

# UNIVERSAL BADGING SYSTEM (UBS)

*Healthcare Sector / First Responder  
Authentication Credentials and Identification*

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## INTRODUCTION to UBS

The Universal Badging System was designed to ensure a secure and reliable form of identification through:

- common identity proofing,
- common credential, privileges and license information attributes,
- common verification processes within the hospitals

on a single or universal badge.



**NHA began work on this project in late 2003, and based the development on several fundamental beliefs...**

- 1. Cards must be** issued based on sound criteria and the primary verification of each individual
- 2. Cards must be** resilient to identity fraud, tampering, counterfeiting and exploitation
- 3. Cards must be** rapidly authenticated electronically
- 4. Cards must be** issued only by providers whose reliability has been established



Nevada Hospital Association recognized the need for a Universal Badging System primarily as a method of increasing **surge capacity and capability** during any significant event whether localized, regionalized, statewide or events of national significance.



**Critical Infrastructure (CI) and Key Resource (KR) Protection** specific to our healthcare system is secondary - but equally important.

**Fact:** The President prioritized surge capacity/capability and protection of CI/KR equally. These issues have been delineated within HSPD -7 and HSPD-8.



# Concept of Operations – Surge Capability

**Hospital A**

All hospitals standardize their employee ID badges using the UBS model and technical specifications.

**Hospital B**

All hospitals can then read the information stored on the cards, including identification validation systems embedded into the cards' memory.

**Hospital C**

All cards have licensing, credentials and privileging information,

**UBS**

Master Mutual Aid Agreement signed between hospitals within NV, predetermine that all UBS credentials will be immediately accepted as primary source verified credentials. Additional issues of payment, malpractice coverage, workers comp. has also been preplanned and agreed to by all signatory parties.

**MMAA**

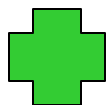
# Concept of Operations – Surge Capability



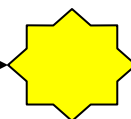
**Event Occurs**



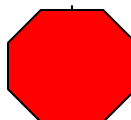
**Patients arrive at  
closest few  
hospitals and  
quickly overwhelm  
the EDs**



**Overwhelmed  
hospitals ask other  
system hospitals  
for immediate help**



**The physicians and medical  
personnel with UBS  
can immediately  
go to work at the overwhelmed  
hospital, once they check in and get  
assignments.**



**The physicians and medical personnel  
without UBS badges will be required to  
apply for emergency credentials and  
privileging. In most cases the hospitals  
will not have staff during the crisis to  
handle this administrative requirement  
during the initial disaster response  
resulting in a reduced capability and  
barrier to medical care access.**



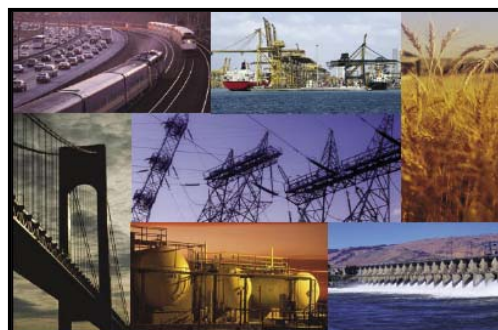
## Critical Infrastructure Protection - CONOPS

The healthcare sector represents more than 15% of the gross national product and provides more new jobs annually than any other sector of the economy.

The assets are highly decentralized, serve as public gathering places during times of crisis and provide first response capabilities in instances or events that result in injury, illness or perceived injury or illness.

Because of this unique role traditional “guards and guns” approaches to protection do not work for hospitals and healthcare.

CI/KR as related to hospitals and healthcare must be managed through internal loss control practices and access control limitations.



### National Infrastructure Protection Plan

2006



RAF PHOTO



## **Critical Infrastructure Protection - CONOPS**

Because the UBS cards are fundamentally encrypted smart cards; and the database system used to program the cards is an enterprise wide access control system, the UBS cards become a natural extension to the hospital's access control system and key control processes.

The UBS cards have been tested and can interface with existing access control systems including: bar codes, magnetic stripe, and proximate cards.

Enabling employees to only need one card, even if they work at multiple facilities, helps minimize several human factors such as having the wrong card with them.



## When will UBS become operational?

The UBS system has been recently installed at Summerlin Hospital and is in the database integrity testing stage at University Medical Center.

The goal is to have the majority of Clark County facilities on-line within the next year, and then add hospitals to the system annually until the entire state is standardized.



Funding to date has been provided through a grant from the Health Resources Services Administration (HRSA) through the State Health Division as well as by the hospital community.