



EP14 – Ethics, Privacy, Security, and Confidentiality

EP14: Provide one example, with supporting evidence, of a security issue resolved with a clinical nurse's or clinical nurse's contributions to an interprofessional group.

Example: Nurses Collaborate with Safety and Security, and Engineering Departments, to Prevent Unauthorized Access to the Nursing Units

Introduction

On Sunday, June 28, 2020, clinical nurse Arlene Delacruz, BSN RN, Staff Nurse 1, from the Cardiovascular Telemetry unit (CVT-N/S), contacted the Safety and Security Department to report that she observed an unknown medical student with a photocopied identity (ID) card accessing patient files. She explained that she was not one hundred percent sure if the person had legitimate staff access but asked that a security officer be sent to the unit to investigate. By the time the officer arrived, the medical student had left the unit. However, the security officers located him near the hospital's main entrance. When he was asked to present his ID card, it was found that both his hospital ID and his university ID were not authentic. The security officers detained the student and contacted the police, who came to the hospital site and escorted the student to the police station.

Actions Taken Following the Incident

Following this incident, an interprofessional task group was formed as a matter of urgency to rectify the safety issues. The group's membership comprised representatives of Health Information Technology Affairs (HITA), Engineering, Safety and Security, and Nursing. Arlene and Head Nurse, Medical Surgical Intensive Care Unit (MSICU), Shahinaz Ashrou, RN, BSN, were identified to represent Nursing Affairs. The goal was to find a solution that would ensure that such an incident could not happen in future.

The membership of the task group is shown in Table EP14.1 below.

Table EP14.1: Interprofessional Members of Task Group

Name & Credentials	Job Title	Department
Ahmad Alharbi	Security System Engineer	Safety and Security
Yousef Alghamdi	Security Man II	Safety and Security

Thamer Al Dossary	Manager, Network and Communications Support	Operations and Support Services Division, HITA
Abdulmalik Ibrahim	Head, Projects Task Force	Engineering, Utilities And Maintenance Division
Arlene DelaCruz, BSN RN	Staff Nurse 1 Clinical Nurse	CVT-N/S
Shahinaz Ashrour, BSN RN	Head Nurse	MSICU

The Team Agrees a Solution

In with collaboration, HITA Engineering, Safety and Security, and Nursing, it was agreed to install access controls to the entry doors to the hospital's high-risk areas, as shown in [Evidence EP14.1 Door access Installation Project Minutes of Meeting June 30 2020](#).

Arlene and Shahinaz identified and recommended the following high-risk nursing units, as seen below in Table EP14.2 for implementation of the Access Control System.

Table EP14.2: High Risk Nursing Units with Access Control System Implemented

Implementation Units For Access Control Doors
Medical Surgical Intensive Care Unit (MSICU)
Cardiac Surgery Intensive Care Unit (SICU)
Surgical Intensive Care Unit (SICU)
Coronary Care Unit (CCU)
Pediatric Intensive Care Unit (PICU)
Neonatal Intensive Care Unit (NICU)
Renal Transplant Unit (RTU)
Cardiovascular Telemetry Unit (CVT)
Operating Room (OR)
Recovery Room (RR)
Department of Emergency (DEM)
Labor and Delivery (L&D)
Obstetric and Gynecology, including Newborn Neonatal Nursery

In addition, a new process was implemented whereby it was mandatory that a request for access to any unit had to be made via the hospital's Service Hub application. The main

steps that the request is initiated by the employee, approved by the line manager, with ultimate approval granted by the Safety and Security Department, which issues a magnetic card to be used when accessing hospital units, is shown in Figure EP14.1 below. **Evidence EP14.2 Service Hub Access Control Request Procedure**

Implementation of the access control doors for the abovementioned units was started in July 2020 (see **Evidence EP14.3 Permit to Work**) and completed in December 2020.

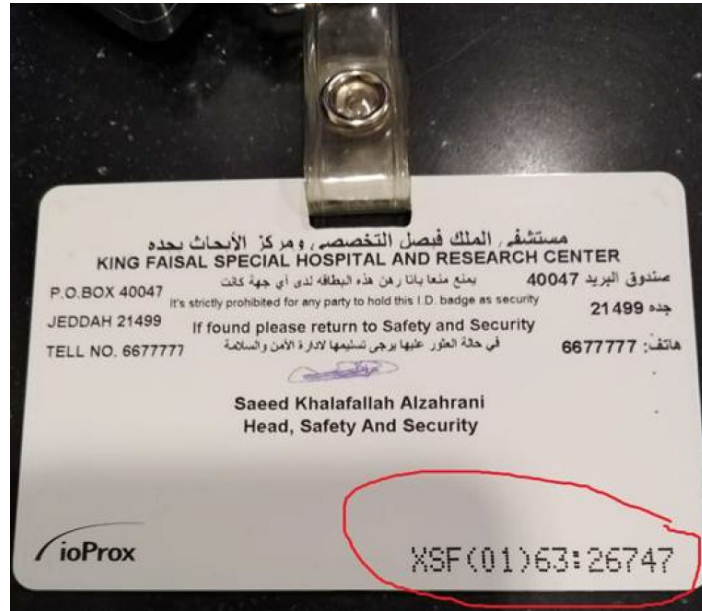


Figure 14.1: Access Control Magnetic Card

Outcome

As a result of nurse's focus on safety, involvement in reporting a safety breach, and working collaboratively to find a solution, there was a marked decrease in the number of reported incidents related to unauthorized access to nursing units, from 17 reported security incidents in June 2020, down to one reported incident in January 2021.