SEIU-West:

OUR HOUSE NEEDS IN-HOUSE: SEIU-West's Response to the Saskatchewan Health Authority's (SHAs) Security Services Review

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EXECUTIVE SUMMARY

- The provision of security officer services in the health care sector, particularly in large urban facilities serving medically complex and social disadvantaged populations, is a uniquely challenging form of security. Its appropriate provision is crucial to the health and safety of patients, residents, clients, and staff.
- The creation of the Saskatchewan Health Authority (SHA) provides an opportunity to ensure that the SHA has security services that conform to the needs and values of Saskatchewan's health care system.
- SHA security services must be seamless and coordinated provincially. This is consistent with the recommendations of the Patients First Review and the Advisory Panel on Health System Structure.
- The security services present in SHA facilities must be transparent and accountable to the people of Saskatchewan. This must include meaningful consultations with SHA employees who currently provide security services, as well as the unions that represent them. (The current SHA Security Review has thus far been characterized by a profound lack of transparency and meaningful consultation.)
- SHR security services must be evidence-informed, driven by accurate data about security incidents and the demography of the communities SHA serves.
- SHA security services must be focused on the needs and gaps faced by Saskatchewan's Indigenous populations. SHA security staff have a key role to play in ensuring equitable health access for Indigenous peoples. They have a key contribution to make to the ongoing project of reconciliation between Saskatchewan's Indigenous and settler communities.
- The security teams operating in SHA must be integrated into the health care team: e.g. included in onboarding and other training, and, where appropriate, care huddles. This is supported by best practices as well as the experiences of SHA's front-line care providers.
- The officers who provide security services in the SHA must be recruited, trained, supported, and incentivized (through appropriate wages, benefits, job security, etc.) to understand and serve the principles and goals listed above.
- The goals listed above can only be achieved to a satisfactory degree by an in-house security service that is owned and operated by the SHA. Privatizing or contracting out SHA security services contradicts key Saskatchewan values and undermines the attainment of key health system goals. Any subsisting security services contracts between the former regional health authorities and private security services providers should be terminated at the earliest possible opportunity.
- SHA should continue to provide on-site security at the "Big Four" facilities in Saskatoon (Royal University Hospital, St. Paul's Hospital, Saskatoon City Hospital, and Parkridge Centre). These facilities have uniquely complex, intensive and growing security needs.
- Any security services needs in SHA that are currently being addressed by contracted services, as well as any additional unmet needs, should be addressed by the creation by SHA of additional in-house-security officer positions. These positions should be posted and appointed in accordance with the health provider collective agreement (SEIU-West, CUPE, or SGEU) applicable to health provider services in that particular community or facility.
- As shown by SEIU-West's own June 2018 Security Services Survey and by the response to SEIU's Wests' security services petition campaign, the principles, goals, and recommendations listed above are overwhelmingly supported by a wide range of stakeholders in the former Saskatoon Health Region.

INTRODUCTION

SEIU-West represents more than 13,000 workers in the province of Saskatchewan, in health care, education, community-based organizations, municipalities, and the private and allied sectors. Our members have a broad and rich perspective on health care in Saskatchewan, because they are present at virtually every point along the care journey of every health system client. In the former Saskatoon, Five Hills, Heartland, and Cypress Health Regions they are employed by the Saskatchewan Health Authority (SHA) in acute care, long-term care, and home care/community programs. They serve as continuing care assistants, licensed practical nurses, diagnostic and therapeutic technologists, food service workers, environmental services/housekeeping workers, sterile processing workers, maintenance workers, and administrative staff, among others.

Central to the subject of this submission, SEIU-West represents 81 Security Officers and 14 Senior Security Officers employed by the SHA in the former Saskatoon Health Region (SHR). 60% of them have full-time status. Their median date of hire is February 14, 2011--a little over seven years ago.[1] All of them work at one or more of what will be referred to in this submission as the "SHR Big Four" facilities: Royal University Hospital (RUH), St. Paul's Hospital (SPH), Saskatoon City Hospital (SCH), and Parkridge Centre (PRC). To our knowledge, these are the only former SHR facilities that have in-house security, i.e. on-site security officers who are employees of the SHA.

SEIU-West has represented in-house security officers (SOs) at RUH since the late 1980s, when University Hospital (as it then was) first began employing SOs. We have represented SOs at the other three Big Four sites since 2002, when Saskatoon District Health (as it then was) terminated its contract with the private firm that was providing security services at those facilities and opted to apply the in-house staffing model to all Big Four facilities.

Despite repeated professed commitments by SHR and Saskatchewan Health Authority (SHA) leadership to have an open and collaborative relationship with SEIU-West, SEIU-West was not notified by the SHA that the SHA was contemplating a province-wide review of security services. We did not become aware of the review until it was well underway. In late April 2018 we began hearing from our SO members that some sort of review was occurring, and that an outside consultant (Tony Weeks) was visiting workplaces and holding meetings with SHR security management and (some) staff. We first formally learned of the review through SHA CEO Scott Livingstone's Weekly Update email of May 9, 2018. From his next subsequent weekly update on May 16[2] we learned that the review included an online survey[3] that would be open "until the end of May", i.e. for just two weeks.

SEIU-West's response since learning of the SHA security services review has included the following:

1. Extensive consultation with our SO members. This included two town hall meetings for SOs, held at our Saskatoon office on May 29 and June 11. The feedback from the May 29th meeting informed the development of SEIU-West's own online survey on security issues (see below), which was in turn promoted at the June 11 meeting. The petition (see below) was also promoted at the event.
2. Research (literature review) on issues and developments in health sector security in Canada. The research focused particularly on the restructuring of security services occasioned by the move to a single provincial health authority in Alberta and Nova Scotia, and on Paladin Security, the closely-held company that was awarded the contract to provide security services to the health

authority in both provinces. This research informed the development of our online security services survey and the content of the present submission.

3. An online survey on security services in SHR. The decision to develop our own survey was prompted in large measure by issues and concerns we had with the content of SHA's online survey (These issues and concerns are discussed in more detail below.) SEIU-West's survey was launched on June 1 and remained open until June 25. Upon launch it was promoted via posts on the SEIU-West website,[4] Facebook,[5] and Twitter,[6] as well as an email to SEIU-West members based at the Big Four sites. In the following week it was promoted in emails and/or phone calls from SEIU-West leadership to the president of the Saskatchewan Union of Nurses (SUN) and the presidents of the SUN locals representing the Big Four sites. The survey was closed on Monday, June 25. More than 300 completed surveys were received. The methodology and results are discussed in detail in the Appendix below.
4. A petition on "Security Services in Our Care Environments", launched on June 1 in both paper and online[7] versions. The petition mentions several themes discussed in the brief below, including the lack of transparency of the review process, and the vital services performed by our in-house SOs as part of the health care team. SEIU-West member-leaders took copies to the Big Four sites, and brought signed forms back to the SEIU-West Saskatoon office. Completing the online version automatically sent an email to SHA leaders Scott Livingstone (CEO), Andrew Will (Vice President Infrastructure, Information & Support), and Mike Northcott (Chief Human Resources Officer). As of July 10 there were 1,833 signatures on paper petitions and 375 individual online submissions for a total of 2,208. The paper versions were submitted to Scott Livingstone along with his copy of the current brief.
5. A letter sent on June 26 by Barbara Cape, President of SEIU-West to SHA CEO Livingstone, with copies to Mr. Will, Mr. Northcott, Minister of Health Jim Reiter, Minister of Rural and Remote Health Greg Ottenbreit, and Jean Morrison, President and CEO of St. Paul's Hospital. The letter was intended to "share our preliminary observations, make specific inquiries and advise you on behalf of the SHA that SEIU-West will be participating in the review process through a formal submission on behalf of our membership who work in the health care sector." The letter expressed concerns about the lack of transparency and consultation in the review process, and the close-ended format and short deadline of SHA's online security survey. It informed the recipient health system leaders of SEIU-West's own survey and its petition campaign. It asked nine specific questions about the review, and about any broader plans or processes (e.g. a Request for Proposals) that the review might be intended to serve or inform. Finally, it requested that Mr. Northcott, in a demonstration of transparency, collegiality, and good faith, arrange a meeting between Barb Cape, representatives of SEIU-West member SOs, Mr. Will, and Tony Weeks. As of July 10 we have had no response to this letter.

THE PITFALLS OF PRIVATE/OUTSOURCED SECURITY

Private/Outsourced Security Contradicts the Values and Goals of the SHA

Since the 2016 release of the report of the Advisory Panel on Health System Structure[8] it has become the norm for leaders in the provincial Ministry of Health and/or the SHA to explain and justify key Ministry and SHA decisions with references to the Panel's report.

The choice of Tony Weeks to conduct the SHA security services review, the manner in which the choice was made, and the state of the healthcare security industry in Canada all raise legitimate concerns that Saskatchewan's health system decision-makers are contemplating the outsourcing or privatizing of all or part of the security services currently or in future delivered in the SHA. Those decision-makers should note that, in the words of a much-cited manual on health care security, one of the biggest risks of contracting out security services is loss of "insights and control in achieving organizational goals and objectives."[9] In several important ways, contracted security runs counter to the spirit and intent of the Advisory Panel's recommendations and the broader health system goals that those recommendations serve.

Private/Outsourced Security Ignores the Unique Health and Social Needs of Saskatchewan's Indigenous and Métis Populations.

Health system security services represent an important interface between the community and the health and legal systems. As such, they have a role to play in helping reduce the health disparities and legal inequities between Indigenous and non-Indigenous Canadians. Addressing these disparities and inequities is central to the living legacy of the Truth and Reconciliation Commission (TRC). In Calls to Action 18 to 24 the TRC focuses on Indigenous health disparities, and recommends that health system staff be trained in intercultural competencies and particularly in the history of Indigenous-settler relations.[10] Call to Action 55 calls on public authorities to "provide…any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation." According to the TRC, this would including data to measure the extent to which the public body had made progress on reducing:

- health gaps (both in health access and health outcomes) experienced by Indigenous people,
- the rate of criminal victimization of Indigenous people, and
- the overrepresentation of Indigenous people in the justice and correctional systems.

While the Advisory Panel did not specifically mention the TRC Calls to Action, the Panel was clearly very aware of the need for the province's health system to "step up its game" in addressing the unique needs and circumstances of Saskatchewan's First Nations and Metis populations. The Panel insisted that in any transformation or restructuring of the Saskatchewan health care system "the Indigenous voice and health care needs" must be "prioritized and respected"--especially in places where Indigenous people represent a significant proportion of the population. The Panel Report speaks of the need to develop best practices "to address First Nations and Métis health needs in a culturally responsive and respectful manner." The panel further states that "ensuring health care services respect the Indigenous and Métis patient experience" must be one of the primary responsibilities of SHA senior leadership.

In short, SHA has powerful moral and legal obligations toward Saskatchewan's Indigenous populations. Security services play a key role in the fulfillment of those obligations. Security officers interact with patients and the public at least as much as many other members of the health care team. According to

various demographic measures and anecdotal reports, persons of Indigenous ancestry are a substantial part of the population that Security Officers in SHR interact with on a daily basis. It is clearly important to ensure that SOs have significant intercultural competencies and a particular understanding of the impacts of Canada's colonial legacy. Such knowledge and abilities should be identified and prioritized in the recruitment and onboarding processes, and maintained through periodic in-service refreshers. Taking "the Indigenous voice" seriously should include concerted efforts to recruit and retain persons of Indigenous ancestry in the SHA security team.

These responsibilities are too important, too tied to SHA's mission, and too intertwined with the other services SHA provides, particularly at facilities like the SHR Big Four, to be contracted out to another agency. These responsibilities can only be effectively met by an appropriately mandated, appropriately trained, and adequately resourced in-house security team.

Private/Outsourced Security Undermines Seamlessness

The creation of the SHA has never been touted, even by its strongest proponents, as a big money-saver. The public statements of provincial government officials, SHA officials,[11] the mandate letter to the Advisory Panel, and the Advisory Panel's report[12] all focus on providing the health system's patients/residents/clients and their families with a more "seamless" experience that ultimately leaves them healthier and more satisfied. Note the following passages from the Advisory Panel report (emphasis added):

- "The Patient First Review highlighted the need for the health care system to function as a ***cohesive system*** and ***improve coordination and standardization*** within the administration and leadership of the system."
- "Reorganization of the health care system creates a unique opportunity to ***refocus priorities and align strategic and operational decision making*** to ***ensure we improve the patient experience*** of care."
- "In terms of consolidation of ***non-clinical services***, we recommend centralization of administration ***under a single provincial governance structure to enable greater coordination, standardization and higher quality service****."*
- The Panel recommended the development of "a provincial data and analytics strategy" that would enhance the health system's ability to "solve and identify problems with real time data" and support "***evidence informed decision-making*** by administration, policy makers and health care providers".

A province-wide review of security services, if done properly, is entirely consonant with these recommendations. If, as the above quotations suggest, the SHA has a legitimate interest in identifying, understanding, and reducing interregional variances in clinical variables like wait times and treatment outcomes, it has a similar interest in variations in the handling and reporting of security incidents.

To consolidate security services under the SHA, then immediately turn around and turn over their operation in whole or in pieces to one or more outside contractors, would undercut the central rationale of creating the SHA as expressed in the above passages. Occasional high-level auditing of contract compliance is not the same as ongoing oversight and direct management. It cannot meet the goals of organizational learning and continuous quality improvement that the province's health system has so enthusiastically embraced and promoted in recent years.[13]

Private/Outsourced Security Undermines Transparency

As the Panel report points out, stakeholder feedback to both the Panel and the Patients First Review called for a health system that was not only more coordinated and seamless, but also more transparent and accountable. Contracting out of SHA security services, especially of those services currently provided by an in-house team, would reduce the transparency of the SHA and health system in general. Contracted service providers and the contracts they make are not subject to the same disclosure and information access requirements as public bodies like the SHA. This is especially true if the contractor is closely held, i.e. its shares are not publicly traded. Almost all firms in the health security industry in Canada are closely held, as are almost all of the companies that have bid on Requests for Proposals to provide security services to the provincial health authority in Alberta and Nova Scotia.[14]

The Circumstances of the SHA Security Review Lack Transparency and Set the Stage for Privatization

A comprehensive review of the SaskTenders database indicates that SHA did not put out an RFP for the current provincial security review. This suggests that whatever contract Tony Weeks or his firm BigLeap Consultation and Advisory Services has with the SHA to perform the review was awarded on a no-bid, single-source basis. In an interview given in April 2018 Andrew Will, SHA VP of Infrastructure, Information & Support, said that the SHA security services review would cost $48,000.[15] Under the New West Partnership Trade Agreement (NWPTA) (whose terms SHA's procurement procedures are legally obliged to follow) service procurements of less than $75,000 do not require a publicly-posted RFP.[16] Nevertheless, there is nothing in the NWPTA that bars the posting of an RFP for a procurement that falls below the $75,000 threshold. A fulsome commitment to the value of transparency should have motivated the SHA to post an RFP for something as potentially consequential as a province-wide review of security services. We approvingly note that as recently as February 2016 the Kelsey Trail Regional Health Authority posted an RFP for a security review of one of its largest facilities, [17] even though the total cost would have fallen well below the $75,000 threshold.

Perhaps the SHA seeks to rely not on the cost threshold but on another NWPTA provision that allows a public agency like the SHA to bypass the requirement to post an RFP "where it can be demonstrated that only one supplier is able to meet the requirements of a procurement".[18] In the April interview Andrew Will claimed that the security review had two components: assessing the safety risks across the province, and making recommendations for improvement. If this is the whole truth of the SHA's goals for the review, Tony Weeks/Big Leap is just one of many qualified individuals and organizations, and the contract for the review should have be open to competitive bids. However, a quote from Will shows his real agenda: Tony Weeks is "really the only person in the country that's led a transformation and improvement of protective services at a province-wide level".[19] This adds weight to our concerns that the review is meant to justify a predetermined outcome: a restructuring of security services like the one Tony Weeks led in Alberta.

Security Restructuring in Alberta: Weeks Brings Cuts and Outsourcing

In 2009, barely a year after Alberta Health Services (AHS, the provincial health authority) was created, AHS hired Tony Weeks as VP of Protective & Parking Services. Weeks quickly announced that there would be a province-wide security review. From this review Weeks spun a faux-populist "equitable access" argument that detracted from his real agenda of cutting security costs by up to 19%. HIs argument: it is unfair that most AHS facilities have neither on-site nor call-in security staff while some

facilities (mostly in Calgary) have more in-house security FTEs than "industry benchmarks". He used this argument to justify a restructuring and redeployment of security services across AHS, the net effect of which was a 41% reduction in in-house FTEs—a reduction overwhelmingly borne by big-city facilities analogous to the SHR Big Four--and a 71% increase in contracted FTEs, the contract for which was awarded to Paladin.[20]

The details of the contract are not public. However, RFPs and evidence presented at a 2011 Alberta arbitration hearing[21] suggest that the contract was very deliberately structured to avoid a repeat of the result in *Health Employers Association of BC v Health Employees Union* (2000).[22] In that case, a BC arbitration panel ruled that the health authority (whose Director of Protective Services was Don MacAlister – now COO of Paladin Security) was the "true employer" of Paladin security guards contracted to work in the health authority's hospitals. In the words of the arbitration panel, the health authority was trying to have "the best of both worlds": the benefit of having a team of security officers who were "substantially integrated into the hospital organization" (including its multidisciplinary Code White teams) and whom the health authority had the power to schedule and manage on a daily basis, without having to provide that team with Health Employees Union-level pay, benefits, and other rights. The panel ruled that that the guards were part of the Health Employees Union bargaining unit.

The hybrid arrangement that AHS and Paladin crafted to avoid a similar result is not seamlessly coordinated or standardized. Paladin trains, schedules, and supervises the contract employees; has its own incident reporting system; its own Security Policy & Procedure manual; and its own uniforms. IN some big-city facilities analogous to the SHR Big Four, AHS in-house and Paladin SOs work in the facility at the same time, each reporting to different managers. Issues of coordination that should ideally be handled at the "shop floor" level by (AHS) security professionals are instead, it appears, handled at the level of Paladin client service representatives and AHS contract compliance officers.[23]

There is clearly a tradeoff between health authority management having direct control over the day-to-day operations of health security personnel and their integration as part of the health care team or being forced to engage in third party contractual compliance strategies.

It is clear that we can't have it both ways: either SOs are part of your team, integrated into its operations and the day-to-day pursuit of stated goals and values (including continuous quality improvement), or they are not. It was this realization that led to the former Saskatoon Health District's decision in 2002 to stop contracting out security services and bring all SO services in-house. Given the key role played by SOs in Big Four facilities and the obvious value they bring to the health care team, we would argue that in-house security professionals are the only viable option.

Paladin Security: Eyes on the Saskatchewan Health Care Sector?

When the Alberta Health Services (in 2009 and 2017)[24] and the Nova Scotia Health Authority (in 2015)[25] issued Requests for Proposals (RFPs) for province-wide security services, the successful bidder was Paladin Security. Paladin is part of a closely-held British Columbia-based multinational corporation with a large presence in the BC and Ontario health security sectors and a demonstrated appetite for further expansion.[26] Over the past four years it has acquired eight security services firms, including Criterion Security, one of the largest US firms.[27] It offers guard services, static security system hardware and software, and security consulting and assessments. Paladin has been operating in Saskatchewan since at least 2010, when it first registered as a New West Partnership corporation[28] with Saskatchewan's corporate registry.[29] It currently has offices in Lloydminster and Saskatoon. It has had dealings with the

Saskatchewan Ministry of Central Services[30] and with at least four of the former regional health authorities:

- In every fiscal year since 2013-14 it has been paid $80,000-100,000 by Prairie North RHA.[31]
- In 2013 it was commissioned by Saskatoon RHA (SHR) to conduct an external review of SHR security services.[32]
- In 2016 it conducted a security review of the Nipawin Hospital for Kelsey Trail RHA. [33]
- In or about 2014 it provided "integration software supporting the HR systems" to Regina Qu'appelle RHA.[34]

This suggests Paladin would be a likely bidder on, and a not-unlikely winner of, any future SHA RFPs for provincial security services. The fact that it was not awarded the contract to conduct the SHA security review (and likely had no opportunity to bid on it anyway) positions Paladin to bid on and win the contract free of allegations of conflict of interest.

Paladin prominently promotes its expertise at dealing with the unique, diverse, and intensive security needs of health care environments.[35] However, in less prominent contexts its leaders have acknowledged that it relies on a low-wage model that creates significant challenges to the recruitment and retention of high quality officers with the skill needed to operate successfully in the unique high-stress, high need health care environments like those seen in the SHR Big Four.

Paladin's 2013 review of SHR security services was conducted by Don MacAlister, who was then Paladin's V-P Healthcare and is now its COO. Among his most severe criticisms of SHR security was what he considered an excessive dependence on recruits who used the job "as a stepping stone to gain experience—and subsequently move into Law Enforcement or a related career path." This phenomenon was, in his view, a symptom and consequence of SHR security services having too much of a policing "mindset" and not enough of a healthcare mindset. His recommendation: "there should be a fundamental shift in the hiring processes to ensure more of the new staff may have an interest in the healthcare career."[36]

Strangely, the "law enforcement stepping stone" model MacAlister denounced was more recently described by another Paladin leader as a key part of Paladin's health sector business model. In April 2018 at a roundtable of Canadian security industry leaders Iain Morton, the current Executive VP of Paladin, emphasized that security in the health sector is uniquely demanding: it requires security services that have not only "customer service engagement" skills, but also "intervention capability" because "we have to go in and be aware of mental health, be aware of our Code White responses." Paladin's business model focuses on recruits "whose career arc takes them out to corrections and border services and policing…those police forces are looking for the similar soft skills and intervention skills that we're looking for as we bring people in." Morton acknowledged that it is becoming increasingly challenging for Paladin to be able to recruit and retain SOs of such quality at the $12.50-14.00 per hour pay rates that are common in the private security industry. His conclusion: the only remedy for this problem lies in "wage uplift and pay escalation".[37]

From SEIU-West's perspective, the clear takeaway from this industry leader's frank remarks to fellow insiders is that health care security is a uniquely demanding job, and that security officers who can meet those demands cannot be recruited and retained unless they are paid what they are worth. They have skills that should be respected and fully integrated into the care team. We believe this is possible only through an in-house model.

The Private Health Security Model is NOT Necessarily the Best Model: Paladin CEO

Hospital and Healthcare Security is a manual much cited and used in the security industry. First published in 1976, it is now in its 6th edition (2015).[38] Don MacAlister, then V-P and currently COO of Paladin Security, was added as a co-author to the 6th edition. Paladin touts (and arguably misrepresents) this fact on their website: "We wrote the book about healthcare security. Literally. Paladin COO Don MacAlister has co-authored the industry-recognized "must have" resource for any healthcare security and safety program."[39] However, the actual text of the book is by no means an unqualified endorsement of private health security providers like Paladin. The chapter on "Security Department Organization and Staffing" includes a rubric that compares the three most commonly used "security staffing models":

1. Proprietary/in-house, where the security staff are employees of the health-care organization. This is the model used in SHR since 2002 across the Big Four facilities.
2. Outsourced/contracted, where the security staff are employees of an outside agency that contracts with the health-care organization. This model has been implemented in Nova Scotia, for example.
3. Hybrid, where there is a mix of in-house and contracted security staff within the same health care organization or even the same facility. This is the model used in Alberta.

The authors grade each model on 18 dimensions. The in-house model outscores the contracted model on 11 of the 18 dimensions, including "Overall effectiveness". There are three ties. The only dimensions on which the contracted model clearly outscores the in-house model are narrowly related to cost. The authors acknowledge that the only way this is achieved is by paying employees significantly lower wages than seen in the in-house model. Such a model, they note, risks high turnover, lower quality recruits, lower morale and lower quality service.

The book also discusses another big risk of the contracted model: loss of "insights and control in achieving organizational goals and objectives."

It is notable that if we sum the scores across all 18 dimensions the hybrid model scores worst of the three, particularly because of a low score on the "Clear chain of command" dimension.

Surprisingly for a book described as comprehensive, *Hospital and Healthcare Security* says little about the labour relations implications of the various models and particularly of the transition from one model to another. In the Saskatchewan context, a move to a province-wide contracted or Alberta-style hybrid model has tremendous potential to create labour relations strife in the form e.g. of labour relations board applications and representation votes. The negative impact of such strife and uncertainty on security officer morale and on the overall health and safety of the affected healthcare workplaces cannot be overstated.

Private and Hybrid Models Risk Compromising Staff Safety and Blur Accountability

A 2017 incident in the Montreal General Hospital (MGH) illustrates the danger or contracted and hybrid models. MGH has one of the city's busiest emergency departments. As a cost-cutting measure the local health authority used a hybrid security model, under which managers called in contracted security guards to avoid paying overtime to the in-house SOs. One night when a contracted guard was on duty in the ED a patient attacked and injured a nurse. It was the guard's first-ever shift in an ER, and she had no

Code White training. When the incident reached the press the health authority blamed the contractor for providing such an inexperienced guard, while the contractor blamed the health authority for not specifically requesting a guard with Code White training. Under pressure, the health authority eventually announced it would provide 24-7 in-house SO coverage to the MGH ER.[40]

This incident is an example, not of an anomalous glitch in a specific contractual arrangement, but of a real risk born of an inherent flaw in contracted (pure and hybrid) models of healthcare security. It is an example of what one health security administrator calls the "worst case scenario for the person who has been sent to work in a uniform…Although well-intentioned this person is not ready for what's in store for them in a hospital – where 40 per cent of workers report being assaulted. The best healthcare security programs hire a mix of talent possessing education and experience, with internal annual training re-certification." These top programs build a team of "health security professionals" who are "found in the centre of the circle of care" and able to assist in team huddles and patient interventions.[41] SEIU-West is adamant that programs of this level of professionalism and quality can only be assembled and sustained in-house.

In his April interview Andrew insisted that concern for staff safety was a main impetus for the SHA security review.[42] The MUH incident is a reminder that it is difficult and risky to try to improve safety and cut costs at the same time.

Nova Scotia Learns: Security is a Vital Part of the Health Care Team

In 2015 the Nova Scotia Health Authority was created, and Paladin Security was awarded the exclusive contract to provide security services in the NSHA. Less than two years later, a high-profile incident caused the Nova Scotia government to give health care security a higher priority. In October 2016 a mentally ill man walked into a hospital emergency department waving weapons.

This incident prompted the Nova Scotia Premier, under pressure from the Nova Scotia Nurses Union,[43] to create a working group on the issue of workplace safety in community emergency departments. It included representatives from a dozen health sector stakeholder organizations, including the Nova Scotia Health Authority and four health care unions.

The group's literature and best practices review found that "much of the violence in emergency departments is preventable" and that "prevention of violence in the workplace needs to include everyone who works in an emergency department". The group went on to recommend that "security personnel should be considered part of the care team", because a good security program "may result in fewer injuries to staff, patients, and visitors. It helps staff feel supported and results in fewer time-loss incidents. Security can have a positive impact on patient safety, including the ability to follow a designated care plan."[44] The group has since been made permanent, and is required to file an annual report on the progress that the NSHA had made on implementing the group's recommendations.[45]

Nova Scotia seems to be realizing that security is not a mere "support service" that can be easily separated and outsourced from the health care system and forgotten about. Saskatchewan would do well to learn from this lesson, rather than having to pick up the pieces after a foreseeable and preventable security event.

SECURITY SURVEYS SAY

The SHA's Security Service Review Survey: Flawed Instrument, Predetermined Outcome

When SHA CEO Scott Livingstone sent out the link to the SHA online security service review survey in his Weekly Update email of May 16,[46] SEIU-West staff took the survey and immediately identified a number of issues and concerns regarding the survey's design, including highly relevant matters that were not included. These concerns were the main impetus for SEIU-West to develop its own survey. In the spirit of collegiality, we have included detailed methodology and results in the Appendix below, and our research staff will be pleased to provide further details on request. We hope that, in the spirit of collegiality and transparency, the SHA will promptly provide SEIU-West with similarly detailed methodology and results of its survey (including e.g. crosstabs), as well as answers to our questions below:

- There were no logic-dependent pathways in the survey. It appears that all 22 questions, and all answer options, were available to all respondents, regardless of their answers to previous questions. This suggests that logically impossible answers were permitted. It appeared to be possible to claim in Q4 to work in a department that does not exist in the work environment entered in Q3, or enter a work environment in Q3 that does not exist in the community entered in Q2. Were any efforts made to identify such responses? How frequent were they? Were they excluded from the final analysis?
- Q5 "Do you currently have some level of access to a uniformed security team". Was this question developed by Mr. Weeks to set the table for the same "equitable access" argument that was used to justify the transformation of AHS security services at the expense of in-house SO teams working in big-city facilities analogous to the SHR Big Four?
- Q7: "If your work requires you to conduct home visits, inspections, or work alone, which of the following best describes the support available to you when visiting with high-risk clients?" This question invites responses from two groups that are arguably very different: staff working in the community, such as a continuing care assistant making a visit to a client's home, and staff working in an in-patient residential or facility owned and operated by the SHA or an affiliate, such as a CCA working alone on the night shift. Was any effort made to disaggregate these distinct groups?
- Q9 is unclear and contains a range of distinct concepts: "crime prevention efforts" is vague, and the examples offered ("internal programs to educate staff and the public about such things as theft prevention, working alone, etc.") do not provide greater precision or clarity. What respondent knowledge or attitudes is "how familiar are you…" meant to assess? Is the real question e.g. "As far as you know, do any such programs exist/have any such efforts been made?" or "Given that something that fits into this broad category has surely occurred in your workplace, how much do you know about it?"
- Q13-Q18 re preparedness. The respondent is told that "Emergencies…disrupts [sic] patient, resident, and client care." Emergency preparedness is just one aspect of health care that is impacted by workload and staffing levels. SEIU-West members in the health sector have borne the brunt of short-staffing for years. It has negatively affected their health, safety, morale, and the quality of care they are able to provide. Our own survey found that understaffing of the SO

team is a problem at the Big Four facilities. Perhaps the SHA survey could have addressed these issues more explicitly.

- Q13 "Do you use the standard Emergency Codes in your work environment?" is unclear: is the respondent being asked whether these codes part of the policies and procedures of the facility where they work, or whether the codes are in fact routinely called at their facility, or whether the respondent themselves routinely/ever calls codes? The question-writer's uncertainty is reflected in the range of answers: yes, no, not sure, and not applicable. Was any effort made to relate this question to the "work environment" given in response to Q4?

The SHR Security Officer Availability Survey: A Highly Flawed Surprise in a Volatile and Uncertain Context

On June 27 one of SEIU-West's SO members informed us that they were sent the following email:

> *To all security (FT/PT/CAS): We want your input on the number of shifts you work and where you're interested in working. This survey is for both full-time and other-than-full-time officers. Please complete this survey by July 15, 2018. https://www.surveymonkey.com/r/JKYJT6P*

An email like this, sent in the midst of a provincial review of security services, understandably raised questions and concerns among our SO members, especially because this survey says nothing about its relationship to that larger review. If there is no relationship, i.e. this survey is meant only to address a particular set of issues at the SHR Big Four, best practices would dictate that the survey clearly say so. Sadly, this is just one of several ways in which this survey does not conform to best practices[47] from an ethical or a data quality perspective. Some further examples:

- It does not state clearly enough who is behind the survey.
- It does not mention the master rotation/scheduling requirements of the applicable collective agreement.
- It does not state clearly enough what will be done with either the aggregated or the individual-level data. The latter omission is especially problematic because the survey collects the respondent's name, email and phone number. "This survey will help us determine the big picture for our department and your availability for any types of shifts—whether regular time or overtime. Please complete all sections." The statement is internally contradictory: "big picture" suggests that the sponsors are interested only in the aggregated data, whereas "your availability" suggests otherwise. In this context, the phrase "please complete all sections" could be interpreted by a respondent as meaning their access to training and additional shifts (both mentioned in the survey preamble) is contingent on completion of the survey.
- Q4 "Please check all of the sites where you feel you are adequately trained to work and would be willing to pick up shifts today." The validity of responses gathered by this question is undermined by the fact that it combined two different concepts: the SO's self-assessment of whether s/he is "adequately trained" for each of the listed sites, and the SO's willingness to pick up a shift at that site today.
- Q5 "I am interested in being oriented to other sites." is far too brief and open-ended. Particularly in the context of a province-wide security review, it suggests the possibility of sites other than the Big Four. Q6, because it lists only the Big Four sites, dispels this impression, but not as clearly as it might, because it is on the next page, and reads awkwardly: "Please indicate the sites you in the order in which you want to be oriented."

- SEIU-West was not consulted or informed about the development or launch of this survey. Will the results of this survey at least be shared with SEIU-West, in a timely manner?

SEIU-West's Survey: Shows Strong Support for the In-House Model, Especially for the Big Four Sites

SEIU-West's online survey was open from June 1-25. It yielded 326 completed responses. The methodology and results are discussed in detail in the Appendix. In brief, respondents to our survey, regardless of their background, overwhelmingly supported the in-house model of security in general and for the Big Four SHR sites in particular, because those facilities have uniquely intensive and growing security needs. For example:

- 98% agreed that "providing security in a large health care facility like RUH, St. Paul's, City or Parkridge is more demanding than being a guard in a mall or a bank. It takes special skills and special training."
- 96% said they would trust in-house SOs more than contracted guards to "provide a rapid, professional, and effective response to an escalating security incident in a large health facility in Saskatoon".
- 91% said that in the past 5 years, the security needs of Saskatoon's hospitals and large health care facilities have gone up
- 88% said they expected the security needs of RUH to increase when the Jim Pattison Children's Hospital opens.

We cannot claim that the respondents were a random sample of members of the public, employees of the former SHR, or even of SEIU-West health sector members. Nevertheless, we heard from a wide range of people from each of those groups. We found no significant differences[48] in the four percentages above between SHA-employed respondents and other respondents, nor between SEIU-West members and non-members. Unsurprisingly, SOs were heavily represented in our sample: they made up 17% of all respondents. However, SO was not the most common respondent occupation: 22% of respondents were registered nurses. Perhaps surprisingly, SO responses did not skew the overall results: there were no significant differences between SOs and non-SO employees of SHA. There were also no significant differences between SHA employees and non-SHA respondents.

The most noteworthy significant differences we identified were between non-SO SHA employees who work at the Big Four and have called for a security response ("callers") and non-SO Big Four employees who have never called for a security response ("non-callers"). Callers, who have presumably seen SHR's in-house SOs in action, were significantly more likely to think that an in-house security team would do a better job than a contracted team of:

- following health authority policies and procedures (96% of callers vs. 79% of non-callers); and
- addressing security officers' psychological needs (e.g. PTSD) (91% of callers vs. 71% of non-callers).

The latter finding is especially interesting given that studies of Canadian hospital private security guards have pointed to the need, given the unique intensity of security work in the healthcare context (described by one author as "dirt, death, and danger"), to have adequate "training programmes, de-briefing exercises and best-communication practices that promote the physical and emotional well-being" of security staff.[49] The results suggest a certain skepticism, especially among staff who have

seen first-hand what SOs face, that a private security contactor would make SOs' psychological well-being enough of a priority.

Respondents who work at the Big Four sites are concerned about SO staffing levels: just 7% said that "almost all of the time" there are enough SOs at their facility to meet its security needs, while 30% said "almost never" and a further 30% said "some of the time". In comments, an RN respondent based at RUH wrote simply, "We need more security presence at the Dube Centre". Fully 87% of Big Four respondents said that an outsourced security provider would do an even worse job of scheduling enough SOs to meet their facility's needs.

These themes, and general support for the current Big Four in-house teams, came through loud and clear in the comments that 29 respondents included with their surveys. Here is a sample of typical comments from SOs, other frontline, and non-frontline staff.

- *RN: Our in house security officers are VITAL and an INTEGRAL part of the team, especially in emergency. They are trained to effectively manage populations at risk and in active crisis that a contracted "mall" security officer DOES NOT have the training and approach to manage effectively. We want to keep our familiar staff. They know our policies. They know what role they play with patients in crisis (especially psychological crisis). They keep patients and members of the public and the health care system safe. As an RN in emergency, I trust the familiar faces that work on our security team and on more than one occasion this past month alone has kept me personally safe and secure at work. If security would be privatized and costs cut, patients, members of the public and every single member of the front line staff will be put at significant and unnecessary risk. People WILL get hurt. Please keep our staff where they belong, with us at SHA/RUH.*
- *LPN: I work with at risk individuals that pose a risk to themselves and others at times. Having our in-house security makes me feel so much safer, especially since we've had numerous critical incidents. Now that we have an officer posted on each of our unit floors, I have noticed that staff and clients are more at ease. These officers are familiar with dealing with clients that are escalating. They'll use their verbal skills to de-escalate a situation, and if needed, are trained to properly deal with an individual who may be violent in a way where there's less chance of someone being hurt. I fear what's going to happen if we lose these valuable members of our collaborative team.*
- *Unit Assistant: Current security in our hospital has a level of knowledge, respect, and appreciation for patients…They also have a relationship with staff and will go above and beyond to protect and ensure there are minimal incidents.*
- *RN: Security has saved my wellbeing and safety in the emergency department multiple times. They are invaluable and we need more of them. Saskatoon police service, also relies on them in the hospital to keep situations under control, until they are able to respond. They are the most utilized, underpaid and under-appreciated staff in our facility.*
- *Nuclear Medicine Technologist: While we haven't called an official Code White to our department we have had to call security a couple of times to talk to patients in the waiting room that were verbally abusive to our front desk staff. They were quick to respond and should be commended.*
- *Environmental Services Worker: Every time we needed their help, they were right there within minutes.*

- *Sterile Processing Worker (by email): I filled the Security Services Survey out yesterday. Unfortunately we had to call security to our basement work door this morning at 6:45 am to help us with a lady who was inebriated or on drugs in street clothes, not a patient, and they came in 5 minutes. She was trying to force her way into our department and I and a co-worker had to hold the door tight. So yes let's keep our security from going private; it will be awful. It's good to know they come when they are needed.*
- *SO: I started when they expanded Security services and stopped contracting St Paul's and City Hospital. In that time I have known our in-house officers to go way beyond what they are mandated to do, such as talk suicidal people off the University Bridge, and at times physically prevent them from jumping. We currently have three officers that have been awarded the medal of bravery…Going into the river and stopping people on the bridge from jumping, to us that is just something you do. I do not believe that you would get that from a contractor.*
- *SO: I have been a security officer for 20 years. I have seen the increase in mental health issues, addictions, and violence. Gang activity is on the rise. The need for highly trained, professional Security Officers has never been greater, yet the new provincial health authority has decided to look at cutting costs rather than providing an increase to services. They would like to provide a response to the entire province, and this is a good thing! But at our meeting they told us this would be done without an increase in boots on the ground and a slight increase in infrastructure. They want to offload responsibilities to outside agencies like police and RCMP whose resources are already stretched so thin that their ability to respond would be limited to say the least. There was a mention of support from medical staff becoming involved with violent offenders, to bolster the security response. Our officers have taken training in non-violent crisis intervention and always exhaust all avenues before becoming physically involved with an individual. They are trained to minimize injury to themselves and the offender. If a nurse or a doctor are injured during an altercation, who will tend to the subject once the incident has been controlled? The former Saskatoon Health Region has been through contracted security before and opted for the stability and control there is with in-house officers. The outside agencies we are familiar with tend to have high turnover rates and inconsistencies in client care. Our officers follow health region policies and procedures, and this was not always the case with outside agencies. Our officers take pride in their professionalism and appearance and it is not unusual for them to move on to careers in policing and corrections. This speaks to the quality and calibre of the officers we employ.*

CONCLUSION

The Saskatchewan Health Authority's (SHA's) 2018 provincial security services review has been characterized by a disappointing lack of transparency. We are left to draw a number of troubling conclusions from its short time-frame, the history of the person hand-picked to lead it, and its broader provincial and interprovincial context. Instead of being an open-minded assessment of SHA's security needs, the review is designed to legitimize and kick-start a predetermined restructuring of SHR security services—a restricting that will include shifting resources away from in-house SHA security teams and toward private contractors, perhaps industry leader Paladin Security.

Such a result would be an unfortunate betrayal of some of the most fundamental values of Saskatchewan's public healthcare system, and would move our province further away from attaining the seamless and transparent system we were promised when the SHA was created.

The results of our online survey and our literature and best practices review are clear. Increasing the role of private security firms in SHA facilities and programs – particularly at the expense of in-house teams at Royal University Hospital, St. Paul's Hospital, Saskatoon City Hospital, and Parkridge Centre – will not make the province's most dangerous facilities safer. It will not better address the pressing health and social inequities faced by Saskatchewan Indigenous peoples, nor meet the SHA's obligations to further the cause of reconciliation.

It will make the health system less coordinated and less accountable by potentially increasing the number of people who are performing mission-critical health system functions but who are outside SHA hiring, scheduling, training, planning, and collective bargaining processes. It will make it harder to recruit and retain health security professionals: people with the diverse skills needed to provide the timely and professional security services that health system employees, patients and other stakeholders expect.

The SHA's complement of in-house security officers should be retained. Any subsisting security services contracts between the former regional health authorities and private security services providers should be terminated at the earliest possible opportunity. Any security services needs in SHA that are currently being addressed by contracted services, as well as any additional unmet needs, should be addressed by the creation by SHA of additional in-house security officer positions. These positions should be posted and appointed in accordance with the health provider collective agreement (SEIU-West, CUPE, or SGEU) applicable to health provider services in that particular community or facility.

Further, the SHA should be drawing on our in-house professional security officers to help improve the design our province-wide security strategies including static security mechanisms, training of personnel, and building community connections/partnerships with local law enforcement, RCMP and/or others to assist with other smaller SHA facility needs.

Ultimately, the SHA bears the responsibility to ensure a safe environment for staff, patients/residents/clients, and the public who visit its facilities. It would be both unethical and impractical for the SHA to try to contract out that crucial responsibility.

Our house – our public health care system – needs in-house security.

APPENDIX: SEIU-WEST SECURITY SERVICES SURVEY – METHODOLOGY AND RESULTS

SEIU-West's online survey on security services in the former Saskatoon Health Region[50] was developed during the second half of May 2018 in a process informed by:

- research on issues in health sector security in Canada;
- the content of the Saskatchewan Health Authority's own online "Security Services Review" survey;[51] and
- communications with our SO members and SEIU-West staff whose portfolio includes security services.

The survey was opened on Friday, June 1, 2018 at about 12:30 p.m. At the same time it was promoted via posts on the SEIU-West website,[52] Facebook,[53] and Twitter,[54] as well as an email to SEIU-West members listed as based at RUH, SPH, SCH, or PRC. In the following week it was promoted in emails and/or phone calls from SEIU-West leadership to the president of the Saskatchewan Union of Nurses and the presidents of the SUN locals representing RUH, SPH, SCH, and PRC. It was also promoted to SOs attending the June 11 SO town hall meeting at the SEIU-West Saskatoon office.

The survey was closed on Monday, June 25, at 10:00 a.m. There were 363 responses to the survey. This was reduced to 326 cleaned responses by eliminating responses that:

- answered demographic questions only (age, main facility, etc.), i.e. none of the opinion questions about security services;
- were duplicates (e.g. immediately followed by a more complete response with same IP address etc.); or
- claimed to be from an SHA employee, but gave no occupation.

The typical respondent took 5-7 minutes to complete the survey. 76% of respondents, and 84% of respondents under age 40, completed the survey on a mobile phone.

In what follows, text in ***bold italics*** is text that appeared in the survey.

SASKATOON HEALTH SECTOR SECURITY SERVICES SURVEY (PREPARED BY SEIU-WEST)

Welcome & Introduction

> ***Welcome! This is a survey about security services in the former Saskatoon Health Region (SHR). It focuses on the particular security needs of Royal University Hospital (including Dube Centre), St. Paul's Hospital, Saskatoon City Hospital, and Parkridge Centre, and on the work of the uniformed SHR Security Officers posted at these four facilities.***
>
> ***The survey should take you about 5 minutes.***
>
> ***This survey has been prepared by SEIU-West. However, people who are not SEIU-West members are also welcome to respond.***
>
> ***We will not share your individual data or responses with any other organization or persons.***

Aggregated results of this survey will be communicated to the Saskatchewan Health Authority (SHA) as part of SEIU-West's response to the SHA's province-wide Security Services Review. This survey is separate from SHA's online Security Services Review Survey.

If you have any questions or concerns about this survey please contact Karman Kawchuk, Research Coordinator, SEIU-West, at karman.kawchuk@seiuwest.ca.

1) ***Gender***
   - Female 68%

2) ***Age***
   - Under 20 0.9%
   - 20-29 24.5
   - 30-39 28.8
   - 40-49 20.9
   - 50-59 18.7
   - 60 and up 6.1

3) ***Because of Saskatoon's growing population and its role as a referral centre for the whole province, Saskatoon's health care facilities have greater security needs than facilities elsewhere in Saskatchewan.***
   - Strongly agree 82.8%
   - Agree somewhat 13.5%

4) ***Providing security in a large health care facility like RUH, St. Paul's, City or Parkridge is more demanding than being a guard in a mall or a bank. It takes special skills and special training.***
   - Strongly agree 92.0%
   - Agree somewhat 5.5%

5) ***In my opinion, in the past 5 years, the security needs of Saskatoon's hospitals and large health care facilities have...***
   - Gone up 91.1%

6) ***The Children's Hospital of Saskatchewan (connected to Royal University Hospital) is scheduled to open in 2019. When the Children's Hospital opens, the security needs of RUH will most likely...***
   - Go up 87.7%

7) ***Who would you trust more to provide a rapid, professional, and effective response to an escalating security incident in a large health facility in Saskatoon: in-house security officers employed by the health authority, or contracted security guards employed by a private security company (e.g. Paladin, Garda, Commissionaires)?***
   - in-house security officers employed by the health authority 96.3%

There were no significant differences in the answers to Questions 3-7 between SHA employees and non-SHA respondents, nor between SEIU members and non-members, nor based on the facilities at which the SHA employees mainly worked.

8) Saskatoon Health Region was officially merged into the Saskatchewan Health Authority in December 2017. Are you an employee of the Saskatchewan Health Authority (or a physician with privileges to practice in Saskatoon)?

- Yes 76.4% (249/326)

Apart from Q18, the final, open-ended comment question, all subsequent questions were visible only to people who said they worked for SHA.

9) What is your job classification?

- 16 common classifications were offered as options, plus an "Other-write in" option. Here are the 6 most common (as a % of the 249 people who said they worked for SHA)
- RN/RPN 29.4%
- (Senior) Security Officer 22.3
- Licensed Practical Nurse (LPN) 10.4
- Continuing Care Assistant (CCA) 8.0
- Environmental Services Worker (ESW) 3.6
- Food Services Worker (FSW) 3.2

Based on job descriptions (and location data), we estimate that 35.3% of the 249 respondents employed by SHA are not SEIU-West members. The vast majority of these would be RNs and RPNs represented by SUN, but about 4 percentage points of the 35.3% would be members of HSAS, and 2 of the respondents claimed to be out of scope. There was only one significant difference by union membership: SEIU-West members were more likely than non-SEIU-West members to say (in response to Q14, below) that the risk of exposure to biohazards at their facility has gone up in recent years.

Comparing Security Officers to other SHA employees, we found significant demographic differences: SOs were 87.5% male, whereas non-SO SHA respondents were just 12.0% male. Just 21.9% of non-SOs worked at more than one of the Big Four facilities (RUH, SPH, SCH, and Parkridge--see Q10 below), whereas 57% of SOs did. However, perhaps counterintuitively, the SOs' opinions were not significantly different from those of other respondents.

10) I work at ... (Check all that apply)

- Royal University Hospital (including Dubé Centre) 51.0%
- St. Paul's Hospital 47.8
- Saskatoon City Hospital 30.6
- Parkridge Centre 8.8

These are the four facilities in the former Saskatoon Health Region that have in-house security officers.

- Respondents who worked at least one of the "big four" 90.8%

- Who worked at one 61.0
- Two 16.5
- Three 8.8
- All 4.4

Apart from Q18, the final, open-ended comment question, all subsequent questions were visible only to people who worked at one of the big four facilities. (n=226)

11) In which of the following facilities do you work most often? (Please pick one)

- Royal University Hospital 42.4%
- St. Paul's Hospital 38.8
- Saskatoon City Hospital 14.2
- Parkridge Centre 3.5

For the rest of the survey, when we mention "my facility" or "your facility", this is the facility we'd like you to keep in mind.

12) How many years have you worked at your facility? (If less than 1, please enter 1.)

- 0-4 years 29.6%
- 5-9 35.0 Average: 7.0 years
- 10-14 14.2
- 15-19 10.2
- 20+ 11.1

13) Please indicate whether you agree with this statement: "My facility has greater and more complex security needs than other hospitals [or "other long-term care facilities" if they picked Parkridge at their main facility] ***elsewhere in Saskatchewan."***

- Strongly agree 77.5
- Agree somewhat 17.0
- Total agree 94.5%
- The only significant difference on this question was between respondents whose main facility (Q11) was SPH versus those whose main was SCH:

	SPH main	SCH main
Strongly agree	92.2%	34.4%
Agree somewhat	2.2%	46.9%
Total agree	94.4%	81.3%

14) ***In the past five years*** [or "Since I started working at my facility" if years less than 5] ***the risk of the following at my facility has...*** [options: "gone up", "stayed about the same", "gone down"]
    - Staff being attacked or threatened by patient/resident: 87.0% chose "gone up"
    - Staff being attacked or threatened by visitor/member of the public 85.0
        - The above two figures were significantly higher for respondents who work at SPH; the figure for visitor attack was significantly lower for Parkridge respondents.
    - Vulnerable patient/resident fleeing/leaving the facility against medical advice 80.5
    - Exposure to biohazards (e.g. blood, needles) 68.2
    - Patients/members of the public impaired by alcohol or illegal drugs 92.7
    - Suspicious or criminal activity (including gang activity) in/around the facility 86.8
    - Patients/residents/visitors who are a danger to themselves or others 86.4

15) ***Are there enough security officers in your facility to meet its security needs?***
    - Almost all of the time 7.2%
    - Most of the time 32.7
    - Some of the time 30.0
    - Almost never 30.0

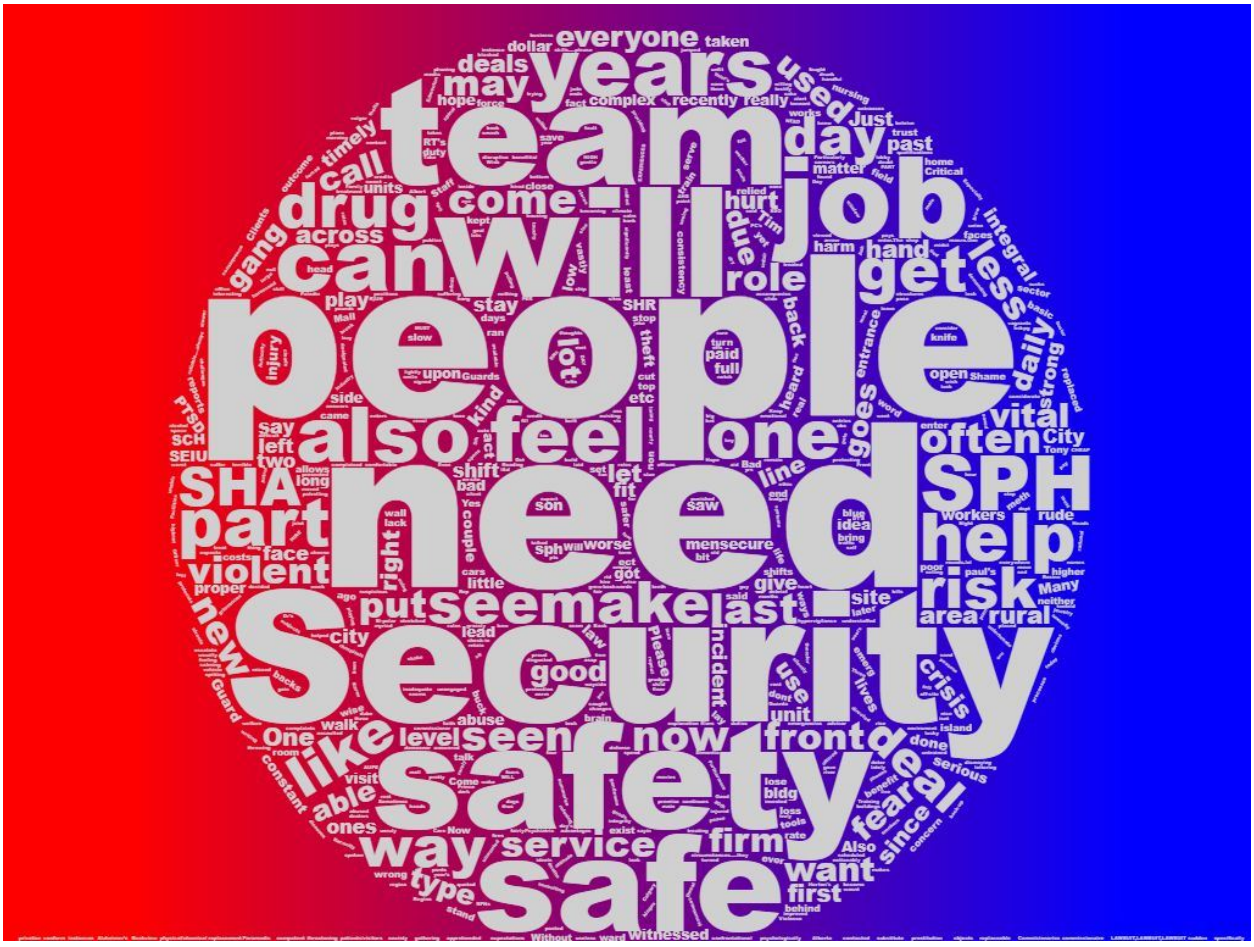
16) ***While working at your facility have you ever called for a security response (e.g. have you ever called a Code White)?***
    - Yes 77.7%
    - Perhaps surprisingly, there were no significant differences by facility or main facility.

17) ***In your opinion, which type of security team would do a better job of the following in your facility: an in-house team of security officers employed and supervised by the health region, or an outsourced team of security guards employed and supervised by a private security contractor (such as Paladin, Garda, or Commissionaires)?***
    Options: "In-house team would do this job better", "Both teams would do this job equally well", and "Outsourced team would do this job better".]
    - Follow health authority policies & procedures 93.2% in-house better
        - 96.2% of non-Security Officers (SOs) who answered Yes to Q16 ("have you ever called for a security response") said in-house would do a better job; among non-SOs who have <u>never</u> called security, the figure was just 78.9%.
    - Properly document incidents and keep good records 86.8
    - Respond in a timely manner 89.9
    - Treat patients, families, & public with respect 81.0
    - Work collaboratively with other health authority staff 95.4
    - Be transparent & accountable to the public 86.2
    - Recruit & retain high-quality officers 89.8
    - Be prepared for disasters & emergencies 91.2

- Address security officers' psychological needs (e.g. PTSD) 87.4
    - 91.4% of non-Security Officers (SOs) who answered Yes to Q16 ("have you ever called for a security response") said in-house would do a better job; among non-SOs who have <u>never</u> called security, the figure was just 71.4%.
- Schedule enough officers to meet the facility's security needs 87.4

18) Do you have any questions or comments that weren't covered above? Do you have a story about your experiences with security services in your facility? Please include them in the space below.

- There were 29 responses to this question, plus two more sent by separate email. Just 4 were from SOs. The responses ranged in length from 8 to 543 words.
  This question was shown to all survey takers. The respondents included 2 non-SHA employees and 1 SHA employee from the former RQHR. Here is a word cloud of the responses:



NOTES

[1] As per SHR SEIU seniority list as of March 31, 2018, supplied to SEIU-West by SHA.
[2] See CEO weekly updates. May 2018. http://www.rqhealth.ca/sla-physicians-news/ceo-weekly-updates-may-2018
[3] Was available at https://www.surveymonkey.com/r/SecuritySurveySHA
[4] Originally posted at http://www.seiuwest.ca/2018/06/01/two-ways-you-can-help-ensure-safe-public-security-services-in-our-care-environments/; Since launch of redesigned SEIU-West website it is at http://www.seiuwest.ca/security_services_in_our_care_environments
[5] https://www.facebook.com/seiuwest/posts/1694544657295727
[6] https://twitter.com/PurpleWorksSEIU/status/1002626291387035648
[7] Originally posted at http://www.seiuwest.ca/2018/06/01/two-ways-you-can-help-ensure-safe-public-security-services-in-our-care-environments/; Since launch of redesigned SEIU-West website it is at http://www.seiuwest.ca/security_services_in_our_care_environments
[8] Abrametz B, Bragg T, Kendel D. Saskatchewan Advisory Panel on Health System Structure Report. December 2016. https://bit.ly/2u4EUpr
[9] York TW, MacAlister D. Hospital and Healthcare Security. 6th ed. New York: Elsevier, 2015. 138.
[10] Truth and Reconciliation Commission of Canada. Calls to Action. 2012. http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
[11] See e.g. SHA CEO Weekly Updates. http://www.rqhealth.ca/sla-physicians-news/ceo-weekly-updates-may-2018
[12] Abrametz B, Bragg T, Kendel D. Saskatchewan Advisory Panel on Health System Structure Report. December 2016. https://bit.ly/2u4EUpr
[13] See e.g. Prairie North Regional Health Authority. The new kaizen basics-an overview. [n.d.] http://www.pnrha.ca/bins/content_page.asp?cid=21-24504
[14] Alberta Health Services. Security and Parking Ambassador Protective Services. Request for Proposals No.: AHS-2017-1098. Interested Vendors (Bidders). http://vendor.purchasingconnection.ca/Opportunity.aspx?Guid=05261ED4-4CF5-4046-AB6A-152801AD37FD&
Nova Scotia Health Authority – Security Services (Select Locations). Request for Proposals No.: 60148657. Bid Sheet. https://novascotia.ca/tenders/tenders/tender-details.aspx?id=60148657
[15] Cowan P. Increased violence at Sask. health-care facilities prompts security review. Leader-Post. April 23, 2018 http://leaderpost.com/news/saskatchewan/saskatchewan-health-authority-hires-consultant-to-review-security-across-province
[16] New West Partnership Trade Agreement. 2016. Article 14. http://www.newwestpartnershiptrade.ca/pdf/NewWest_Partnership_Trade_Agreement_2016.pdf
[17] https://www.sasktenders.ca/content/public/print.aspx?competitionId=4e3bdd7c-9e04-48fa-82b0-161ae7c1b4cd
[18] Part V.C.2.g. http://www.newwestpartnershiptrade.ca/pdf/NewWest_Partnership_Trade_Agreement_2016.pdf
[19] Cowan P. Increased violence at Sask. health-care facilities prompts security review. Leader-Post. April 23, 2018 http://leaderpost.com/news/saskatchewan/saskatchewan-health-authority-hires-consultant-to-review-security-across-province
[20] Alberta Union of Provincial Employees v Alberta Health Services, 2011 CanLII 62488 (AB LRB), <http://canlii.ca/t/fnbl2>
[21] Alberta Union of Provincial Employees v Alberta Health Services, 2011 CanLII 62488 (AB LRB), <http://canlii.ca/t/fnbl2>
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[48] Here and throughout this submission, "significant differences" refers to the results of chi-square or (where appropriate) Fisher's exact tests at the 5% level of significance. For further information about the methods used please contact Karman Kawchuk, Research Coordinator, SEIU-West, at karman.kawchuk@seiuwest.ca.
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