

Affordable Secure Solutions.

Kelly Welton, BA, RRT-NPS

Those were some fun times, the 80s. Things that immediately come to mind when I think of the 80s are:

- Big hair
- Strange outfits
- Dancing in the clubs until late to keep my body on night shift when scheduled off

And most notably: The ability to walk into a hospital without a security check.

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In the 90s, I started doing side work as clinical support for ventilator companies. My first dealing with hospital security was at an inner-city hospital. I was there to demonstrate a ventilator with a HeliOx attachment, an odd-looking piece of equipment that required much explanation to the security team. At the same time, I had brought my lunch – thinking nothing of it, I had packed a whole mango and a large knife to cut and peel it with. Yep, you guessed it –the knife went through undetected, but the HeliOx piece somehow seemed more of a threat, requiring a senior security officer to clear me.

Meanwhile, at other hospitals, I could walk in and knock on an RT director’s door without a hitch.

Then, one day at UCLA Medical Center– I had not been there in a while – there was a long line to get in. I was there to give an in-service on the same ventilator and its HeliOx contraption. Even with my ventilator company official badge, it took a long time to explain the gadget and get through.

Then, one day my vent company announced that the security process would be streamlined. A new system was being born, a centralized company – let us call them Security Company A - that would put me in a database with all my info. As long as I kept up with their education requirements (Think: Infection Control) and each member hospital’s policies and procedures, all I had to do was show up, pass the long security line and get to the vendor’s area, log in, and presto! A sticky badge was printed with my picture, name, and company. Sweet!

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This new ‘system’ made me re-take all kinds of competencies and review specific policies and procedures that each hospital deemed necessary. Topics included Fire Safety, Code Silver, and even some policies on liquid oxygen systems.

My ventilator company paid for my time to get these items done and paid the annual fee for me.

This seemed to go along well until I went to a hospital that belonged to a different hospital system – one that did not accept Security Company A’s credentials. This hospital needed pre-sales in-service and education. And they were using a new competitor of Security Company A.

Security Company B had similar requirements: Background check, re-take some tests, and review said hospital’s selected policies and procedures. My vent company again paid for my time to complete these and the fee to get me into that hospital system’s facilities.

Fast forward to today. As an educator with my own company now, I can often get by with just a visitor’s badge at security, as I am there at the facility’s request to teach.

I recently posted a poll and asked medical device reps how many

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different security companies they had to clear to do their job. Everyone answered, “three or more.” I asked a sales rep friend who covers two states – how many security systems does he belong to?

“ Sales and support reps could spare themselves the boredom of taking another handwashing course. The money saved could be spent on health education or research—things that advance US health and our healthcare.”

If each Security Company requires eight or more hours annually of education time, plus the annual fee, and the average sales rep belongs to 3 or more systems, the average annual price for ONE rep to walk into a hospital and do their job is approximated at \$3500. Multiply this by the number of medical device reps we have in this country, and... now you know why healthcare is so expensive. Recently, the Powerball prize was in excess of One Billion dollars. Musing about what we might do with an extra billion, I thought, “Hey - let’s buy out ALL the Security Companies, A, B, C, etc., and just have ONE that works for every US sales rep!” Medical device companies would save millions annually. Sales and support reps could spare themselves the boredom of taking another handwashing course. The money saved could be spent on health education or research—things that advance US health and our healthcare.

Disclosures: The author has no conflicts noted.

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