

Boiler Room to Boardroom...



Just a slogan or a Reality for the Future?

Dale Woodin, CHFM, SASHE

Chief Facilities Officer - CFaO

- Senior Executive
- responsible for planning and directing the hospital's physical assets
- and the services required to support them.

Chief Facilities Officer - CFaO

- Must devise, develop, and implement a comprehensive solution
- that not only satisfies the organization's physical space needs
- but also properly and efficiently configures the space to meet the institution's strategic goals.

Chief Facilities Officer - CFaO

- Further, this executive deploys a comprehensive financial strategy
- to fund and allocate financial resources
- and devises a similar strategy for physical assets.

Questions the Chief Facilities Officer's strategy must answer

- “How much/what kinds of space will be required?” and
- “At what location and when?”

Chief Facilities Officer's typical portfolio of functions

- Master planning, space management, real estate,
- Facilities design and construction,
- Code compliance,
- Operations, maintenance, energy management,
- Transportation,
- Biomedical engineering,
- Safety and security,

How to get there?



Chief Facilities Officer's Observations

- Develop the credentials
- Be known
- Understand the business model
- Learn process management
- Don't get defensive
- Build relationship/persuasive skills
- Assume responsibilities when asked to do so
- DWYSYWD

What do Healthcare CEO's want from Facility Managers?



Some CEO Issues

- Access and Coverage
 - affordability
 - Billing and Collections
 - Clinical Integration
 - Emergency Readiness
 - HIPPA
 - Health Information Technology
- Immigration
Liability Reform
Limited Service Providers
Physician Relations
Reimbursement
Tax exempt Status
Workforce Shortage

To Err is Human

- 98,000 deaths from adverse events
- 8th leading cause of death
- > motor vehicle accidents, breast cancer, or AIDS

US Healthcare is Broken

- 30 to 40 cents of every dollar is spent on costs associated with “overuse, under use, duplication, system failures, unnecessary repetition, poor communication, and inefficiency”

Crossing the Quality Chasm

- “Health care today harms too frequently and routinely fails to deliver its potential benefits.”
- “Between the health care we have and the care we could have lies not just a gap, but a chasm”.

6 Quality Aims - Healthcare should be

- **Safe** – avoiding injuries to patients from the care that is intended to help them
- **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit

Healthcare should be:

- **Patient centered** – providing care that is respectful of and response to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
- **Timely** – reducing waits and sometimes harmful delays for both those who receive care and those that give care.

Healthcare should be:

- **Efficient** – avoiding waste, including waste of equipment, supplies, ideas, and energy
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status.

Building a Better Delivery System – A new engineering/healthcare partnership

- engineers (and facility managers) are the most underutilized strategic resource in healthcare today.

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NASA Director of Mission Operations.**

“Failure is not an option, people.”