



Understanding Healthcare Facility Managers

BUILDING RELATIONSHIPS & MAKING CONNECTIONS THROUGH
UNDERSTANDING. 2025 MIDWEST HEALTHCARE ENGINEERING CONFERENCE

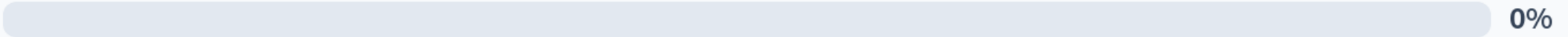
Presenter Background Highlights – Mike Canales

- ▶ 37 Year Healthcare Facilities Professional.
- ▶ 21 Years Director Level
- ▶ 11 Years Focused on Education Healthcare Facilities Technicians and Leadership
- ▶ 19 Years on state healthcare engineering boards (VSHE & KSHE)
- ▶ Graduated, trained, and mentored 100's of HFM personnel.
- ▶ Big Goal is to establish a “Systemic” educational pathway for the healthcare facilities profession that creates a standard of practice and transforms the industry.

Which Accreditation Organization Surveys You?

0

TJC



DNV



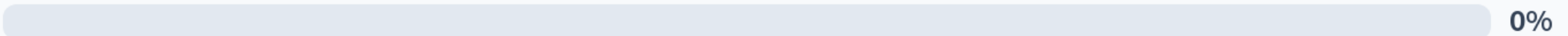
ACHC



HFAP



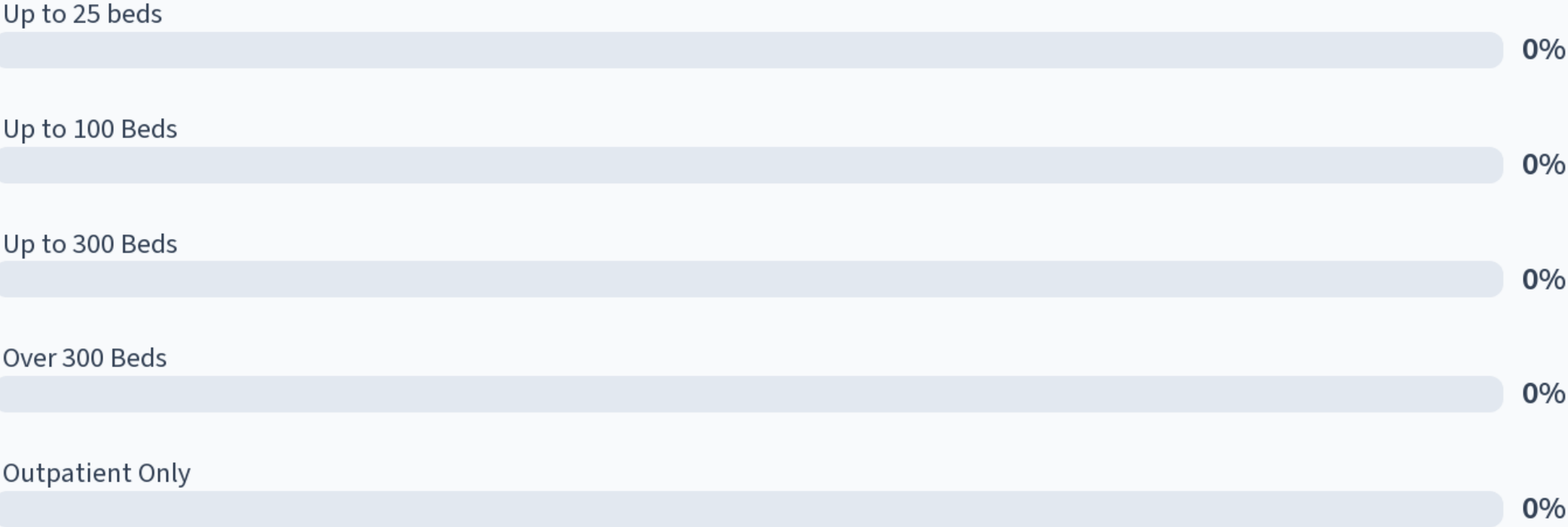
State



OTHER (ambulatory - Long Term Care - etc...)



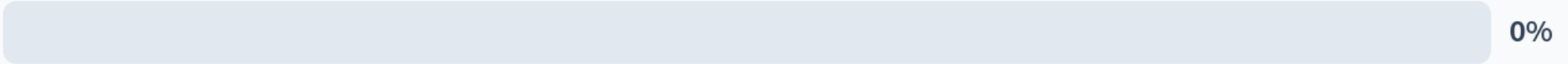
Hospital Bed Size



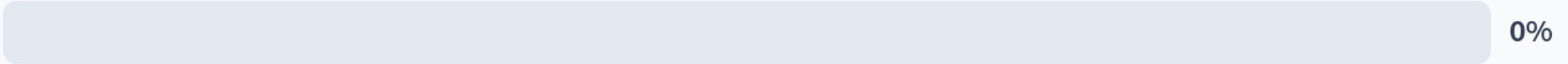
Code Language Comprehension



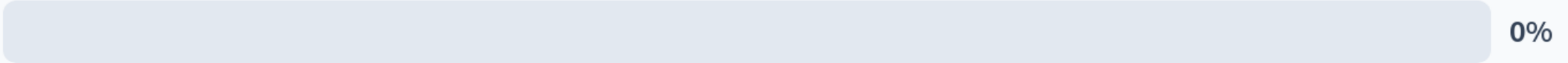
Basic Understanding of NFPA 101, NFPA 99 & Accreditation)



Medium (Solid Understanding of NFPA 101, 99, Accreditation and some other key references)



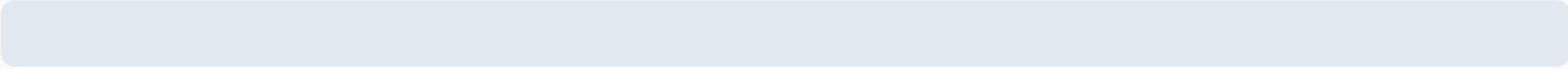
High (Excellent Understanding of NFPA 101, 99, Accreditation, and many other references)



Infection Prevention Engagement Level

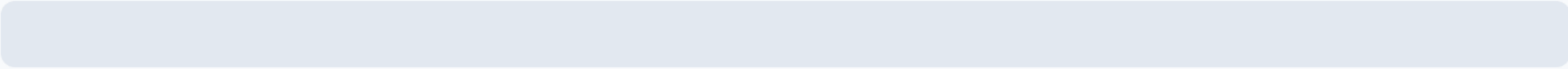


Little to none



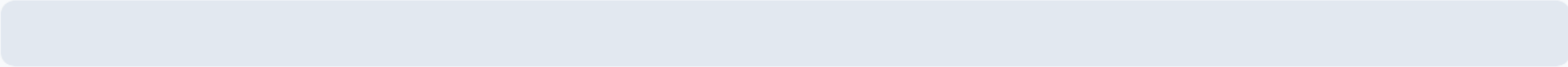
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Some - mainly when construction happens.



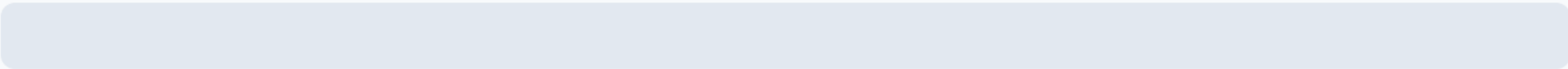
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Regular - weekly/monthly interactions



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Frequently - Daily/Weekly

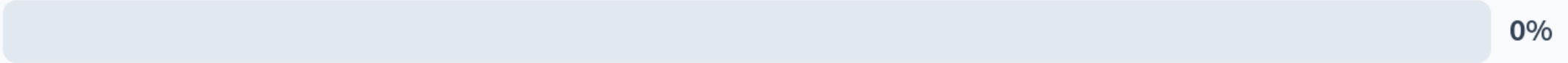


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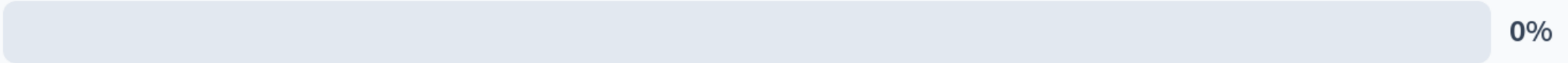
Management Structure



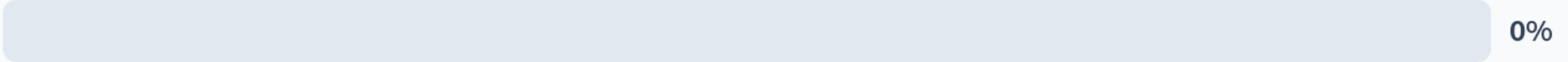
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System Managed - i.e. to a Corporate/Centralized upper management



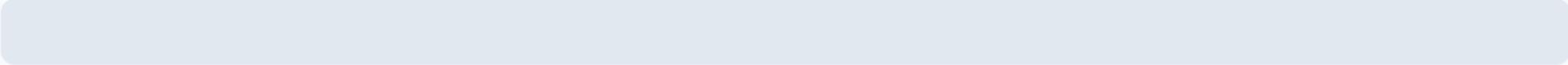
Contractor Managed - i.e. Services Contracted to Hospital



Hospital Acuity Level

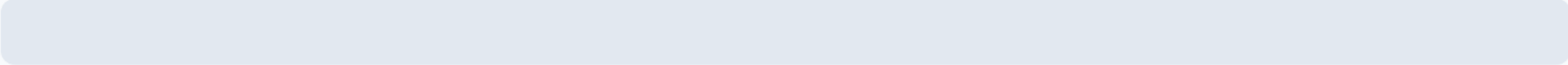


Low (Critical Access)



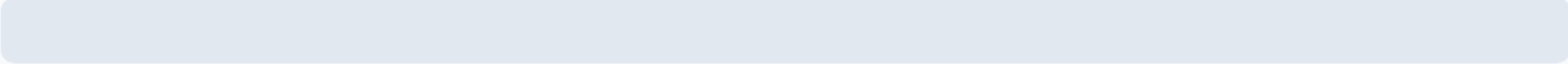
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Medium (Community Hospital)



0%

High (Trauma - Regional Center)

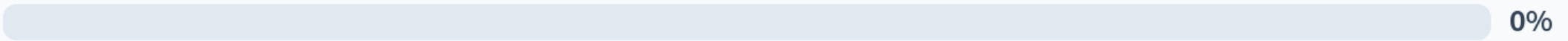


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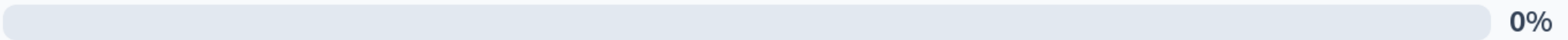
Years of Experience In Leadership (Director/Manager)

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Less than 3



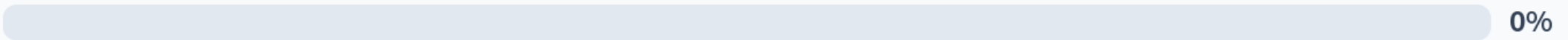
3 to 5



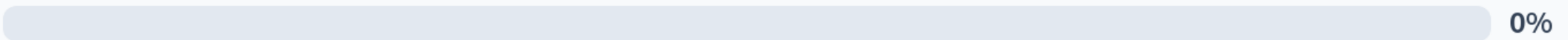
5 to 10



10 - 20



More than 20



Disclaimer

- ▶ The views and opinions expressed in this presentation are those of the presenter and do not constitute an endorsement by Owensboro Community & Technical College and or any other official body. They are based on working as a HFM and with hundreds of healthcare facilities personnel. IMHO – In Mike’s Humble Opinion!
- ▶ Recommendations are intended as “rule of thumb” guidance, “Having wide application but not intended to be strictly accurate or reliable for every situation.”

Session Objectives

- ▶ Review of FM Core Competencies – Burning Issues
- ▶ Industry Trends Impacting FM's
- ▶ Codes and Standards Development and Adoption Review
- ▶ Seven (7) HFM Profile Elements for Understanding, Relating, and Tailoring your communication.
- ▶ Summary
- ▶ Q & A

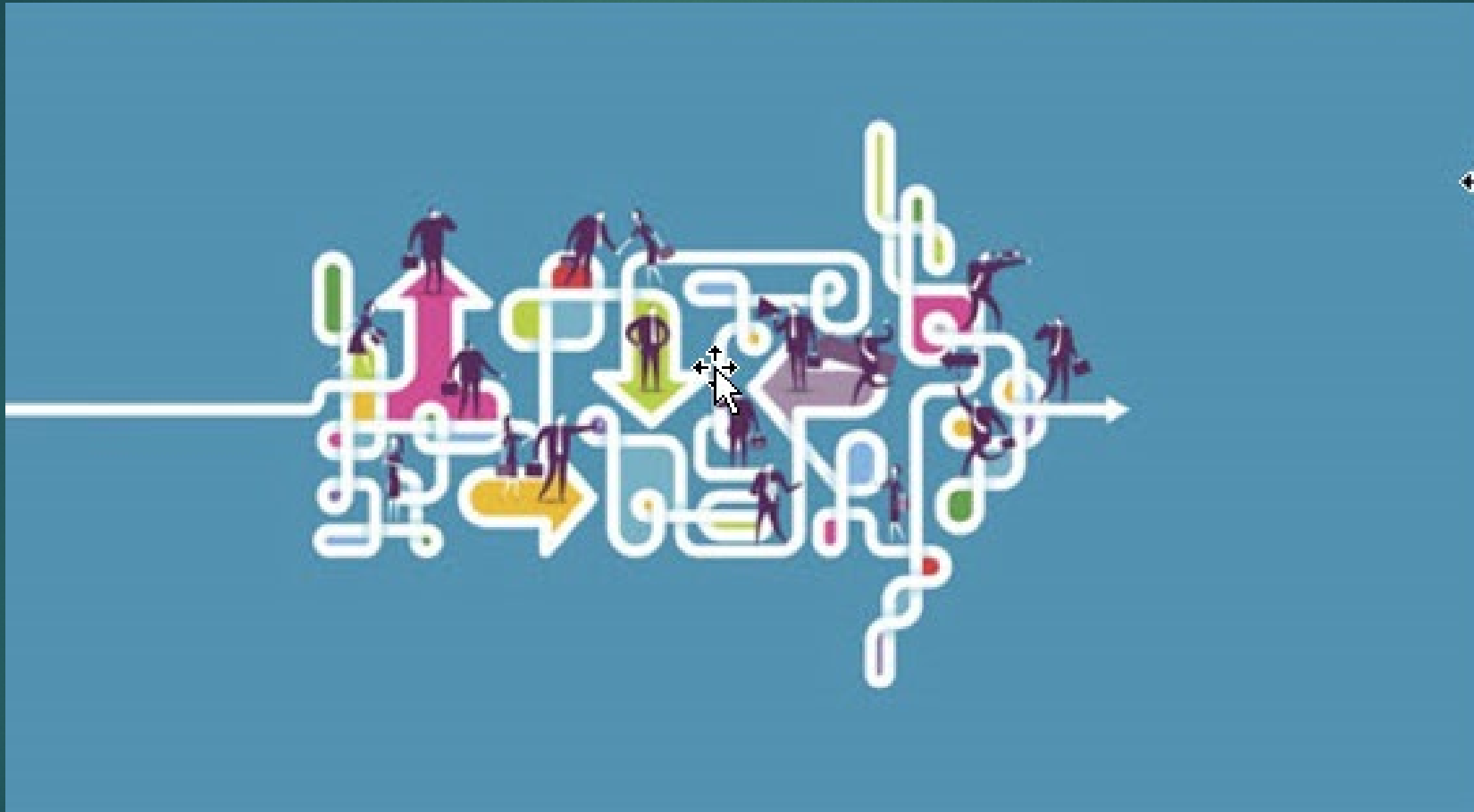
Europe's

15 Most-Visited Tourist Attractions [Ranking]




Ranking — 14 — 3.5M — Number of yearly visitors

Typical Healthcare FM Journey.



Insights to HFM Core Competencies





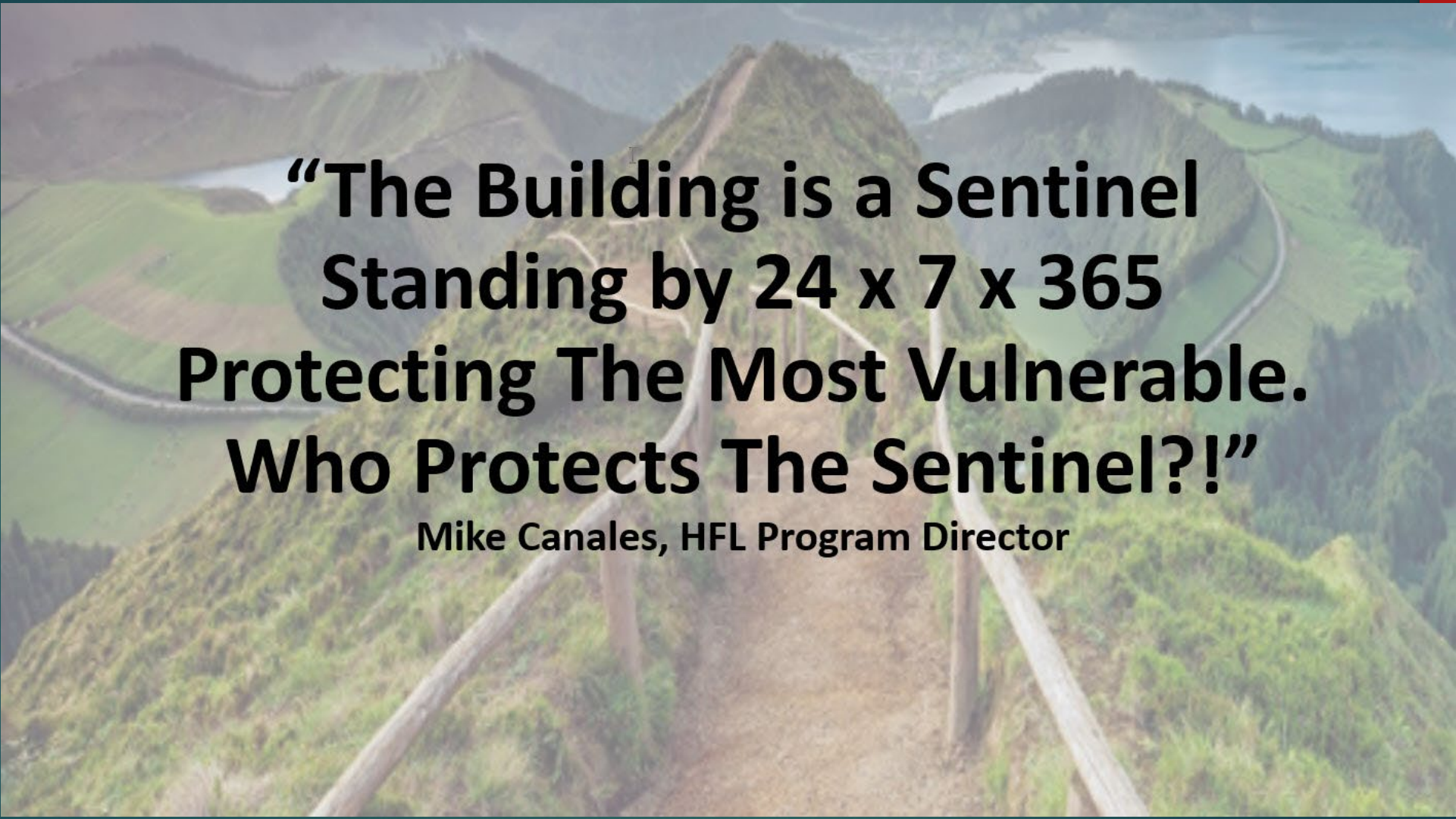
**“The Building is Clinically Involved,
While we are not considered Care
Givers, Patient Care & Outcomes is a
Meaningful Part of The Healthcare
Facilities Professionals Job.”**

Mike Canales, HFL Program Director

Protecting The Most Vulnerable

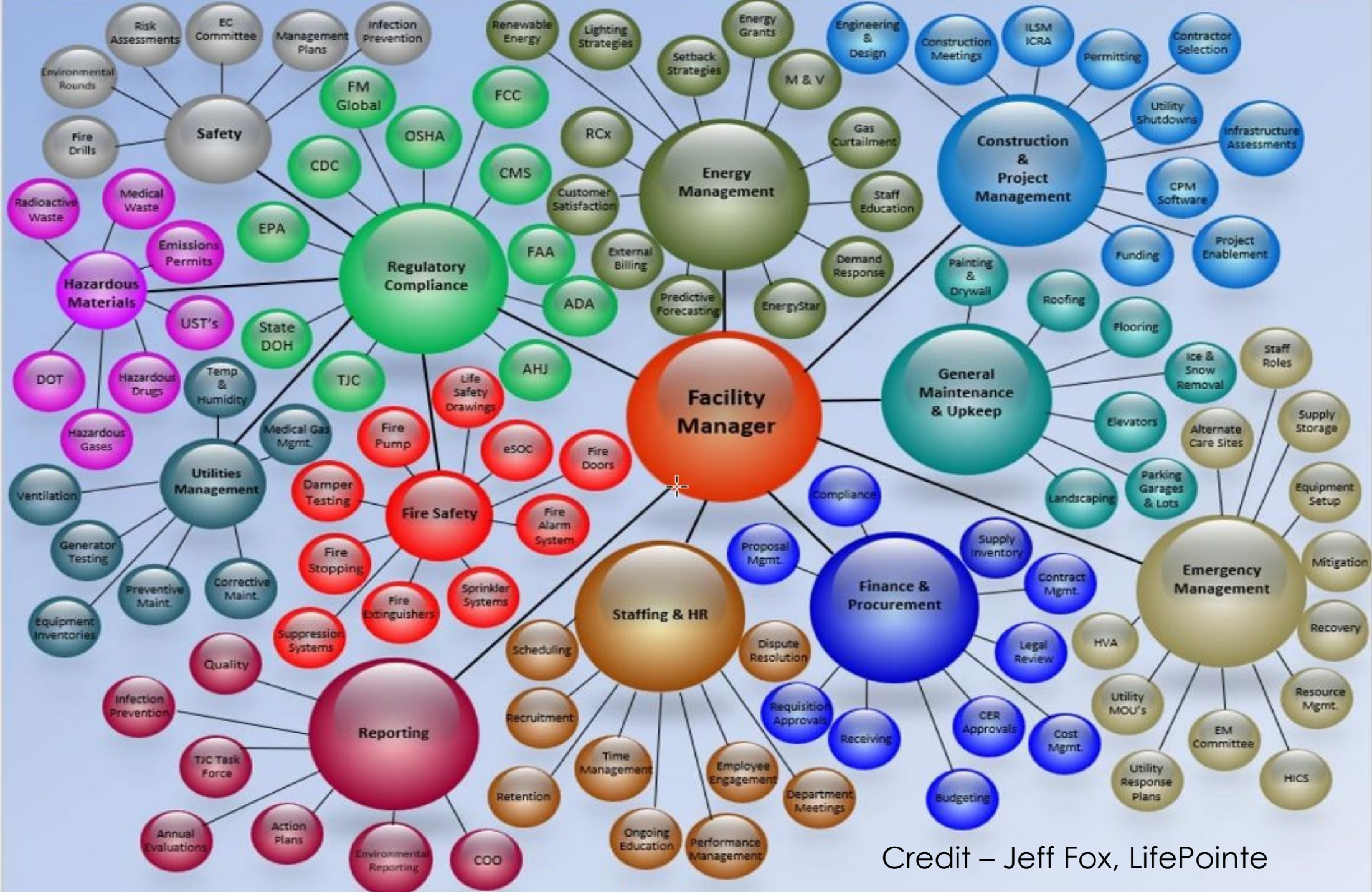
- ▶ One of a Kind Design
- ▶ One of a Kind Operations
- ▶ One of a Kind Maintenance





**“The Building is a Sentinel
Standing by 24 x 7 x 365
Protecting The Most Vulnerable.
Who Protects The Sentinel?!”**

Mike Canales, HFL Program Director



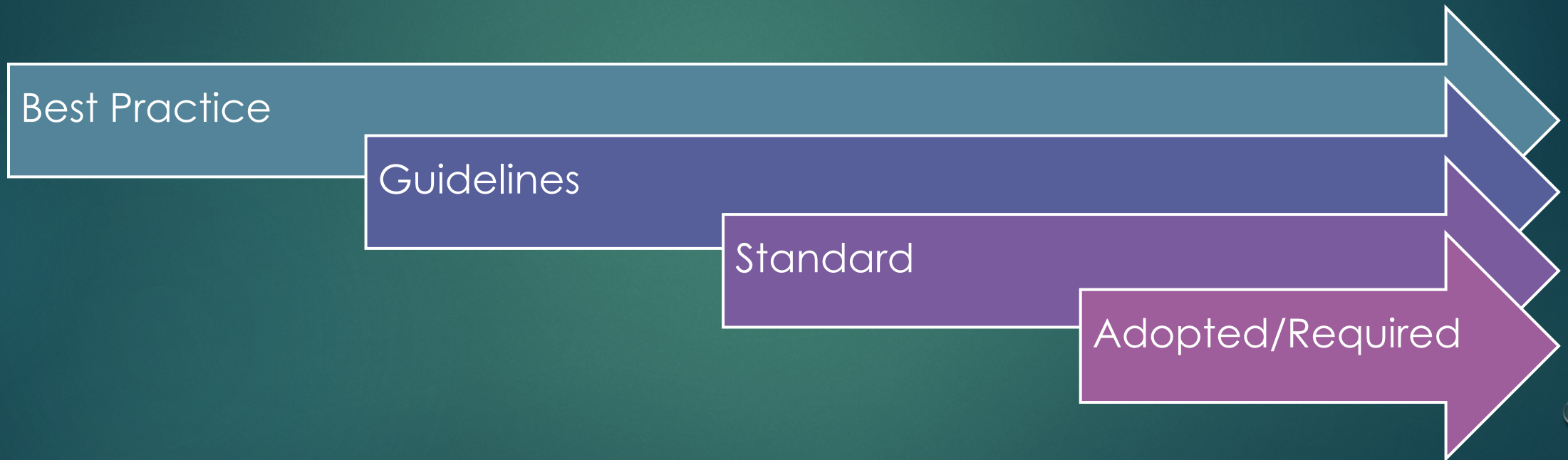
Credit – Jeff Fox, LifePointe

Recent and Emerging Expectations

- ▶ PCRA & ICRA 1.0 & 2.0
- ▶ Overhead Ceiling Permitting (Cables & Sprinkler Pipes – wall labels)
- ▶ ASHRAE 170- Air Ventilation Updates
- ▶ ASHRAE 188, ST 108 & 514- Water quality and pathogens
- ▶ Competency & Qualified Code Language
- ▶ AEM VS Manufacturer (Changed away again 2024)
- ▶ Sustainability/Carbon Reduction
- ▶ ASHRAE 43
- ▶ Disaster Planning(CMMS Emergency Management – Nov. 2017)
- ▶ See it, Cite it!
- ▶ Business Occupancy Surveying beginning 2022!



Journey to Code Adoption



ASHRAE 188 Journey to Adoption

Best Practices (1980's & 90's – Organizations)

Guidelines/Standard Development (2000 – 2015 – Organizations/Jurisdictions)

Standard (June, 2015 Jurisdictions/Organizations)

Adopted/Required (2017)

ASHRAE 514 Journey to Adoption

Best Practices

Builds on ASHRAE 444 & 188

Standard (July, 2023 Jurisdictions/Organizations)

Adopted/Required ?????

AAMI/ANSI ST108 Journey to Adoption



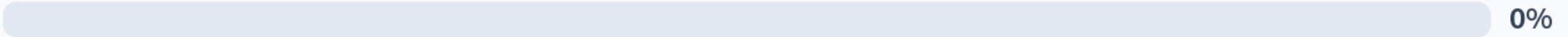
Key HFM Background Elements

- ▶ Accreditation Organization
- ▶ Bed Size
- ▶ Infection Preventionist Engagement
- ▶ FM Code Language Level
- ▶ FM Management Structure
- ▶ Hospital Acuity Level
- ▶ Years of HFM Experience

Which Accreditation Organization Surveys You?

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TJC



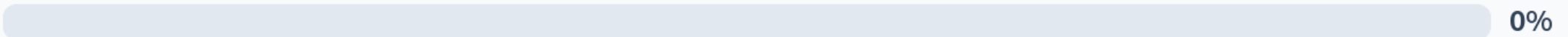
DNV



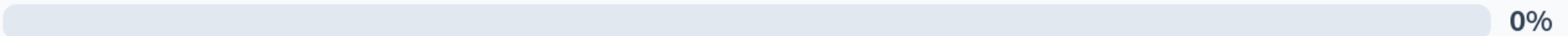
ACHC



HFAP



State



OTHER (ambulatory - Long Term Care - etc...)



Medicare Accreditation Programs

Table 3
Approved Medicare Accreditation Programs by AO
FY 2020

AO	Hospital	Psych Hospital	CAH	HHA	Hospice	ASC	ESRD	OPT	RHC	Total
AAAASF						X		X	X	3
AAAHC						X				1
ACHC	X		X	X	X	X	X			6
CHAP				X	X					2
CIHQ	X									1
DNV GL	X		X							2
NDAC							X			1
TCT									X	1
TJC	X	X	X	X	X	X				6
Total	4	1	3	3	3	4	2	1	2	23

The number of CMS-approved Medicare accreditation programs has grown steadily over the past several years resulting in 23 approved programs in FY 2020.

Centers For medicare and Medicaid services

Condition of Participation

§482.42

TAG: A-0747

§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

Accreditation Organizations and Expectations

Accreditation Organization

- The Joint Commission - Environment of Care Standards - Elements of Performance***
- DNV - NAIHO Standards***
- Other (ACHC, State, etc..) K-Tags - 2786R (Hospital Form).***

Standards Drive a BIG part of the HFM Work and Focus

- ▶ [A look at TJC EOC, Life Safety and Emergency Management Standards](#)
- ▶ [DNV NIAHO Standards – PE Page 293](#)
- ▶ The competition between these organization is real and the hospitals often develop a strong loyalty and brand for their Accreditation Organization (AO)

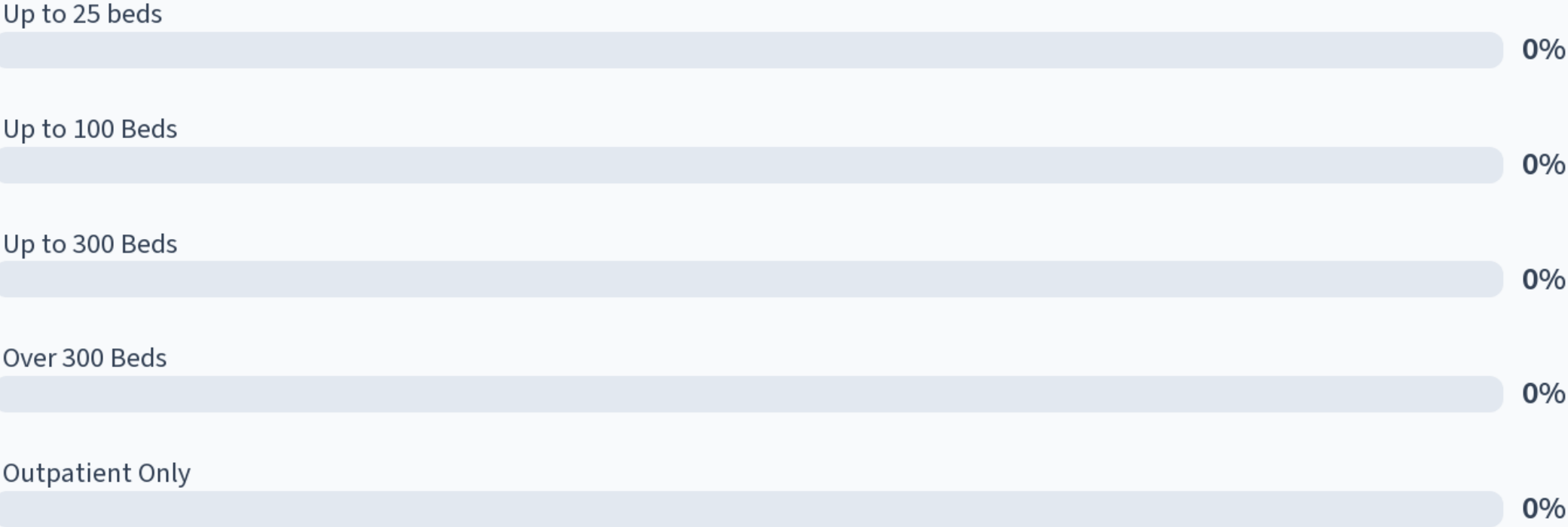
TJC – EC 02.05.02

- ▶ The hospital has a water management program that addresses legionella and other waterborne pathogens.
- ▶ EP 4 - Note 2: **Refer to ASHRAE Standard 188-2018 “Legionellosis: Risk Management for Building Water Systems”** and the Centers for Disease Control and Prevention Toolkit "Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings" for additional guidance on creating a water management plan. For additional guidance, consult ANSI/ASHRAE Guideline 12-2020 “Managing the Risk of Legionellosis Associated with Building Water Systems.”

DNV – IC 1 Infection Prevention and Control Program

- ▶ The organization shall have an Infection Prevention and Control Program (IPCP) in place, incorporating the requirements and/or recommendations of the CDC, CMS, OSHA and related professional organizations (e.g., APIC). This program, inclusive of documented policies, procedures, and processes, ensures the safety of patients, healthcare workers, volunteers, contract workers and visitors.
- ▶ Interpretive Guidelines - *Organizations shall have water management plans and documentation that, at a minimum, ensure that the organization:*
 - *Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacterial, and fungi) could grow and spread in the facility water system.*
 - **Develops and implements a water management program that considers the recommendations of the current edition of ASHRAE 188, Legionellosis: Risk Management for Building Water Systems and the CDC Legionella Toolkit.**

Hospital Bed Size



Bed Size Matters

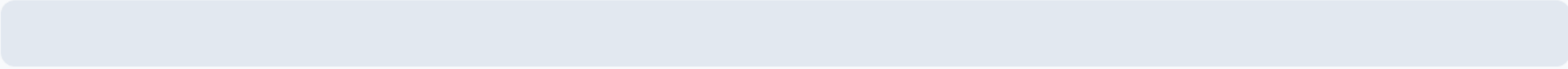
Bed Size

- Less Than 100 (Delegated to Many)***
- 100 to 300 (Many Hats)***
- Greater Than 300 (Fewer Hats - More Silos)***

Infection Prevention Engagement Level

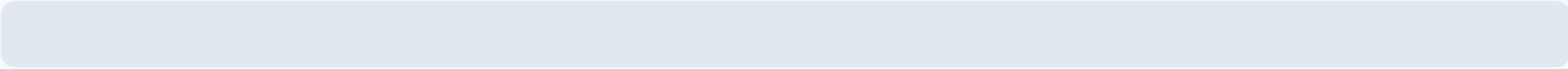


Little to none



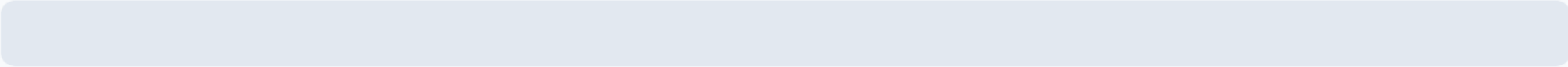
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Some - mainly when construction happens.



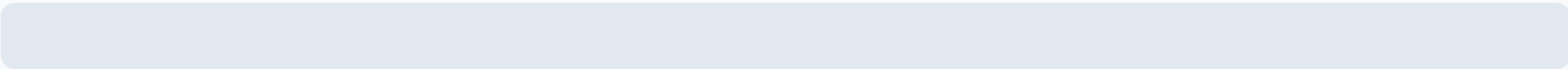
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Regular - weekly/monthly interactions



0%

Frequently - Daily/Weekly



0%

Infection Preventionist Engagement Can Vary Widely!

Infection Preventionist Facilities Engagement

Lower

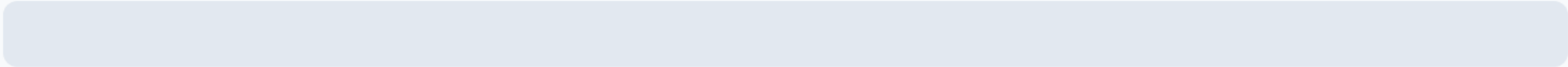
Modest

High

Code Language Comprehension

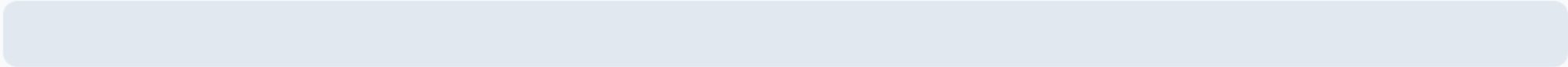


Basic Understanding of NFPA 101, NFPA 99 & Accreditation)



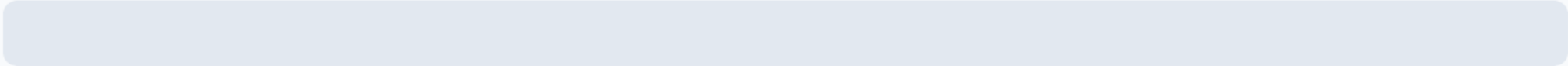
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Medium (Solid Understanding of NFPA 101, 99, Accreditation and some other key references)



0%

High (Excellent Understanding of NFPA 101, 99, Accreditation, and many other references)



0%

Construction Type Matrix 2.0

Step Three:

Match the Patient Risk Group (*Low, Medium, High, Highest*) from Step Two with the planned Construction Activity Project Type (*A, B, C, D*) from Step One using Table 3 to find the Class of Precautions (*I, II, III, IV or V*) or level of infection control activities required. The activities are listed in Table 5 – Minimum Required Infection Control Precautions by Class.

Table 3 - Class of Precautions:

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

Infection control permit and approval will be required when Class of Precautions III (Type C) and all Class of Precautions IV or V are necessary.

Environmental conditions that could affect human health, such as sewage, mold, asbestos, gray water and black water will require Class of Precautions IV for LOW and MEDIUM Risk Groups and Class of Precautions V for HIGH and HIGHEST Risk Groups.

*Type C [Medium Risk groups] and Type D [Low Risk Groups] work areas [Class III precautions] that cannot be sealed and completely isolated from occupied patient care spaces should be elevated to include negative air exhaust requirements as listed in Class IV Precautions.

Mirror Facility Managers Code Language/Level

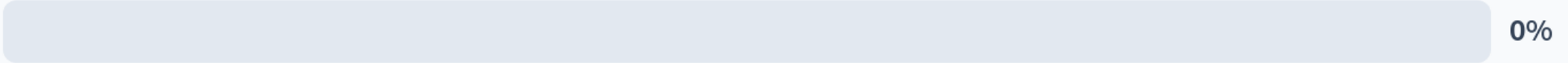
FM Code Language

- Low (Use more natural/common language)***
- Medium (Mix natural with code references)***
- High (mirror code language understanding)***

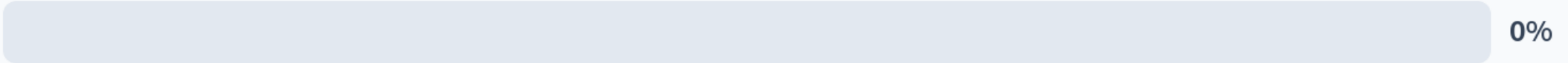
Management Structure



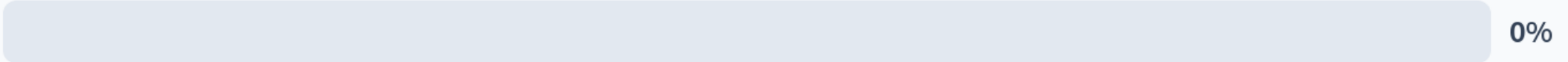
Local Hospital Reporting - i.e. to a VP or CEO



System Managed - i.e. to a Corporate/Centralized upper management



Contractor Managed - i.e. Services Contracted to Hospital



Who Do They Report To Can Drive Level of Decision Making

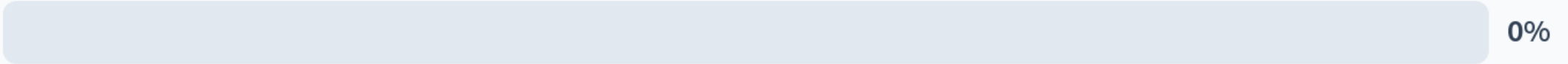
FM Management Structure

- Hospital Managed (High Local Ownership)***
- System Managed (Ownership can Vary)***
- Contractor Managed (Low local Ownership)***

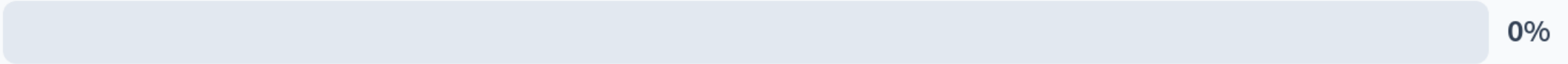
Hospital Acuity Level



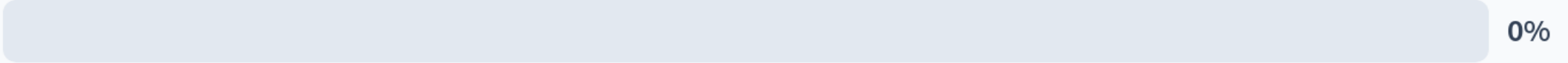
Low (Critical Access)



Medium (Community Hospital)



High (Trauma - Regional Center)



Acuity Level Along With History Can Drive Responsiveness

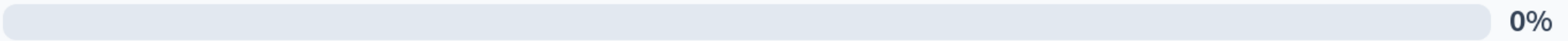
Hospital Acuity Level

- Low - typically small rural/critical access***
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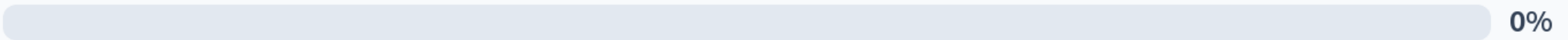
Years of Experience In Leadership (Director/Manager)

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Less than 3



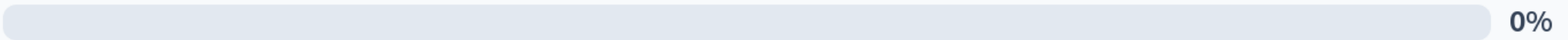
3 to 5



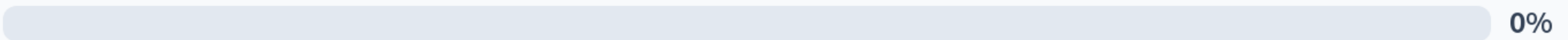
5 to 10



10 - 20



More than 20




It Can Take Time For Things to “Slow” Down!

Years of HFM Experience

- Less than Four (Drinking From Fire Hose)***
- Four to Eight (Foundational Knowledge)***
- Nine or More (Advanced Knowledge)***

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app



▶ Wouldn't it be nice if there
was there was a simple
form!



Healthcare Facility Manager Contact Background

Hospital Organizations _____

First Name

Last Name

Email Address

Phone Number

Accreditation Organization

- The Joint Commission – Environment of Care Standards – Elements of Performance*
- DNV – NAIHO Standards*
- Other (ACHC, State, etc..) K-Tags – 2786R (Hospital Form).*

Bed Size

Infection Preventionist Facilities Engagement

- Less Than 100 (Delegated to Many)*
- 100 to 300 (Many Hats)*
- Greater Than 300 (Fewer Hats – More Silos)*
- Lower*
- Modest*
- High*

FM Code Language

FM Management Structure

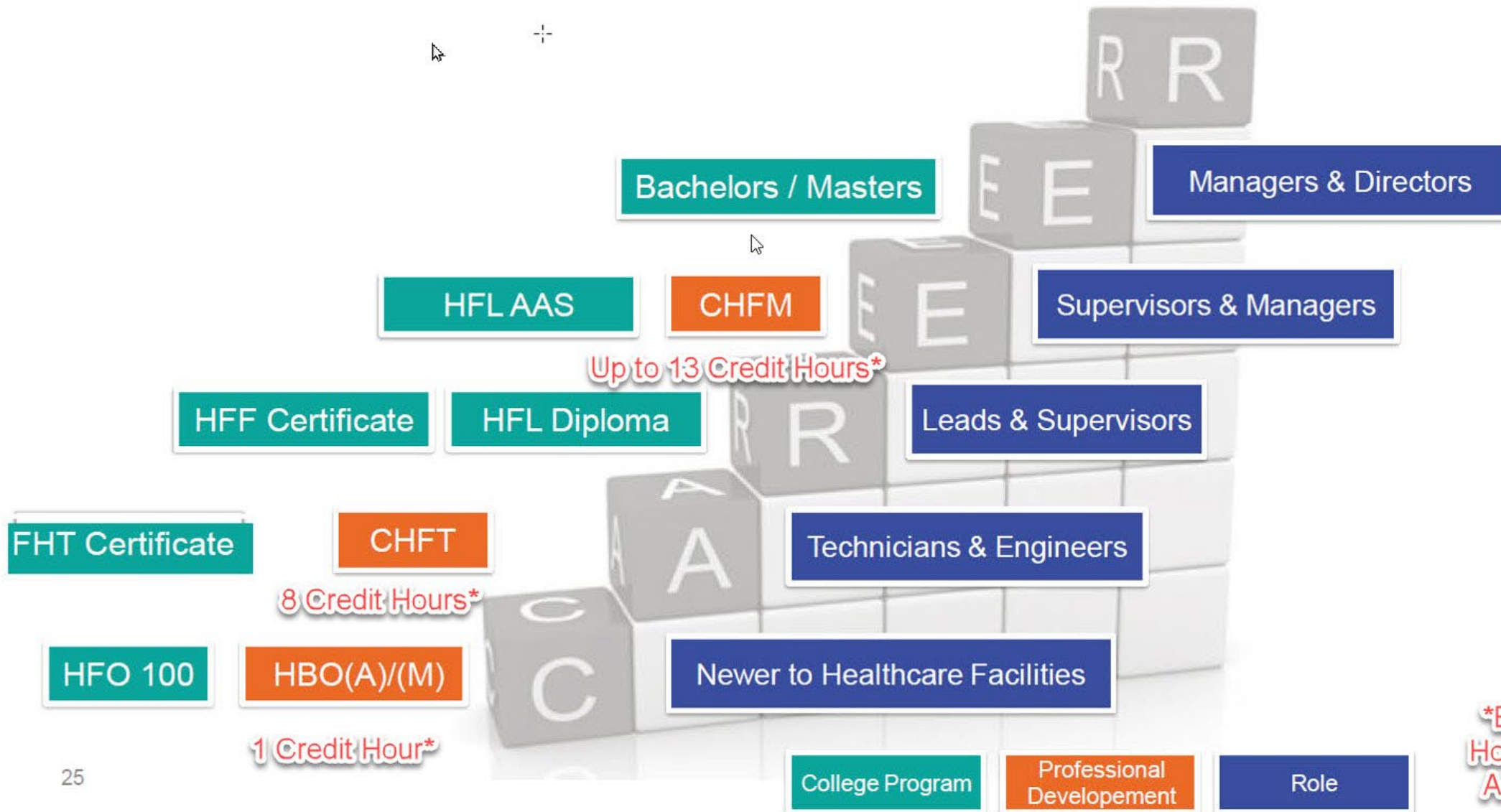
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Hospital Acuity Level

Years of HFM Experience

- Low – typically small rural/critical access*
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- Less than Four (Drinking From Fire Hose)*
- Four to Eight (Foundational Knowledge)*
- Nine or More (Advanced Knowledge)*

Career Credential / Academic Ladder



*Experiential Credit Hours for OCTC HFL Academic Program

FAKE IT
till You
MAKE it





Don't fake it till you make
it. Fake it till you become it.

Amy Cuddy

Summary

- ▶ Many HFM's struggle to find time outside of healthcare "requirements" to be proactive and/or adopt emerging expectations.
- ▶ Speaking the right "language" will strongly benefit your initial contact.
- ▶ Understanding external factors such as IP Engagement, Organizational Structure, Size of Facility will help you focus/target your efforts.
- ▶ A good "profile" will help you navigate the wide variety of "cultures" that exist in varying healthcare facilities.
- ▶ Be ready for the call in the middle of the night requesting "immediate" help because a "shoe just dropped"!

Question & Answers

