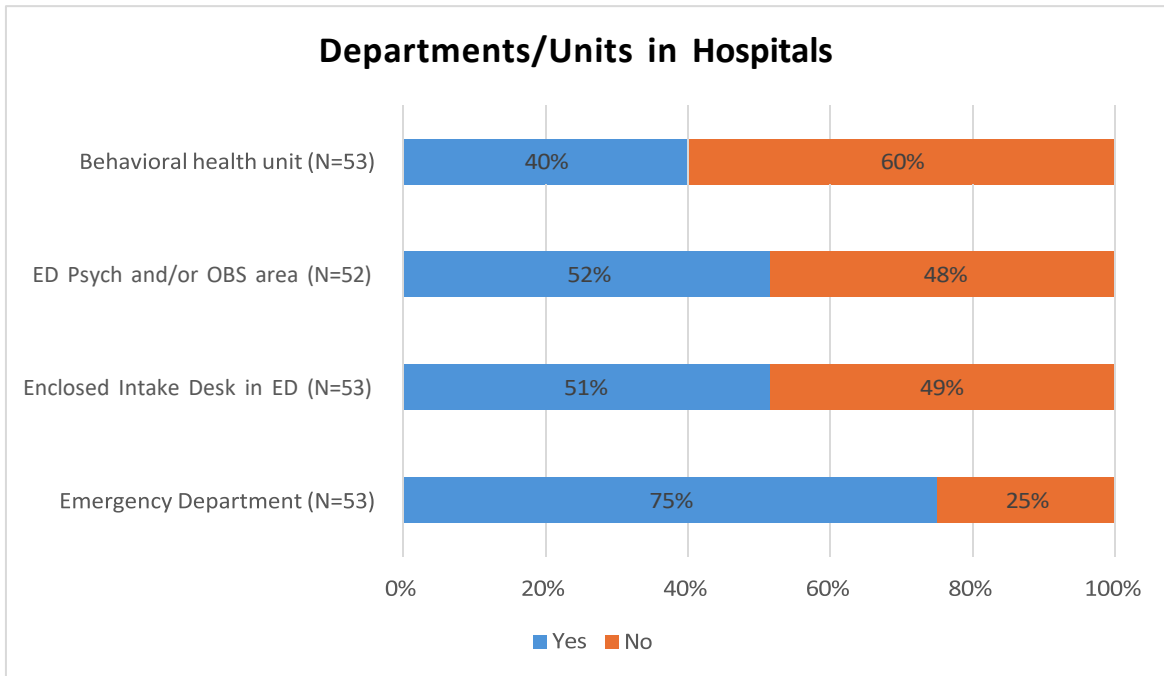
HASC wishes to extend its sincere appreciation to the Hospital Safety and Security Committee for its invaluable contribution to this report. The committee plays a critical role in providing oversight and guidance on security, safety, and information management within healthcare organizations. Through its efforts, the committee addresses safety and security concerns, assists hospital representatives in identifying trends and challenges, and ensures alignment with best practices. Additionally, the committee's dedication to supporting regulatory compliance and developing educational content on safety and security matters has been instrumental in promoting hospital safety standards. Once again, thank you for your outstanding work and ongoing support.

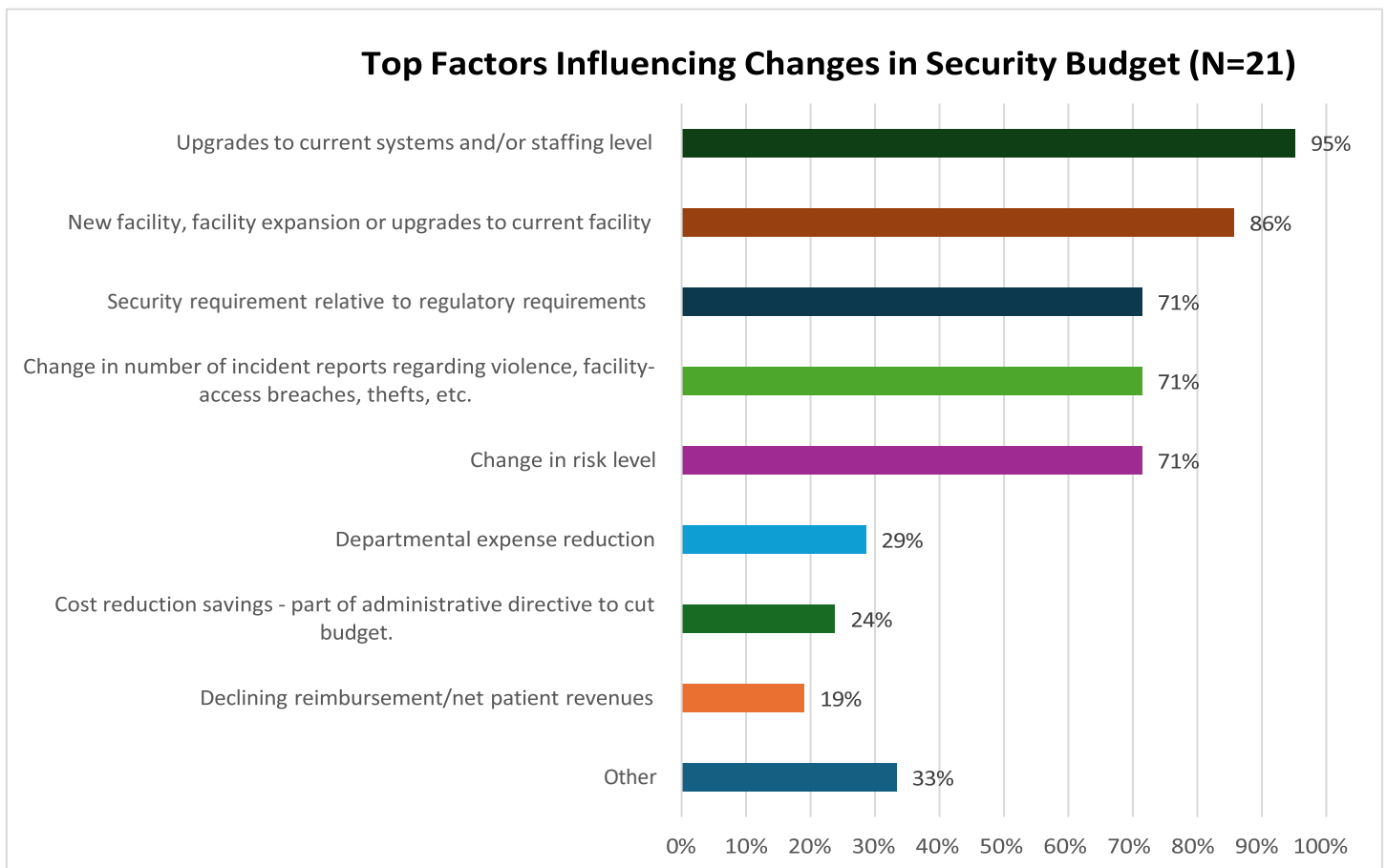
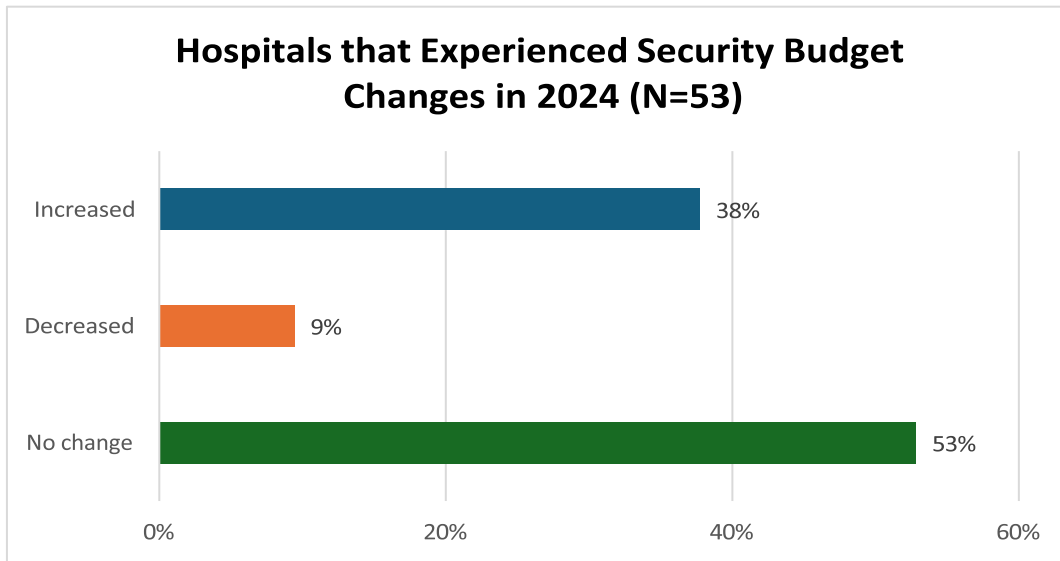
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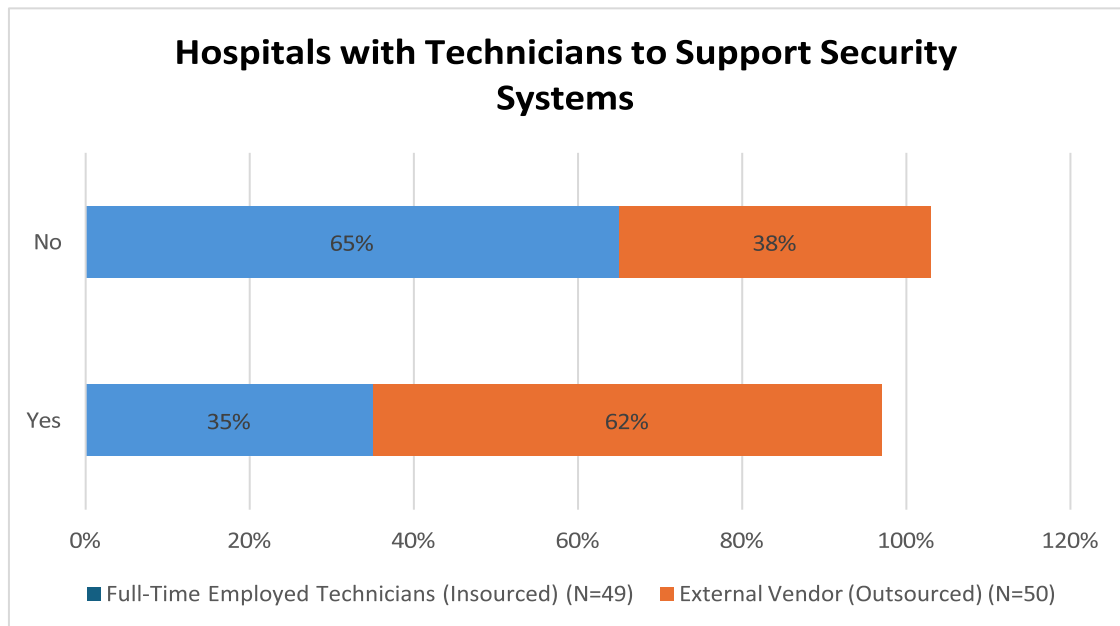
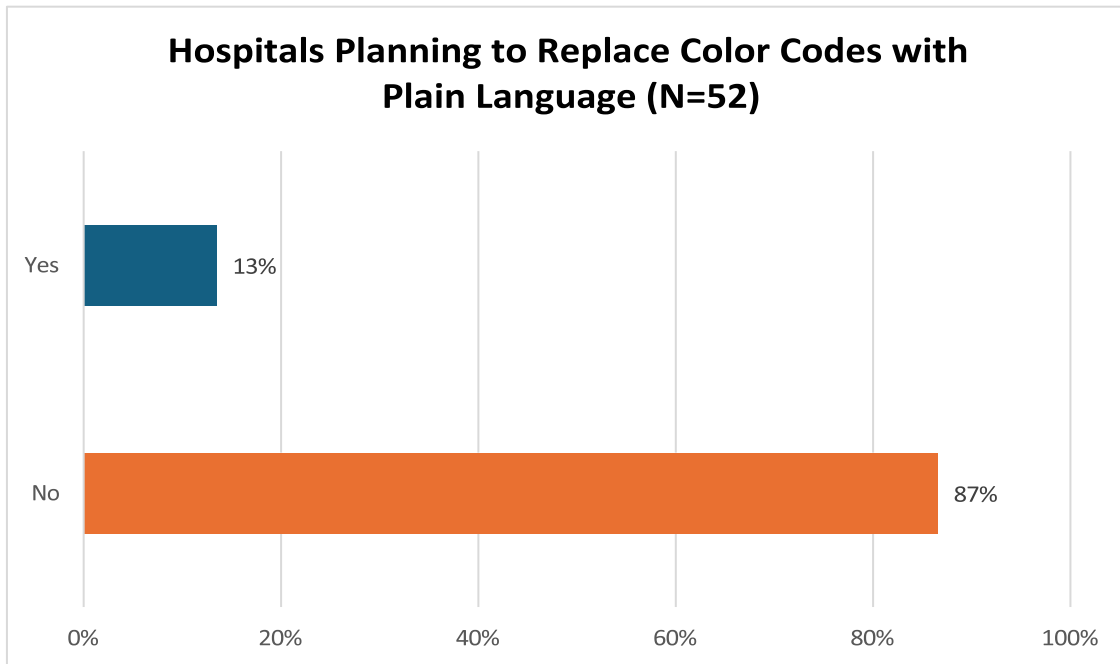








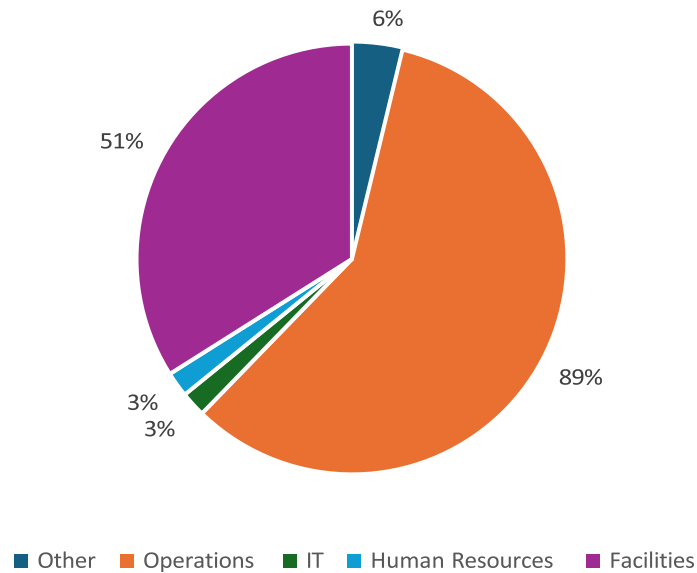




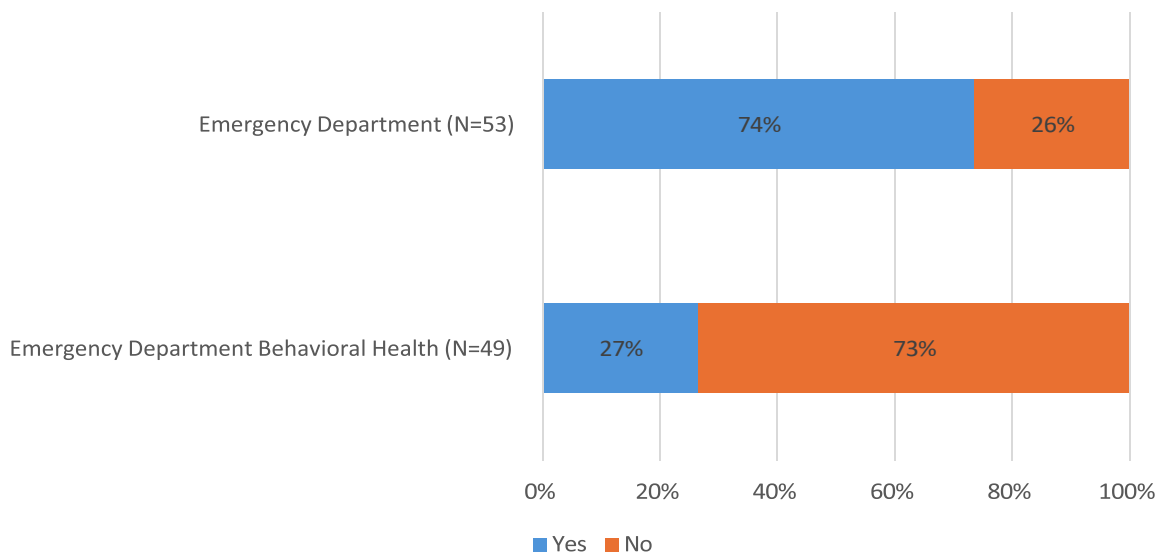
### Number of Technicians Supporting Security Systems

Technicians	# of Respondents	Average
Full-Time Technicians (Insourced)	11	2.75
Technicians (Outsourced)	10	1.7

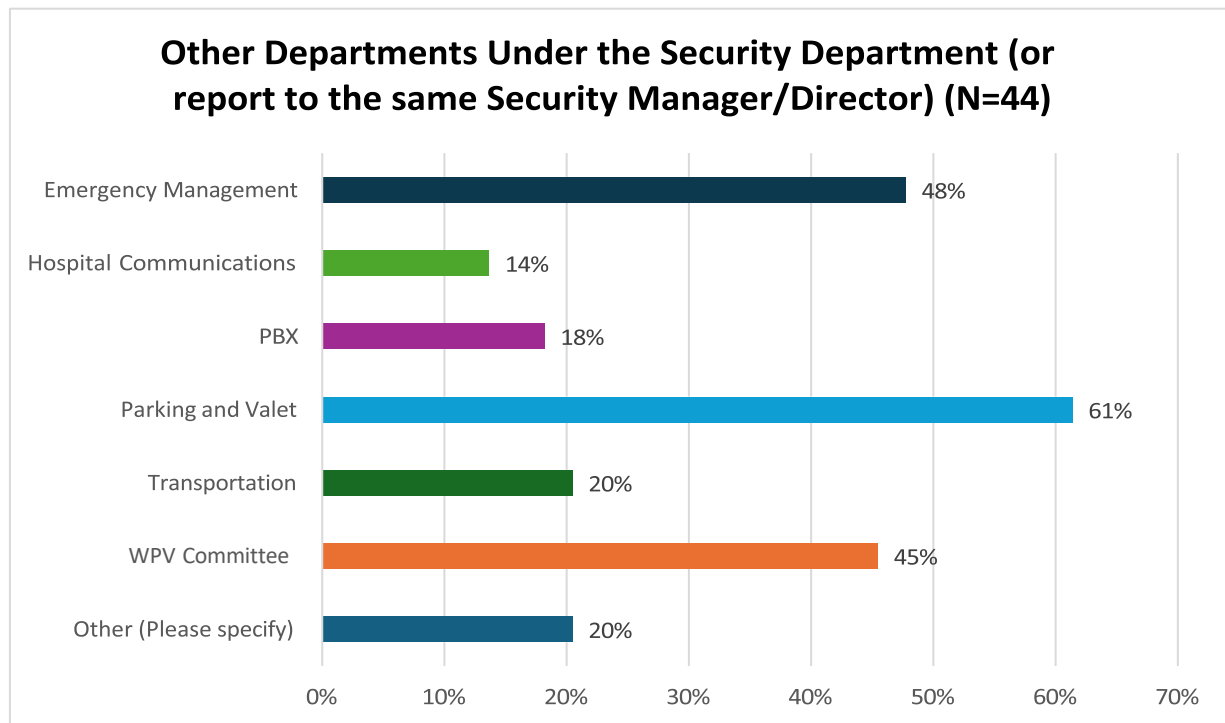
### Security Department Reporting Relationship (N=53)



### Security Staff Assignments



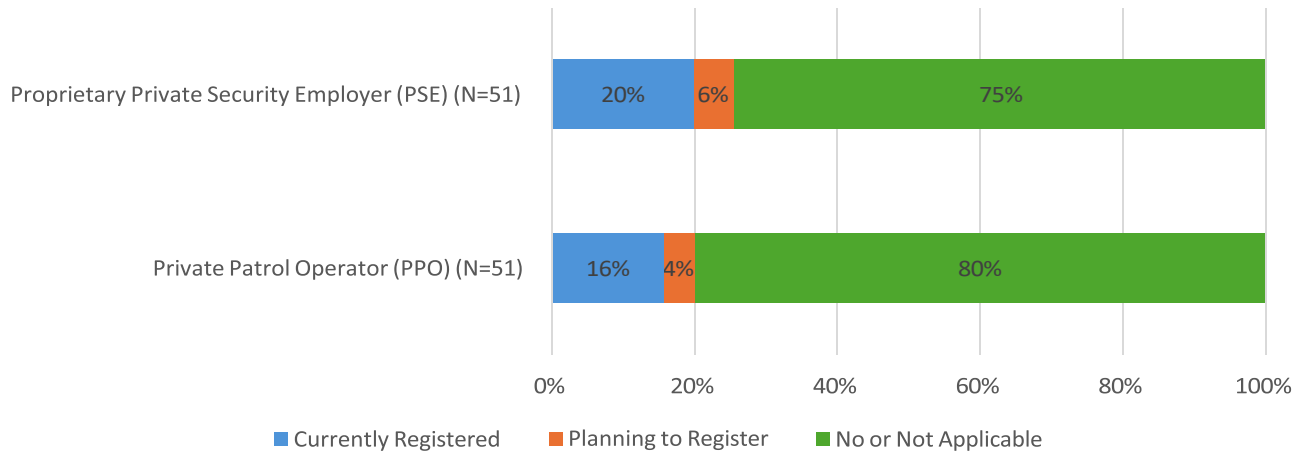
**Note:** Among the 53 respondents, E.D. security staffing ranged from 1 to 27, with the vast majority reporting between 2 and 6 staff. All but 1 of the 54 respondents indicated that security staff were permanently allocated to the Emergency Department for both general admissions and Behavioral Health Units.



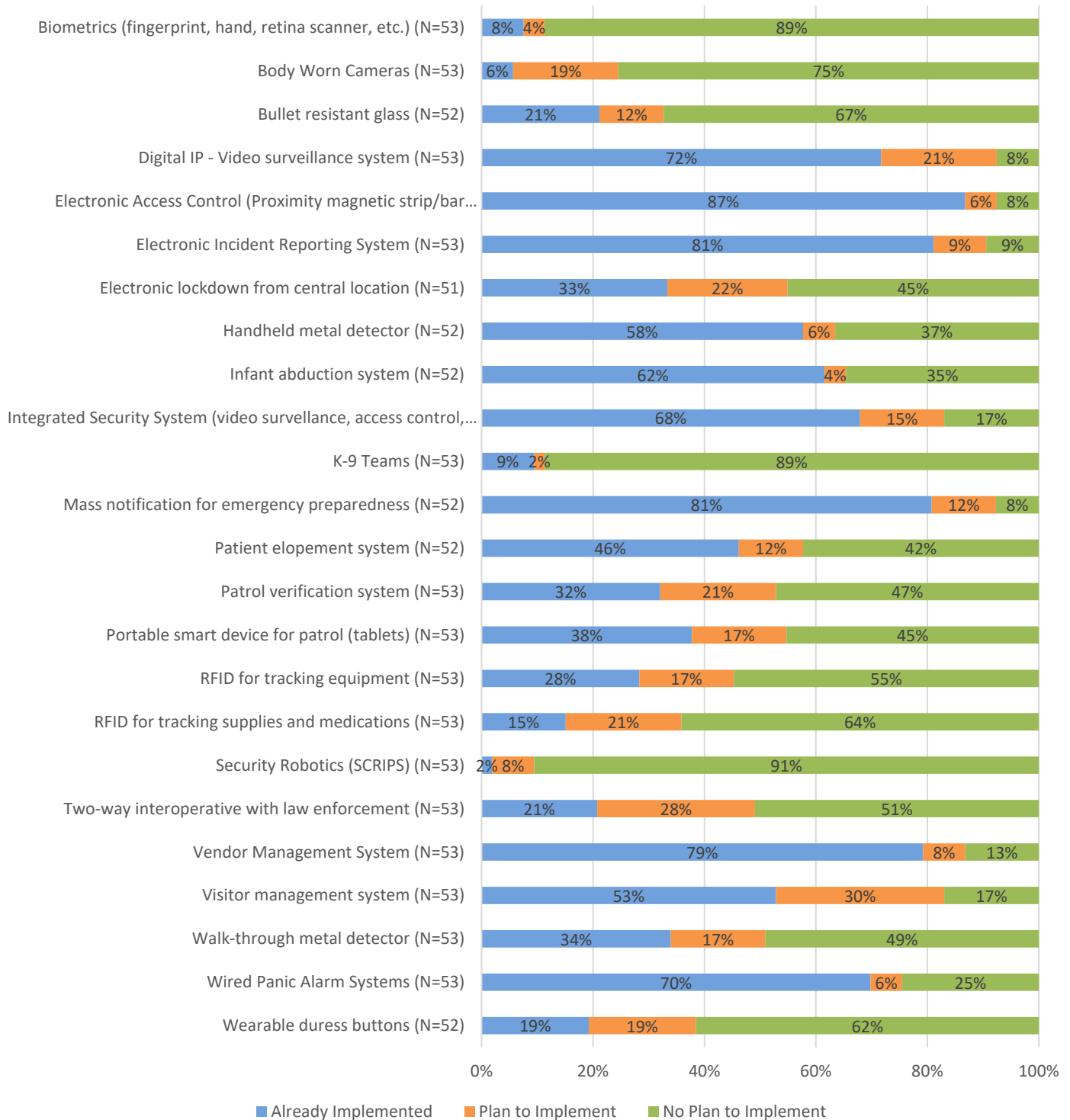
Respondents indicating “other” reported the following:

- Hospital Ambassadors
- Environmental Health and Safety
- Property Management, Safety
- Maintenance
- EVS/Housekeeping
- Concierge
- Biomed. EVS & Grounds

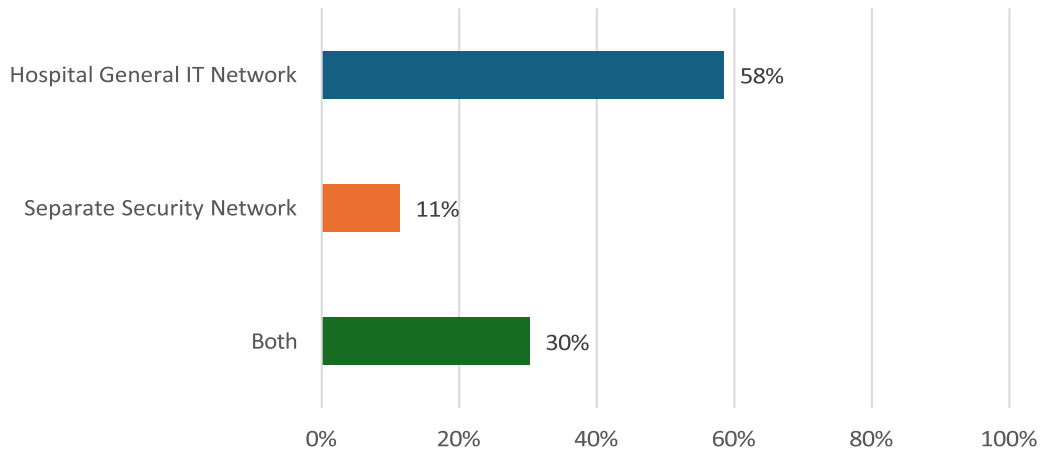
### Hospitals Currently Registered or Planning to Register as a PSE or PPO



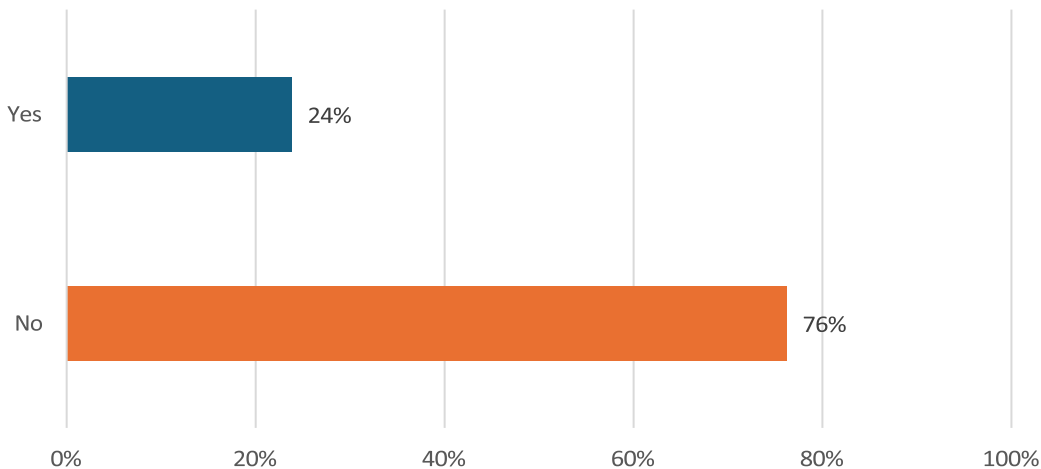
## Security System Capabilities

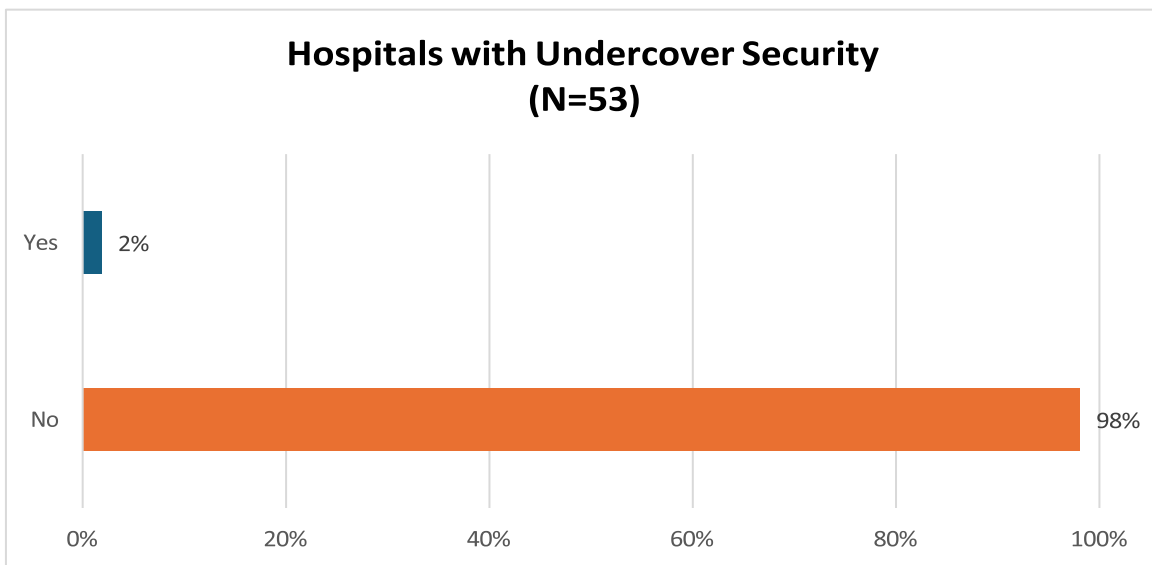
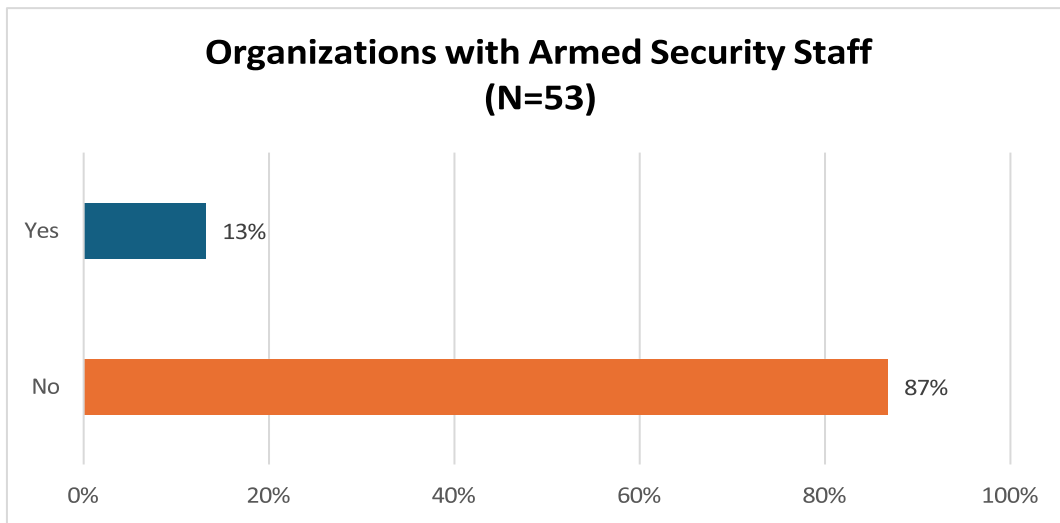


### Location of Hospital Security Applications for Video and Access Control (N=53)

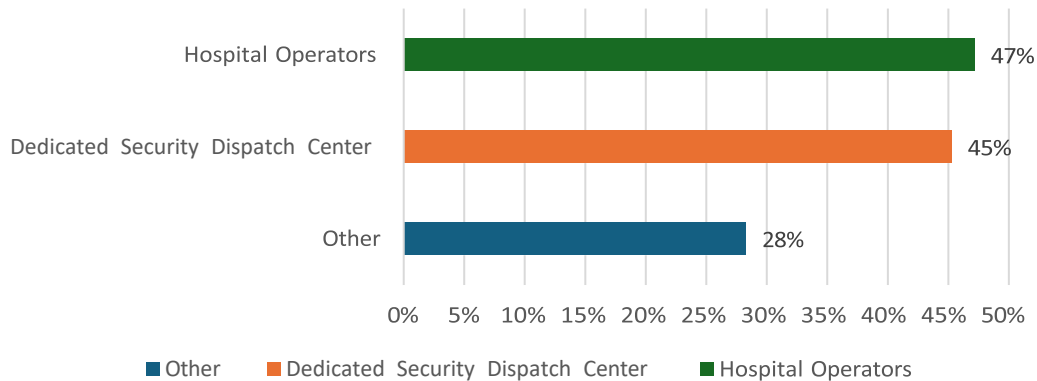


### Organizations Planning to Move Applications to Hospital Network (If currently on a separate network) (N=21)





### How Dispatch Security Calls for Services (N=53)



Respondents indicating “other” reported: Spectralink directly to lead security and Lobby or ED post.

### Reported Incidents in the Last 12 Months (N=47)

Staffed Beds	# Respondents	Number of Reported Incidents in the Last 12 Months		
		Average	Min.	Max.
< 100	12	362	2	3,120
100 - 299	12	10,242	6	116,382
300 - 499	16	3,484	30	43,484
500 - 699	6	13,104	5	60,000
700 +	1	*	*	*

\*Insufficient Data

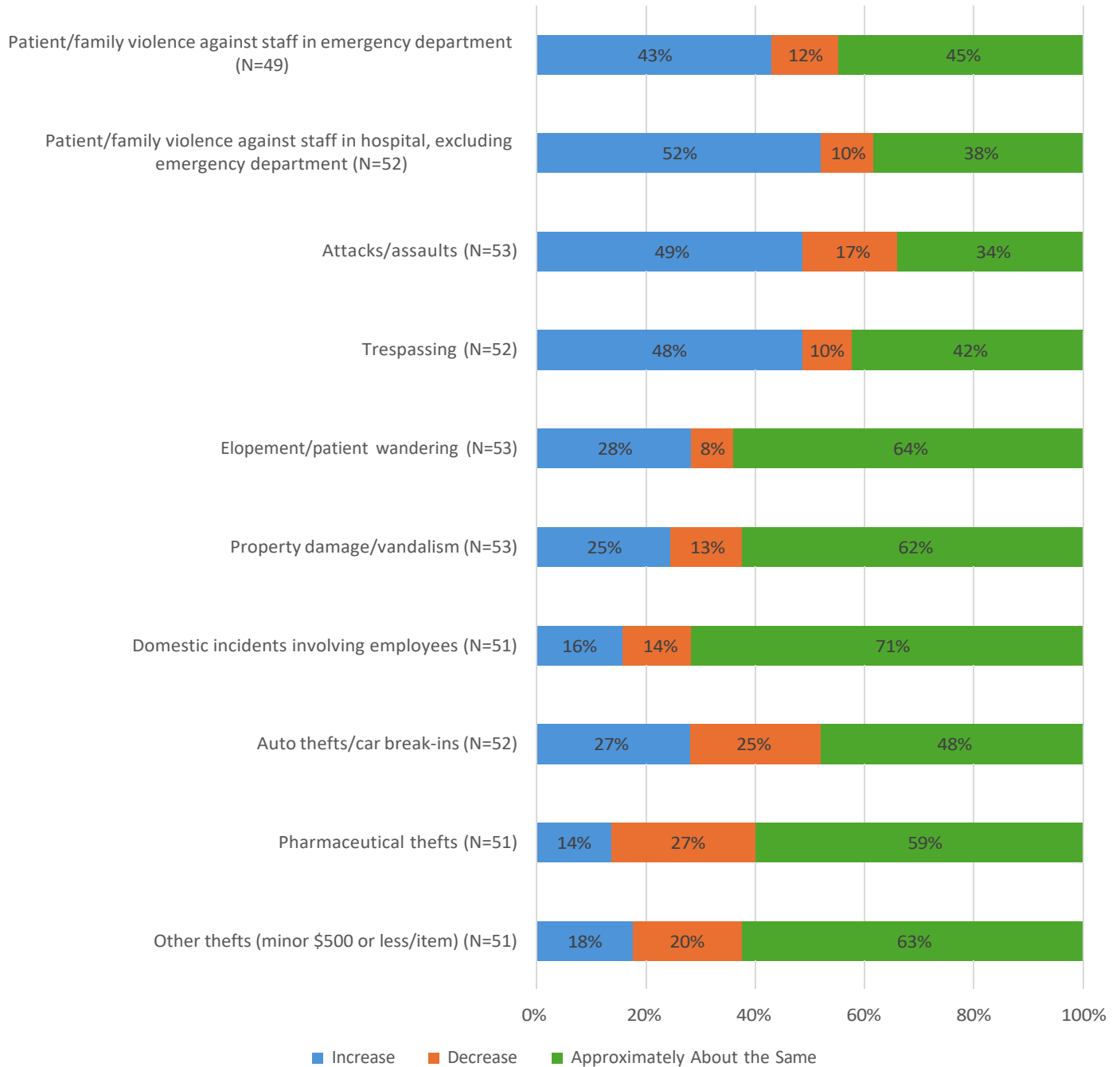
### Reported Violent Incidents in the Last 12 Months (N=47)

Staffed Beds	# Respondents	Number of Reported Violent Incidents in the Last 12 Months		
		Average	Min.	Max.
< 100	12	50	0	206
100 - 299	12	91	10	168
300 - 499	16	180	2	780
500 - 699	6	1,571	21	3,120
700 +	1	*	*	*

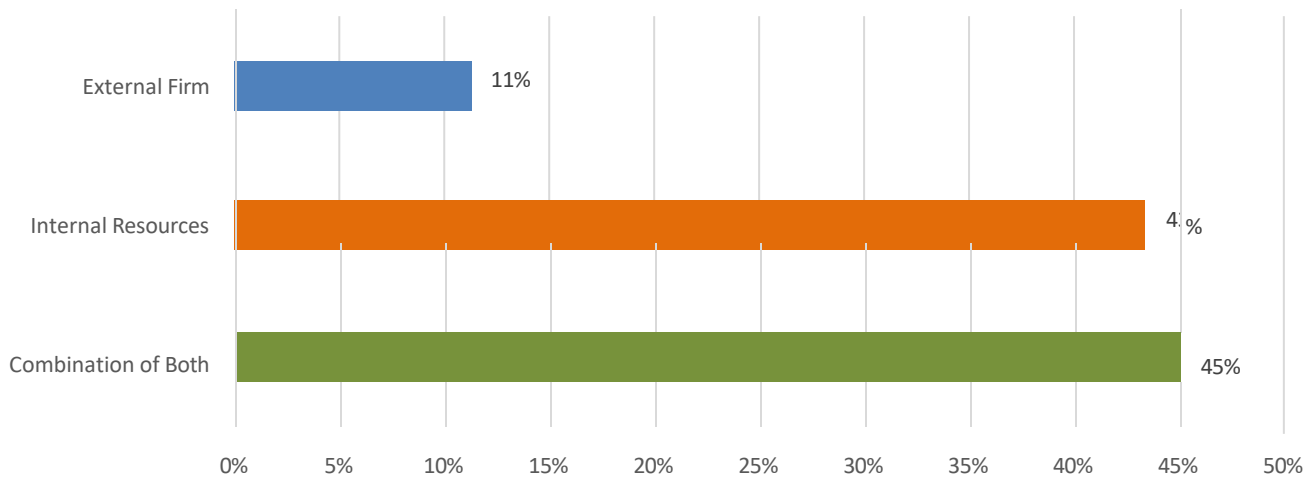
\*Insufficient Data



## Changes in Reported Incidents Over the Last 12 Months



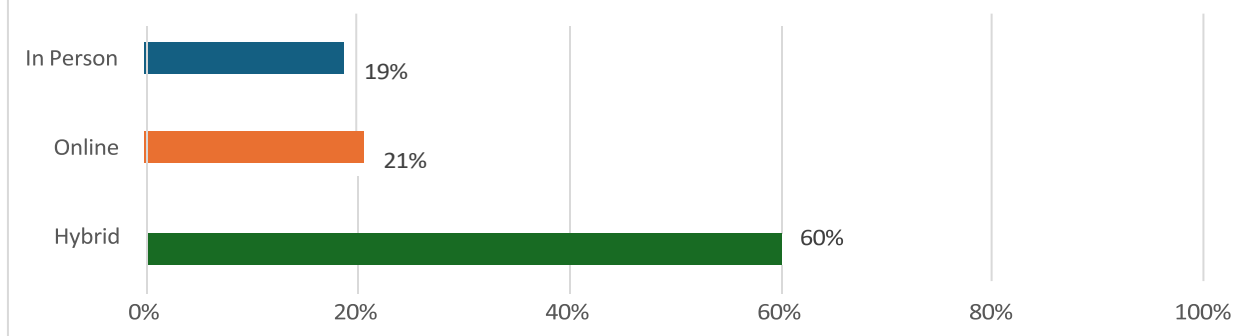
### Entities Responsible for Conducting Security Assessments (N=53)



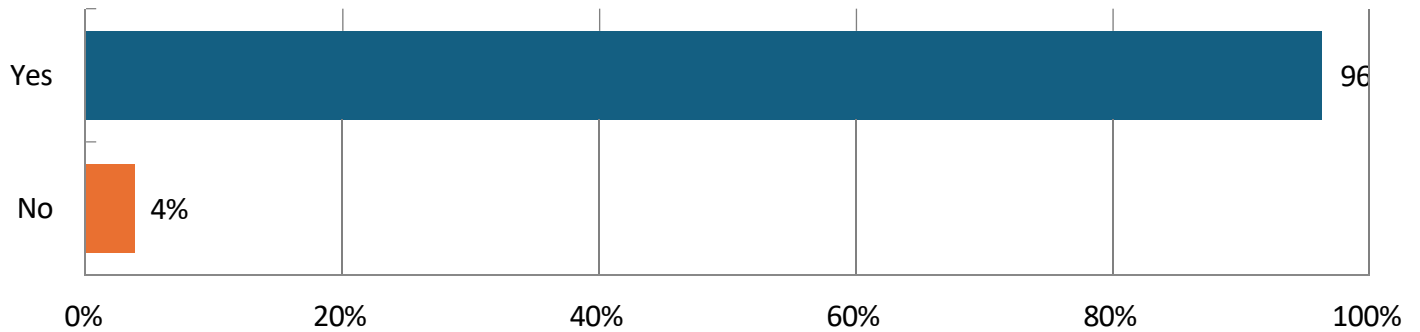
### Vendors Used for External Security Assessments

Security Assessment	# Respondents
Allied Security	7
Dynamic Security Strategies	1
Federal Law Enforcement	2
In House	1
JRIC	6
Local Law Enforcement	3
Margolis Healy and Associates, LLC	1
Securitas	1
Signal 88	1
Threat Analysis Group	1
Wifli	1

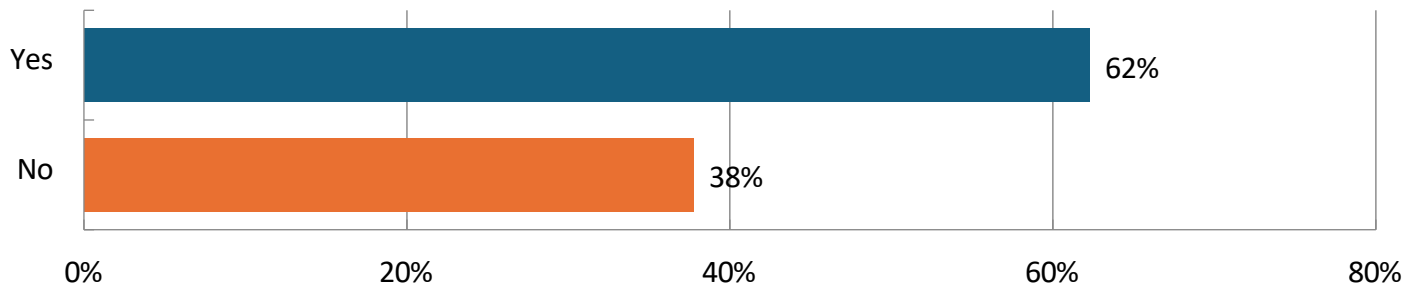
### Delivery of WPVP Staff Training (N=53)



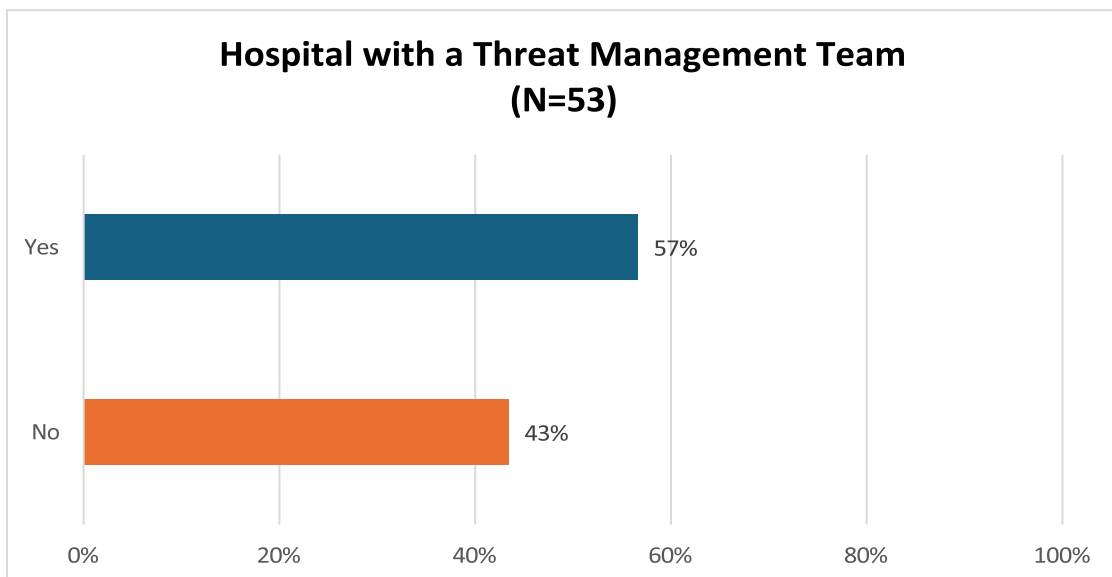
### Hospitals with Active Shooter Plan (N=53)



### Hospital Active Shooter Plans with Local Law Enforcement Agency (N=53)



### Hospital with a Threat Management Team (N=53)

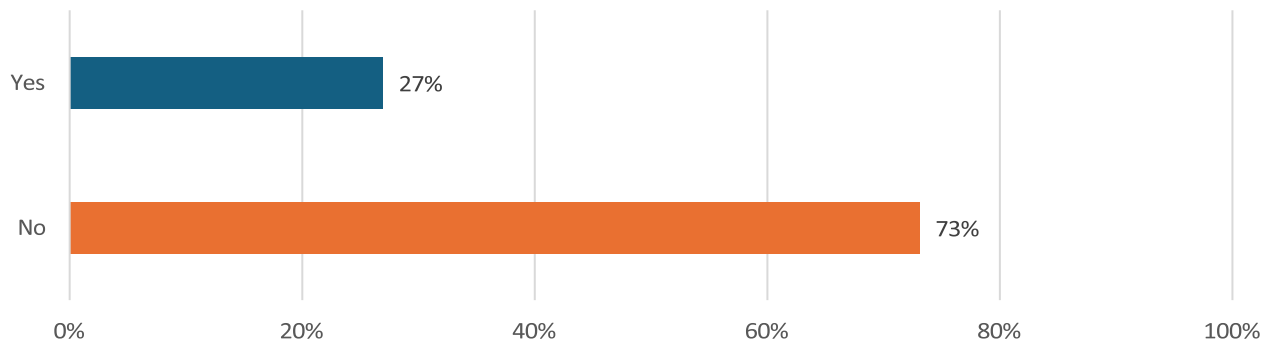


### Law Enforcement Response Time

Response Time	# Respondents	%
0 - 5 Minutes	36	72%
5 - 10 Minutes	8	16%
10 +	2	4%
Varies	4	8%

50

### Hospitals with a Memorandum of Understanding (MOU) with Law Enforcement (N=52)



**The End**