Speaker 1: Kirk Kaiser
Speaker 2: Mickey Eberts
Speaker 3: Art Huber

Speaker 1: Glad you could join us on FM After hours, the ultimate podcast for all things facility management. We're here to take you on a journey into the ever-changing world of fm. Don't forget to check out our gracious sponsor, remediate your trusted partner and fire and life safety compliance. And with that, let's dive in.

Speaker 2: Good evening and welcome to the FM after Hours show. This is our inaugural podcast episode. We're going to focus on facilities management and healthcare. My name is Mickey Eberts and I'll start with a special thanks to our sponsor, remediate. Let's move into introductions for my guest. Art, if you'd like to start, please.

Speaker 3: Sure. I've been in facilities management, specifically healthcare for most of my life, if not my career. I started when I was 16 and in a hospital and been doing healthcare facilities ever since retired. Now I'm still involved in healthcare just as a part of my life because people can't let me alone. You retire and people just say, Hey, could you help me here? Help me in. And I have a really problem saying no. So anyway, back in 1975, I started working in a hospital as a custodian in environmental

Speaker 2: Surgery. I was six.

Speaker 3: That's depressing. That's really unfortunate, but that makes a lot of sense now knowing who I know, you do lack a lot of experience, so

Speaker 2: Touche.

Speaker 3: Anyway, I started as a custodian doing what a custodian does in a hospital floor maintenance, did everything that environmental services or housekeeping back then would do, and then just evolved into being a worker in hospitals. Got to know that the way you wanted to go from my perspective was management. And I saw the opportunities as I grew into growing into more departments. And what I did was basically took on more responsibilities in healthcare. And at that time I had already taken a time off from college. I only went two years at Michigan State at first and had to have a job. So I worked and started going to night school and didn't have a degree yet. I progressed right to a director of facilities through several movements, through other hospitals, saw the opportunities to move through hospitals and became a director of facilities. And that was probably only five years into my career that I did that.

Speaker 3: And ever since then, been working in facilities. Now, when I say in facilities, I mean I went across the country. I mean I worked in probably 15, 20, 30 different healthcare facilities in different avenues because while most of my career was as a what you call a proprietary director, which means I was hired by the hospital to work for them or the system. I also worked in contract management and contractors for healthcare facilities. So I've kind of done the gamut, but most of that was as a proprietary director in facilities and moved from various states. I moved from Michigan to Georgia to Kansas where I

live now. But within that timeframe, probably I'd say 30 healthcare hospitals or systems or nursing homes, those kinds of things. Anything related to healthcare, I've done it within those capacities along the way. As I mentioned there a moment ago, I've probably worked in 15 to 20 different states doing various things.

Speaker 3: That becomes a really big deal in facilities when you start understanding as we talk through this in the coming sessions, what it means to be a director of facilities and all the things that it covers and the regulatory environment you get into and those things that becomes important to know what state you're in, what city you're in, even to the locale that you're at. So it's kind of been my career where I've been and it really had been a godsend for me over the years to be able to, I guess progress to the level where I was a executive within healthcare by the end of my career.

Speaker 2: And you had mentioned you were, well first, let me say Art Huber, I introduced you as just art. I'm very familiar with you, but for our viewers, art Huber, but you had mentioned going to school and you needed a job and you saw advancement in facilities and you eventually got your degree. And that degree of course was in facilities management, right?

Speaker 3: Oh, no, that is not the degree I have because if you really do the research, and we argue about this all the time, my degree is in business, and again, as we get into this and talk more about it, that's far more important than having a degree in facilities. I'm not sure what that means because that can mean a lot of things. You could be an engineer, you could be a management of facilities through outside of healthcare. There are some degree programs that you can get called a facilities manager, but it's really more from an organization like if International Facilities Management Association or asci, American Society for Healthcare Engineering, where you get credentials and things, but not actually a degree in those things. But there are some that focus on that. But there's really only a few colleges or I'm not sure universities that cover some of those things.

Speaker 2: Right, okay. Thank you. Art and Kirk? Kaiser?

Speaker 1: Yes. Thanks Mickey. Yeah, so man, I've been in a whole bunch of things throughout my career. I mean, started out in chemicals and went to transportation and then residential remodeling, construction, and then landed in this commercial space, which led to healthcare. And sort of like you man, once you get sucked into the healthcare deal, it is hard to leave. I mean, you become an expert in that area and you become experienced and then it's very interesting. And so I've been doing it now for 17 years and have been a serial entrepreneur along the way. So started companies from nothing and grew 'em and sold 'em and stuff. And now this is the longest stretch I've ever been in anything. So being for 17 years in this and we started in the passive fire protection space and then moved into life safety as well. And the requirements for healthcare are, I mean it does, you become specialized and as you become specialized, you've been on speaking tours and stuff now and you just get known for that and it does, it sort of sucks you in.

Speaker 3: Well, there's a lot to that too because once you realize, and this is where I got sucked in, is facility sounds like, well, you're in healthcare but you're not helping anybody, you're not treating anybody, you're not a doctor, you're not a nurse. We support those people

and we let them do what they need to do through what we do. And that becomes, I guess the greater good of being a facilities person. I don't care if you're, the housekeeper that I started out is food service serving quality, highly nutrition meals, or you're making sure the air is clean and everything's safe and it operates under a power failure. All those things that you get into in healthcare facilities, you're doing something for people and you don't think about that at first, then you get sucked in like you

Speaker 1: Do. And for what we do for fire and life safety, I mean it's very different because if you're in a strip mall or you're in an office building, it's easy to get up and leave when you're getting operated on or you're hooked up to a machine or I mean, anything that goes on in a hospital, it's a very different level of protection that needs to take place. So it's called defend in place. So the standard is, well, you're probably not going to be able to leave and we have to make sure that everything's done such that is, and I don't think people really realize in that hospital environment, fires happen, smoke happens. I mean these things happen. And you can imagine if you're able to go in there and make a difference because in these other areas, it's not that it's not important, but the level of importance is nowhere near what it is healthcare.

Speaker 1: So as you sort of get in and you realize, oh my gosh, man, what I do makes a difference here because I mean there are thousands of people in this hospital and if something happens, I mean what we do actually really, really matters. So it's fun being in there and knowing that you're in the most stringent sort of environment for what you do. And then it does. It's like, I dunno, I've always liked the challenge. And so you go to the hardest thing that's out there and this is it. I mean by far for what we do, fire and life safety for sure.

Speaker 2: Exactly. So I'll take a second. Thank you Kirk. I'll take a second. Introduce myself again. I said my name is Mickey Eberts. I started in healthcare 25 years ago. I started off as a life safety technician. I tested dampers, learned how to test doors, and then I went into fire alarm systems, got a nice set level two and inspections and testing and fire alarm and then subsequently fire suppression. I started managing that program inside the hospital. Then was asked to create a building automation department, knew nothing about that, but did a bunch of research, asked a bunch

Speaker 3: Of questions. Who asked you to

Speaker 2: Do that? That would be you. I was

Speaker 1: Just wondering

Speaker 2: That would be you. I wasn't going to give you credit, but that would be you. And then ended up taking over paint and carpentry. By this time I was in management, and so within a few short years I had such a breadth of experience and exposure inside healthcare to understand Kirk, exactly what you were talking about, how difficult it is. And then what you were talking about is how much of a difference you can make. Right?

Speaker 3: Well, you started management, right? You never got your hands dirty ever in this world, did you?

Speaker 2: That's not true at all. Tell

Speaker 3: Us a little bit about some of the activities you found yourself in as a healthcare facilities guy. Starting at the bottom, basically, you were not a manager when you started even as a life safety tech, you kind of started below that as a grunt, right?

Speaker 2: Right. Yeah. You just do work orders, you have jobs. I mean, I shoveled snow, I picked up trash, whatever needed to be done. You do hot and cold calls, you paint carpet like patch walls, unstop toilets. That's one of the interesting things about working in facilities is you end up learning so many different things. And one of the best things that you do is you interact with patients and the staff in the hospital and you learn how important that is to make them feel comfortable.

Speaker 1: I think that's what makes that job of the facility director. I mean, I think one of the hardest in the country, I mean when you got to think about it, you got a fully functioning hotel, your meal service, you got restaurants in there. I mean you have everything going on, but you have to service not only patients, but you have to service doctors and nurses. And then when you think about in the worlds that we're in, you have contractors coming in and you've got construction projects and you have compliance activities and regulatory. And I mean it is insane when you look at what a facility director has to be proficient in, right? In all these different areas. He just doesn't get to pick and say, well, I'm going to be really good in plumbing or I'm going to be good in compliance or I'm going to be good in, but I mean, when you have doctors and nurses and patients in the C-suite and ocean inspectors and everyone coming at you nonstop, I mean that job is one of the most complex in America, I think. Without a doubt.

Speaker 3: And when I was getting at, because when asking about the grunt work that you ended up doing, it wasn't just as a lower level employee, it was as a manager too. And now what I was digging at, some of the things you get involved in when you're talking about all the different variety of things is I was more going to the life safety side of things and the rescue type things that you don't think about this. Like you're saying, people come and go out of the hospital and think they're there to get cured. Yeah, that's absolutely true. Or maybe sometimes they die there. It's all those facets that happen. But as a facilities member, it doesn't matter what your level is, you get called upon to do some of the strangest, hardest things that you can even imagine that has nothing really to do with why you think you're there,

Speaker 2: Right? Yeah, it is interesting. We had a Dr. Strong code that you'd be in the almost different organizations do it different ways, but this particular organization, if you heard Dr. Strong over the intercom, it meant that you had an unruly person. It could be a patient on a mental ward or just someone just misbehaving and the facilities was required to respond and you got some training, but not enough. So I mean, I've been punched in the face, I've been beat up by somebody that probably should have been in the MMA where you're just holding on to 'em. You can't hurt. You want to make sure you don't hurt them, but you don't want them to hurt other people. You go through a

lot of stuff and it can be daunting. At one particular hospital, this was in the northeast, I'm walking down the hallway and a body fell off of a gurney.

Speaker 2: And the guy that, he was actually a security officer, he performed a lot of different functions in the hospital, the body rolled in the floor and he was panicking and well, I'd been working in a hospital for a while, so I'd seen multiple dead bodies. So I'm like, okay, man, you grab that half, I'll grab this half, you put it back on the gurney, he's no longer sweating, he's not going to get fired. And then you keep moving. But when you think back about that, it's surreal that you run into things like that. We've had fires, we've

Speaker 3: Had, well, and I always go to the more I guess heroic things in your mind after you think about 'em when you're actually, maybe you're Dr. Strong thing, but there's also the code red and somebody somewhere could be trapped. You were talking about defend in place, but somebody's in the middle of the fire potentially and there's something smoking or something burning and there's a person in there and we're called upon to go in and get 'em out. I mean, that's our job. There's no fire department in the hospital. We're the first responders to that regard. And we've been trained to some extent, but we're really thinking about getting a person out. And you've been involved in getting all kinds of people out of places when their bed was smoking or something like that. There's some really

Speaker 2: Dramatic things that have happened. Yeah, I had forgotten about that. Crazy. I'll never forget about that. Crazy. We had a code red and run up there and it was in a burning. This is what's so sad. The person that had already been burned, that's why they were in the hospital, but the bed was smoking and there's protocols that you go through from a clinical perspective to move a patient. And they were struggling. This was a big person. They were struggling and they were panicking and the smoke was turning to fire. And so we had to get, and so I show up art's there, we look at each other, we kind of make an executive decision, go in the room, kind of. We're both bigger. We push the clinicians out of the way, not roughly just, Hey, we got it. He grabs one in, I grab the other, we pick the person up by the sheets, not you don't want to touch.

Speaker 2: They have the skin stuff. Pick 'em up, move 'em to another bed. And by the time we moved, that bed was, we needed to hit it with a fire extinguisher. It was scary. So let me circle back. This is all cool stuff, but to finish my introduction real quick, and then after I do that, I want to talk about, actually we sort of hit it, but why globally are we here? So I worked in hospitals just like art all over the country, big small rehab psych, very large systems. And then I spent three years with the Joint Commission doing as a life safety code surveyor. I don't know if I did 50, a hundred surveys, but saw a lot of stuff. Now I work as a CEO and a company that provides services to mostly healthcare and facilities. All that said, let's talk a little bit about why we decided to do this and then I'll start us off with essentially the three of us.

Speaker 2: Were kind of sitting having a beer and having a conversation just like this. At the end of the day, we have a lot of knowledge in this room, and there's millions of people out there in our universe that has similar knowledge. I don't believe it's getting passed down the way it should for a lot of different reasons. And so my opinion, and I know you guys share, this is an opportunity for us to do this podcast and cover different subjects as

deep as we want to go. So Kirk, you talked about all the things you got to know to be a facility director. We could create an outline and just take each topic and it might be five hours of conversation. So that's got me excited about this, but I'll turn it over to you guys and go ahead.

Speaker 1: Yeah, I mean, like you said, you've been throughout all your experience as a joint commission inspector, as a CEO, as a facility director. And that's a very, I think if we took a look across the spectrum of people in healthcare, not many people can say, Hey, I've been in the facility side as a director, I've been a surveyor and I've been on the industry side servicing it. That's a unique combination of things that come together. And so you've been able to see it from a bunch of different viewpoints. And it's interesting because I hope as we get into this, you can say, Hey, when I was a surveyor, here's the way I looked at something when I was a facility director. Here's how I looked at it. I think you've got a unique lens of just having long and strong experience from the facility side. And we've been in all 50 states, we've done work in 1500 or so hospitals, and it is different when you're in California or whatever, but my lens is always from servicing customers, what we see, how we respond, things like that. So I think it'll be cool to, as we go and explore these topics, to be able to look at it from these different points of view. But I mean, you truly have a unique point of view having been in all really three worlds as we take a look at this and I'm excited.

Speaker 3: Yeah, no, I have a similar perspective that Mickey talks about is because I mentioned earlier, I'm retired from the business of doing what I've done for my whole life. Really. I keep

Speaker 1: Pulling you back in. Yeah,

Speaker 3: Somehow that keeps happening, but at least I'm not working now. I'm sitting here jabbering and that's the best of all worlds at this point in my life. So somehow there's a whole lot of knowledge up here that I think I have that I've experienced at least maybe I'm not the smartest guy or maybe I haven't seen everything and there's not every perspective you can have, but I have a lot of knowledge that I've seen that I can share. And in my career, if you don't understand healthcare at all, it doesn't close. You know that there's no time. You go home to close the door, lock the door, go home on the weekend and say, Hey, I'm done. You're on call 24 7 and you have a family hopefully or something else you like to do other than work. So you don't have a lot of time of other things, volunteer work or giving back, if you call it that.

Speaker 3: This is an opportunity to do that if somebody needs some help through this kind of podcast type world, and we can get somebody to ask questions or say, Hey, I'm really interested in this. And I think that's what we're starting with today is we've heard some thing from some customers that this is a problem for them. So that's what I think we're going to talk about today. But we are looking for those kind of things from people in the industry that are either struggling or on the other side because they have the same breadth and depth of experience We do want to share too, that we could bring in and continue the conversation about a particular subject or just everything, however it goes. But that's why I am excited about this as, hey, I can share something. I can give something back to somebody. And as we've experienced, and I'm sure you have too,

you run into a lot of people that don't know anything about what they've just been given because they were a, I'm going to use your example.

Speaker 3: They were a really good plumber, and so they had promoted 'em to director of facilities and the poor guy has no idea about anything else but plumbing and he needs some help. So we're maybe a resource for that kind of a guy. Then there's the poor real estate director, they're in charge of the medical office building at some hospital and she has this responsibility to run them and does a great job leases and all that, which is complicated. Complicated and has contractors working for that. She takes care of all this stuff that plumbing and electrical, mechanical may not know it all, but she's got the ability to get it done. And then all of a sudden because of that, hey, you can take care of this hospital facilities, you're in charge tag, you're it, and may or may not have any idea about joint commission because they don't cover medical office buildings maybe does even know what it means. That's the kind of thing I think you can share and help potentially. It makes you feel good. That's something you can get to

Speaker 2: Ideally. You said it art, I'll say it in a different way. If this thing does what I want it to do, what happens is we get some people interested in this and then we get some feedback and potentially questions. And between the three of us, we have contacts we could bring experts in to sit down. I'm making it up, but if we wanted to talk about chiller maintenance for whatever reason, we can bring people in here who are Uber experts at chiller maintenance. You and I know enough to get in trouble, but we could dive deep down in, that's one example to your point about the real estate director going to the healthcare facility director over, what's the term? I've lost it. The occupancy healthcare occupancy. That's what I meant. So they go into that role and three, four weeks ago I had a call with that exact example and she was talking about, look, this is a great opportunity for me. I've been on the real estate side for, I don't know how old she was. She might've been in her mid fifties. And so she now has this position of a director of facilities for a large hospital, and she just wanted to talk through what should she do from a regulatory perspective. So we spent an hour on the phone,

Speaker 3: So she was totally depressed after that conversation.

Speaker 2: I tried to keep it upbeat. That's funny. Now, so let's get into the topic of the day so you guys understand, the viewers understand what we want to do with the podcast, but the topic of the day, so we've been getting a lot of feedback around the country that the Joint Commission is being more aggressive in their approach. And what I mean by that is I know they've staffed up, I know they're trying to get more life safety code surveyors out into the field to do more surveys. So typically the, I'll say in the past, the joint commission would do a triannual survey 18 months after your survey date, you're in the window for the next survey. But usually they would come back around that triannual date usually

Speaker 3: After,

Speaker 2: Yeah, yeah, exactly.

Speaker 3: Many, many times after the date that you expected them because they're behind, like you said, they're staffed up now and maybe they have the staff to do

Speaker 2: It. And interestingly, when I worked for the Joint Commission, I was hired as an intermittent surveyor, which meant I was only supposed to do six surveys. Six surveys a year, a quarter, I can't remember. I think it's a quarter, no a year, sorry, six surveys a year. They were so far behind and I was sort of quasi retired at the time, and I got along with my field director, he's a great guy. Shout out to Tim Markon with the Joint Commission. Fantastic guy. He came to me and said, Hey, no, you're not working. You're just sitting at home. Can you do more surveys for me? So I'm like, okay, yeah, I was working full time for a year before I went back into the workforce with a COO title.

Speaker 3: So as we get more into this podcast, everyone that our viewers will understand how messed up that is. But go ahead.

Speaker 2: That's me. But true. So your point is valid that go back. I think I left the Joint commission in April of 20. So what's happening now though is they're staffed up and they're being more aggressive. They're past the pandemic thing, and so they're coming earlier. We've had some people report that they're coming before they're even in their window. I haven't been able to validate that, and I doubt that that would be the case because you get cost involved, you have to pay the joint commission to show up. But the bottom line is

Speaker 3: Now, well, it doesn't always have to be driven by their date either. So there could be an incident point that generate a survey that's outside the window even So there's all kinds of conditions. You're talking about a complaint or a complaint or something could cause a survey. Good point. So there's a lot of variables that can add to the timing of something like that. It isn't just the triennial window. I

Speaker 1: Think generally though, we do mention the window, but what we would see, especially from our customer base is that they know I have, I'm getting up in three years, even though the window may be bigger, it was three years. And then keep your, they're all everybody's members of ASHE and well connected with the other hospitals in the area and stuff, and when the joint commission comes in, they, oh, they're here in market now, right? So yeah, they may be down the street, but I know I'm in my, it's really not the big window, but man, I'm on my three-year mark. They're going to be coming down the street and coming in my building. So I think that's part of when you look at the Joint Commission versus A DNV or an HAF where they've got a more regular cycle, I think what we would see in what I think was sort of impetus for what you're talking about there is people just get ready two and a half years out and it or not in the compliance world, it's what gets measured gets done. And so for that checklist of things to go get ready for my inspection two and a half years out, well, I'm really going to start going in and making sure those things are getting done instead of doing it as a process throughout and giving it the same level of care and concern throughout the entire three years. Like it or not, you get close to that three year mark and you're two and a half years out, and I got to make sure that it's all getting done now,

Speaker 3: Which is impossible. Which is

Speaker 1: Impossible, but that's what happens.

Speaker 3: Oh no, absolutely

Speaker 1: Right. And you guys know that's what happens. And so the goal

Speaker 3: Is, and that's how we used to live to begin with before there was any, I mean the Joint Commission has evolved so much in my career. I mean there wasn't even the Joint Commission survey around facilities. There was no life safety surveyor when I started this business, it was called Plant Technology and Safety Management. There was a little booklet that you had a bunch of guidelines you were supposed to follow. And then the survey was by was it carved And rock had to carry, it was heavy. Well, it was heavy. I carried it because I can carry a lot, but the surveyors were, there was no life safety surveyor. There was an administrator, a nurse, and a doctor back then there was no life safety survey. And one of those three would do the safety part of the facilities part of that survey. So it's evolved so much.

Speaker 3: And I'm sure there's still guys out there my age that remember this stuff and know how much has evolved. And on the part of the joint commission there has been, and I can go a whole history of why the Joint Commission does what they do now versus what they used to do. But the impetus was upon just getting through the survey. Well now it's about continuous improvement. Everything's about continuous improvement and they can't look back 10 years, but they can certainly look back three years from the last survey to see how you've done, not how you did in the last two months getting ready. Because otherwise you have to be, and this is getting really wrong here, but you could be falsifying records in order to make it look right. You don't have records from 18 months ago. You're in trouble. What your surveyors going to look at LifeSafe surveyors is going to look back that far.

Speaker 1: They are. But I will say when they get in the hospital and start walking and doing the walks and looking around, if the door was broken, the fire door was broken two years ago, but it's good now. That's different. If the fire barriers, it's like, okay, look, if I'm going to go pay attention to my fire barriers, well they're not in here until three years from now. So I mean the most critical juncture for that is six months ahead of time. And that's sort of been set by really having very, it's every three years they're going to be in there and the window's really not wide. It's short. And so while I understand the documentation and stuff, they're going to go back and look at that. But the true where the rubber meets the road is when they're walking your facility and they're popping ceiling tiles and they're looking around and stuff. And frankly, whatever's two years ago, it was two years ago, it is the here and now. And that's really been the

Speaker 3: Focus. I would say that's a shortsighted look at it from a joint. I mean because they do look at the documentation. That is a big part of that

Speaker 1: Survey. They do. But I'm telling you, the weight that we see for when those inspectors walk around again, they didn't walk around two years ago. They're walking around now. So if you look at that continuum of that time since the last inspection, the most

important time is right now. And that's just what happens. I'm not saying it should happen. We're just saying this is the practicality of what we see day in and day out across the country and facilities is man, as they know they're getting close to that inspection, that's when way more attention is paid right then and there versus two years ago or three years

Speaker 3: Ago. I'm telling you that's a big mistake.

Speaker 2: Well, I'll split the baby though. So the best way to go about this is to have a programmatic approach that you've got all your inspections and testing in your CMMS system. You're getting your warnings ahead of time so you can schedule your inspections with your vendors. That's the best way to go about it. And it's really complicated. So many different things you have to cover. But the truth is the paperwork is important because if you go through to your point, if you go through a document review and it's a mess, the surveyor is going to be really frustrated. You only have about 90 minutes to do a document review. And if you go to a hospital that has four generators and two fire pumps and it's of that size and complexity, you got to be able to move. So what I would say to your point, art is you do need a system so that you understand your documentation and you're making sure that it's tested. You got who tested it, what code applies pass fail. If it failed, did we fix it? Did we retest it? Right? That's really important if you want to set the stage. But to your point, Kirk, it is the Joint Commission is trying to move the focus of the survey on the building tour. And the reason that is, is because CMS is putting pressure on the joint commission to find those physical life safety type deficiencies.

Speaker 2: This you've been surveyed by all types of people. The Joint Commission does a much more thorough document review than a CMS inspector. I'm not trying to hurt anybody's feelings. Potentially a state inspector too. There are great state inspectors out there. There are great CMS inspectors, but on a whole, the joint commission or life safety inspectors get trained a specific way to look at paperwork. So they'll catch the tricks if you don't have a system in place. But they are trying to move that focus to the building tour and they want, I mean literally when I went to the training for the surveyor, they're focused on how much time you spend walking the building because the building is the result of whatever system you put in place. So I'll kind of split the middle, but good conversation. Right. So let me create two scenarios. So one scenario,

Speaker 3: I'm going to interrupt you just for a minute because a couple things have happened in our conversation here, and I'm not sure our audience is always the experienced facilities manager like we talked about, you mentioned two things, DMV and HH fap and you said CMMS?

Speaker 2: Yeah. Oh, good point.

Speaker 3: I mean I know what they mean. You mean I'm not sure we should be, I'm not sure if we should or should not be helping our viewers understand what we're talking about sometimes. So like DNV and HAP are two different survey type organizations. One osteopathic one's just a contractor that does anybody that hires them instead of joint commission. So you have those choices as a facility to use. Anybody you want to do the

survey? What CMS says, what's the word? Deemed authorities for CMS. So I'm just clarifying for who are those people? What are you talking about? DME, we got the motor vehicle people coming. No DN. So I mean it's like different things. And then you mentioned CMMS, which is the computerized mainten and manage system.

Speaker 2: I meant Medicare and Medicaid, CMS CMS.

Speaker 3: Well you said in your CMMS have the work orders.

Speaker 2: Oh, I did say that.

Speaker 3: I use both of them. So you had one CMS and CMMS. So it's those kinds of things that I'm just trying to make sure we help our viewers understand what we're talking about sometimes. Now I know anybody that's for

Speaker 2: The viewers, that's why R'S here.

Speaker 3: And most, I'm hoping many of our viewers are like me or you and have been in this business a long time and understand everything we say. But I think there's some like that real estate person or that person that just got lumped into this job and needs to figure this out, that we might need a little bit more definition as we go along depending on what it's, so that's just a point.

Speaker 2: Well, so keep us honest then when you hear that, let's take a second because it

Speaker 3: Just rolls off our tongues so easily. Yeah,

Speaker 2: That's a good point. So what I was going to do is create two scenarios for us to discuss. One is how do you go about getting a programmatic approach to the joint commission so that you're ready for survey all the time? That's the best case scenario. And then the second one would be you just walked into this place and it may or may not be ready. And let's just assume you may not have all of the knowledge you've transferred from another, a common theme not only from real estate to facilities, but EVS, environmental services, housekeeping to facilities, construction to facilities. It's not that those people can't do it, just they may not know everything they need to know. So the second scenario is you've got a facility may or may not be ready, but it's managed by someone who needs help. And so how would you handle those things? So which one you guys want to start with?

Speaker 3: Okay, I mean let's start with the one where you have somebody new coming in or is not experienced yet and they're hoping for help. So the first thing that I always had to do because I moved from facility to facility, so I would walk into a facility sometimes which wasn't ready or the prior director just retired and never covered all these things. How many stories like that can we tell where you go in there and go, what was this guy doing and how did he ever pass? Because we knew what to look for, but the new person doesn't even know what to look for. You don't know what you don't know at this point even you're kind struggling with that. So my recommendation is to look amongst the

people that you have, find out who has skill sets that can help start building a program and you're going to about that at some point that can get you to the next level where you're at least building a program that can be so that if that joint commission surveyor walks in today, they're still going to look at the documentation regardless of where they want their focus to be.

Speaker 3: They got to, they're going to have to do that. So you can demonstrate to that inspector, we have a program, we had these faults, we're fixing them like this. And so you start building around the skill sets, you have to start doing that and you'd be surprised at the people that you have around you, even in the smallest, the facilities that know a lot of this stuff. And then I would always look to reach out outside of the facility to somebody that has that skillset, somebody that you can count on. And there's many opportunities that you've come across in your career where you met somebody or know somebody that has the skillset and you can reach out to them if they have a company or as an individual, Hey, come help me. So that's how I would start that process is try to figure out what I don't know and start digging into it. And that's a long process. I mean it is it,

Speaker 1: One thing you said, which I want to highlight is it's almost like there's several different buckets. The I don't know, and I'm not doing anything about it. And that's like when you get inspected, if there's stuff in that bucket and then yeah, you cringed, right? Because not good. Almost equally as bad as I know and I didn't do anything about it, it might even be worse. I think it's

Speaker 3: Worse.

Speaker 1: So it's not if you have a problem or not, what are you doing with that problem? So if you have a problem and you took it over as a new facility director in there, or it's something you inherited or whatever it may be, and you have a plan and you're working it and you're trying to find, you get so much grace, it's crazy. But you have to be able to demonstrate that. And when we see when the inspectors, the accreditation inspectors come in and when that happens, man, there's lots of grace. There really is. You have a plan, you're working it. The C-suite is funding, everything that goes along with it is completely different than those other scenarios. So it's not just there's a problem with that problem. Where is it sort of falling in that? And so the things you said where it's like, I've brought in an expert, I I'm doing this, I'm researching it, I'm spending money to fix it, I think is a big precursor that they look at. Are you just giving it FaceTime because I'm coming in or are you actually,

Speaker 3: Well, that's one of the things I would say about specifically the life safety surveyor group. I mean, Mickey mentioned a little bit ago that I've seen a lot of different ones. I mean, over my career, again, I can't even count the number of surveys I've been through and there's always a different life safety survey. I don't even think I've ever had the same one maybe once. I think I might have, but it's rare. It's rare because they're moving, they're changing and they've got so many to do. But in general, I'm going to tell you, they're not jerks. I mean they're really not. And there's been, before I retired, there was a big effort other than one person I know, but there's been a big effort to have them not be jerks and be helpful to that scenario you talked about where they don't come in saying Gotcha, gotcha, gotcha, gotcha, gotcha.

Speaker 3: Because you don't have it. It's like, okay, we have to cite this because it's wrong and you're going to get this in your report, but I see what you're doing. I see you're trying to, and let me help. Because they are usually highly experienced facilities people themselves, and they can lead you in a direction. And we used to make a joke about you. And then once they found enough stuff, they're going to stop picking on you because they've got enough for the report. They don't need any more. They're going to help you. They're trying to help you get through. So the next time somebody comes, you're ready. And so that's what I found with those surveyors in general is if you treat them like that and you don't put on your jerk face because you're scared or you're arrogant because you think you know everything, you start that kind of scenario with your relationship with that surveyor, you're probably in trouble because you're forcing it.

Speaker 2: Both of you guys made great points. Just so from a perspective of a surveyor,

Speaker 3: The one jerk I was talking about,

Speaker 2: Yeah, I'll take that. The Joint commission, when I came in for my training, they point blank said, we're trying to make a shift. They're working on their surveyors, personal relationship skills. So the way I was trained to do it was you go in, you make your introduction, and as soon as you can, you pull the group that's going to be with you during the survey and you try to put them at ease. Right Now, it is not a trick. I'm not trying to lu you into telling me something because I'm going to find whatever's there. It's not hard, especially if you've done, if you've been in the seat, the tricks of the trade, but it's to try to put 'em at ease and you want to do that. And I'd say, look, this is your facility. We're going to go walk it. I don't make sure I know what I'm looking at and if you disagree with me, talk to me about it.

Speaker 2: I would tell them that we had the standards interpretation group, which is commonly known as SIG at the Joint Commission. And I would tell them if we disagree on something, vocalize it and we'll ask Sig because I'm not an expert in all things. And so I'm just trying to make 'em feel comfortable. And then both of you are right in that even though the joint commission tells, you, see it cited, the surveyors are human. And especially if you've done the job, you're going to run across a director or a manager or a supervisor that's trying, and you can sense how hard they're trying and you can sense that they may have a knowledge gap in this one specific thing, but they're trying, you're more apt to go from siting to teaching. And there is an element. And even though if I work for the Joint Commission, I get in trouble for saying this, you do need to get certain types of findings.

Speaker 2: That's just your job once you get there. And again, it's not necessarily conscious, but if the person is trying that you're surveying, you are going to let off the gas sum and you are going to go more into that teaching mode. And that's the fun part of being a surveyor. It's like, Hey, I see what you're trying to do here. Here's what you're missing. You're forgetting that when it's a year test, you've got plus or minus 30 days. You can't do it on that 40th day. It's just a silly example. But both of you guys made really good points. And then art. I was going to say, and I learned this from you, so whenever I walked into something that I didn't understand or I had never managed before, which

happened a lot, it happens all the time in facilities so much. I remember the first time I became a safety officer, I had no idea what that was.

Speaker 2: And I remember calling you going, Hey man, I got to have a medical equipment management plan. What the hell is that? Right? And then, oh, well, not only you got to have a safety plan, you got to have a hazardous plan. You got to have, what is it? Utilities, and I can't remember the rest. There's seven of 'em. There used to be, I think they got six, emergency management got broke out or something, but I had no idea. And there's a lot of resources out there. There's a group, it's called ashe, the American Society of Healthcare Engineers. They've made a big effort for the last 20, 30 years, maybe longer, to compile some of the templates and the things that you can use to guide you. Right now, I perfectly agree with whichever one of you said, get help, but you need a roadmap. What has to be tested? How often does it has to be? It have to be tested. What's the code around fire doors? What's the code around firewalls, smoke walls, there's differences.

Speaker 2: What are the different type of sprinkler devices and when are they tested? Those are big deals. Do you have, I used to walk the facility all the time, and there was multiple reasons why I was walking the facility. One, I wanted to interact with the nurses and the people on the floor to build relationships. Two, I wanted to make sure my guys, my people were doing what they were supposed to be doing. But three, I was looking for deficiencies related to the programs that I had in place. And so that's another thing, get an expert, have them walk with you, have them tell you what they see. Alright, so I'll stop talking you guys. No, that's

Speaker 3: Good. No, no. I mean it's a key point in getting the expert. I mean, there's just so much that it's impossible for one person to know it all least. And from my perspective, maybe somebody out there thinks they can know it all and can have all this stuff in their head, can do all this.

Speaker 2: Those are the worst facilities,

Speaker 3: Absolutely. Leaders. But what you mentioned earlier that Ashley or American Society for Healthcare Engineers, everybody's a member. That's not true. What I found, especially as you start moving around to the smaller facilities or to the person that just took the job, they don't even know what ASHI is. And I was just going to say ashy is just a, I joined NHI in 1988. That was the first year I was a facilities director. And somebody for my luck, I don't know, told me about it. And I think, oh, I was a member of the America Society for Healthcare Environmental Services and found out there was a division for facilities. And I took this new job and they always, well, I got to join them too because the ashes, as it used to be called, was key to my success as that facilities or an EVS director. So I joined the organization back in 1988, and they have the resources at least help you build that roadmap.

Speaker 3: They don't come out and do anything for you necessarily, but they have documents, they have logs, they have all the, the joint commission checklist or whatever it's called. I forgot what it was called. What are the key things you have to look for in a survey? And there's this spreadsheet they have that you can use to start developing your plan and

your program. So Ashe is just a great resource to have and join or at least call 'em go on their website or something if you're not going to join a fee and everything costs money. And that's at some point will probably have a conversation about healthcare finance, which is a key component that we all struggle with. Not that we struggle with finances, we struggle with getting the money we need to do all the things we're supposed to be doing. And that's another whole, I think 20 podcasts.

Speaker 2: And here's another interesting thing that I would do, and it's all related to what you're talking about, art, but you're the new. So this is a person going into a new place, and so the first thing I would do not only get my roadmap, but I would start making a comprehensive list as soon as possible. I would find a partner that knew the codes and the elements of performance that you're surveyed on, and I would have them do an assessment and give me a document that I can then go and share with my administration. And you're doing that for a couple of reasons. One, this tells you what you got to fix. Two, you're new, your job is to run this facility. If you communicate the things that are off early on with your administration to some degree, you get a free pass and then you can for a while. Yeah, well, you got to go back and you got to do your work now you got to prioritize it. You got to apply cost to it. You got to understand how the hospital gets into their financial stuff, which is a whole nother podcast or three.

Speaker 2: So you got 15 items, you rank 'em, you apply cost, and then you go and you say, look, I need this. And you got to know, is it in your budget? Yeah, I got this covered. Don't worry about it, but I'm going to spend this money. No, it's not in my budget. And here's what happens. The biggest thing that a facility leader needs to understand from a regulatory perspective besides what they need to do is what happens if you don't do it? Because we talked about there's a huge component of being a facility director, of keeping patients, visitors, and staff safe. So it's really important to know. I mean, one of the surveys I did, I walked up to a generator and it was in hand. So for those of you that don't know if you need that generator and it's in hand, the only way it's going to work is if you go switch it to auto so that it can turn on. And I mean, that's a big deal, and it's a simple thing. Another survey I walked into, there was a fire pump and all the pipe was laying on the ground, and my first question was, please tell me you have a second fire pump. And they had no idea. And I said, well, why is it disconnected? Well, we're having to do some work. Okay, great. You can do that. Where's your ILSM?

Speaker 3: That's an interim life safety

Speaker 2: Plan. Thank you. Thank you very much.

Speaker 3: You have to have an interim life safety plan. Whenever you have defeated whatever you want to say, one of those components within the hospital that is supposed to keep people safe. If it's not there at the moment, depending on how long, and I'm not going to get all that right now, you need an interim life safety measure or ILSM.

Speaker 2: Right? And with that particular, when you mess with the fire suppression system, you probably are required to alert the local authority, having jurisdiction and also the company that's providing your property insurance like an FM global. And I had no idea until I started dealing with that, the requirements associated with that. And you're

thinking, I got to get this fixed as soon as possible, but you also got to go do a lot of communication. You got to do a lot of reserve measures to make sure people stay safe. Not sure where I was going with that, but that's true.

Speaker 1: Yeah. I think that's the hard thing. If you're not a new facility director is going into a new hospital. Like if you've seen one hospital, you've seen one hospital. There's ones that are a hundred years old, ones that are two years old, ones that are, I mean, the resources that are available, the skill of your staff that's available, the budget that you have, and the finance and the resources and access to those things. I mean, it is really, every hospital we walk in is a different beast. It really is. That makes it, I mean, that job even that much harder because it's not like you can say, because each one is so different in terms of constructability and services that they offer and layouts and everything in that, it makes it hard to say, oh look, just go in and just follow this roadmap because it is standards based. It is. I mean, there are things that are around it, but to get to that is very different in every hospital.

Speaker 3: Right? Again, it helps, again, my point about Ashe, because if you're a member of Ashe and you just participate a little bit, there's a whole roster of other guys and gals out there that are part of it that you can call on for some of that help. Just a simple, let's use your fire pump thing. And you say, Hey, you call up one of your buddies that's a ashy member and say, Hey, my fire pumps, I'm going to have to take it down. Is there anything I need to know? I've never done this before. And this guy goes, don't do that. Right,

Speaker 2: Exactly.

Speaker 3: Wait,

Speaker 2: And there actually is a form, I don't remember what it's called. I used to use it periodically when I couldn't get in touch with you to get an answer. It's a form where you can actually post a question ask. It's a form. You have to be careful because some people, they may be well intended, but some of the information you can get is a little bit off. One thought I had here, this is a challenge to those facility leaders out there. If you haven't identified some people to mentor, please do that. Pass that knowledge on if you've gained, if you're listening to this and you're thinking, I've got this wired good on you, but start teaching because this is the biggest struggle that I see.

Speaker 2: I can't remember if it was two times or three times after the first day of a survey. You walk back in, so you meet with the facility leaders at the end of the day, and you usually have an entourage. So whoever walked with you, you meet with them and you have a discussion with them about all the findings. And the other thing a good surveyor does is they talk to you in the middle of the survey. So I'm walking this room, what am I looking at? I'm looking at the square footage. I'm looking, does it have a sprinkler system? Does the door have a closer, is it a S core door? And there's a bunch of other stuff, but you're kind of talking out loud. And then when you find an issue that you're going to write 'em up for, you say, Hey, do you see that?

Speaker 2: Do you agree? So I'm looking above a fire door. Do see this penetration? Right? Look at it. It's there, right? So then you write it down. So you're communicating as you're doing the survey, and then at the end of the day, you're communicating. Then everybody, well, the surveyor goes home, the facility, people are running around like crazy for three hours after the surveyor leaves the next morning you come in and the first thing you do is meet with the executive team and the other surveyors that are on site, the clinical surveyors. And you report out, I think it's three times during my surveys. I came in on that second day and the facility leader was terminated. Right. Now I can say one time it made sense to me. The other two times, I don't think it was thing right. It just, it meant

Speaker 3: Kneejerk reaction probably because they wanted to make somebody accountable and prove, show the surveyors that we're taking action.

Speaker 2: Exactly.

Speaker 3: Like that's not the action they were looking for.

Speaker 2: And I did tell them, I'm not happy about this, just so you know, I'm not happy. Right. Alright. So I think it's about, I think we need to wrap it up. So are there any other points that we want to make before we get into what we're going to do next?

Speaker 3: Well, I just wanted to add one thing to your mentoring comment, and it's the challenge that we face, two challenges that we face because of that in the business. One is there aren't a lot of opportunities for people to get into this business naturally. Like we mentioned earlier, school, there's no school that you go to and then get a job in healthcare facilities. There's engineers, there's architects. They end up being a lot of facility directors too, but that's not what they started out to be an engineering architect for. They just end up there because they're a good architect, a good engineer, they designed the building or whatever, and now they're the director of facilities. Right. The other problem that you see is, and again, it's back to that finance discussion, but we have minimized the number of people in facilities due to a whole bunch of reasons around costs and CMS, the Center for Medicare Medicaid services and the way they judge hospitals deficiencies and stuff.

Speaker 3: So those two challenges are limiting the amount of people you can mentor to bring into the business. So you have to be a little creative is all I want to say. And again, I said earlier, look to the outside sometimes, how are you going to bring somebody in to be your replacement if you've got this wire and you don't need to listen to us anymore because we are not helping you at all. Look about when you leave because someday you will retire or you may take a next step up to another job somewhere else and you're going to leave all that behind and nobody there to take care

Speaker 2: Of it. Yeah, exactly. Kirk, anything on your side? No,

Speaker 1: This has been great.

Speaker 2: Yeah, it has been fun. I guess I'll let this topic go. What I would say in terms of, and I'm going to look at the camera now in terms of where we go from here with our podcast, what would be great is we get some feedback from people out there and ask specific questions that we can address while we're here. We may do an actual podcast episode around that specific issue. We may even invite you on to be a part of the podcast for a time to talk through whatever issue you're coming up with. And then lastly, I just say thank you guys for being here. I would imagine you'll be with me next time as well, and then we will say goodbye from for today. And last thing I'll do is again, thank our sponsor, remediate, and have a nice evening.

Speaker 1: Thank you. Thank

Speaker 3: You.

Speaker 1: Thank you for hanging out with us on FM after hours. Make sure you follow us on all of our social media platforms for your regular dose of Facility insights. As always, a big shout out to remediate for their gracious sponsorship. Catch you next time on FM after hours.