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## Education Partners



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## Attendee Comments

"Mr. Huang's presentation"  
"Varied topics"

"The technology presentation"

"The auditorium was comfortable and good acoustics. Could hear all speakers very clearly"

"The talks were well thought out and structured in a way that told a narrative about healthcare today"

"The NY real estate market panel"

"Networking"

"The moderator moved the program so that it did not get boring"

# Corporate Realty, Design & Management Institute @ **squarefootage.net**

## NYC 2018 - Post Summit Recap



## Takeaway Messages

September 17, New York, NY

Reported by Theresa Walsh Giarrusso, a freelance writer and contributing editor to The McMorro Reports for Facilities Design and Management ([www.mcmorrowreports.com](http://www.mcmorrowreports.com))

### Where's The Money Coming From?



**Kevin Holloran**, Senior Director/  
Sector Leader Not For Profit Hospital  
and Healthcare Group, Fitch Ratings



**George Huang**, Director, Wells Fargo  
Securities

- The good: Credit strength, particularly as measured by absolute levels of cash, is as high or higher than before the Great Recession. There are multiple funding sources in deals today, including cash/cash flow, philanthropy and borrowing.
- The bad: Softening operations result in weaker cash flow, meaning capital spending has to be very selective. Competition has never been more intense due to mergers/acquisitions.
- The uncertain: Nontraditional competitors are moving into the sector, regulatory uncertainty abounds, and there's a continuing shift from volume to value.
- ACA repeal and replace efforts were disruptive to strategic planning, so its failure is largely a positive for the sector.

### Latest Trends & Most Challenging Changes in Regulatory Areas

- Tips for The Joint Commission survey success:
  - Organize testing document binder in the same order as checklist.
  - Close all open issues and place work orders right behind the report.
  - Schedule 1 fire drill per shift per quarter. It should be three months plus or minus 10 days,

"Getting to know the trends in the healthcare sector"

"The water management team provided great information"

"I like the Water Safety Management section. It was fun but constructive advice"

"Location"

"Second half more applicable to today's market"

"NY real estate info, new technology info, new trends"

"Tool Tactics Tech"

"Good format and information"

"Variety of presentations"

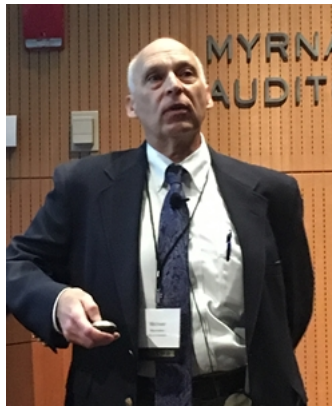
"Variation of topics and expertise of presenters"

"I attended for the compliance topics"

"Location"

"Topics were varied....all in all, the Summit was good"

"Diverse content and perspective"



**Michael S. Bernstein, MSE, MBA, PE, CCE, CHFM-Life Safety Code Surveyor, The Joint Commission**

and must be more than an hour apart. (Best Practice: Vary days)

- Place central station and FDC checks on fire drill form; this saves time and money and eliminates missed annual and quarterly requirements.
- Ligature risk has become a major emphasis for The Joint Commission in the last year. Bernstein explained via email why: "A facility was surveyed [first quarter 2017], it had ligature risks identified during survey, and before they could be mitigated they experience two suicides."
- The VA has good guidelines for behavioral health. Look to them for guidance.

## Assessment Tools that Better Prepare You for a Surge Emergency



**Nick Gabriele, Vice President, RPA Jensen Hughes Co.**

- Surge emergencies are on the forefront of emergency planning right now. Medical surge describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.
- Key considerations around medical surge capacity include: space, continuity of care, infection control and prevention, life safety, staff/personnel issues, staff-to-patient ratios, lean healthcare, staff recall and emergency credential and privileging, supply issues (including supply chain), 96-hour assessment, medical gas support, supplies, food, water, linen, etc.
- There are 1,135 waivers that can allow you to go outside the rules but you must have the waivers.
- Be advised there are companies with software and dashboards that can help you analyze and plan your surge capacity/capability.

## Don't Sabotage Your Water Safety Management Efforts



**David M. Dziewulski, Ph.D., Chief, Water Systems Control & Analysis, New York State Department of Health**



**Girle Manatad, Manager, EC Compliance, New York Presbyterian**



**Aaron Rosenblatt, Principal, Gordon & Rosenblatt**

- Your water testing plan needs to tell you "when your system is out of whack," Dziewulski says. "Look at your water temperatures, both cold and hot. Where is your weak spot? Where is the hottest cold and the coldest hot? Those tepid spots are where Legionella will form."
- FMs will need buy-in from senior management to solve water problems, and that requires digging into the problem. "You have to examine 'why did we have a positive result? What's going on in the building that's the root cause?'" Manatad said.
- Don't just file reports; work with your treatment vendor to act on testing results.
- "One of the things that created this problem in the first place was the whole idea of going with the low-cost bidder for cooling towers," Rosenblatt said. "People don't look for the cheapest surgeon, and FMs shouldn't look for the cheapest way to protect their tower."
- The water management plan on the CDC website is ASHRAE 188 for dummies.

## Design, Operations & Compliance Q&A: Ask the Experts in

## Trenches



(left to right) **Reed Salvatore**, CEO, Accurate Lock & Hardware Co.; **Sukhjit Tom Singh**, Field Director, Environment of Care Compliance, New York -Presbyterian Hospital; **Michael Bernstein**, The Joint Commission; **Jared Shapiro**, Director Environmental Health and Safety, Montefiore Health System

- Pay attention to the design guides. When they have notations there's a reason. See if it's a tradeoff you can make.
- Speak to people using the products on a daily basis.
- Don't confuse value and price when it comes to ligature-resistant products. Make sure you're picking products that are durable and do what they are supposed to do.
- You can't use spreadsheets and binders to manage hundreds of thousands of doors. You must use IT when you are managing a large system.
- Investing in technology goes a long way to help facility managers know what is in their inventory.
- After major construction, we can come in and help with the commissioning process. We've done several surveys where there were the wrong doors in multiple places, says Bernstein.

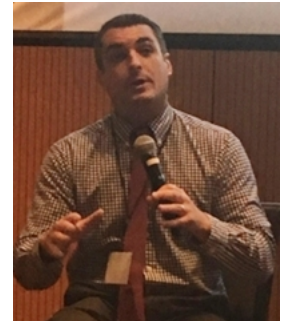
## Avoiding the Punch List



**Ken Rein**, Cambridge Sound Management



**Mark Izsa**, Specified Technologies Inc.



**Justin Frye**, Tremco Roofing & Maintenance

- The registration areas and nurse stations are critical areas for sound masking because people are telling their life stories and everybody in the room can hear. With the right sound masking, it's possible to get 50 feet of disturbance down to 15 feet.
- A good barrier management program and above ceiling permit program go a long way to reducing punch lists.
- Make sure your fire stop manufacturer is signing out. Have one key person who is responsible for barrier management and one key person issue for the above ceiling permit.
- You don't get what you expect, you get what you inspect. Hire a registered roof observer to watch this installation. Do not choose someone tied to the sale.

## Purpose-Driven Maintenance: Getting More Done with Less

- Macro trends show us that medical facilities have three times the amount of work than people to manage and maintain it. However, they are not hiring more staff and experienced people are retiring. So, you have to leverage technology and analytics.
- Analytics can aid in the commission process. It gives the ability to navigate punch list items faster and transition to owners more quickly. It proves the system is operating right and can be handed over. It informs customers of possible warranty issues before warranty expires.
- Improve team competency: Traditional maintenance approaches are reactive. Analytics allow you to pinpoint anomalies today to resolve before something goes wrong.
- Prioritize work based on analytical findings: Rather than having contractors trying to figure out why something is happening, let the system tell you.





**Andrew Tanskey**, Regional Service Manager, Schneider Electric

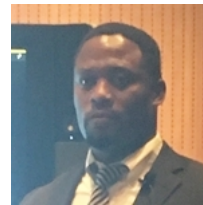
## Technology Advancements that Elevate Training of Healthcare Professionals



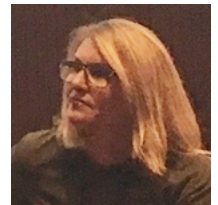
**James Cypert**, Director Interprofessional Education Simulation Center, D'Youville College, Buffalo



**Tracy Nichols**, Regional Healthcare Manager, Steelcase



**Alfred Ojukwu**, Northeast Healthcare Specialist, Microsoft



**Elke Merz**, Architectural Specialist, Steelcase

- Steelcase, Microsoft, and D'Youville College partnered to create a simulation space to train doctors. One of the leading causes of death is preventable medical errors, and they believe these simulations can help prevent those errors.
- Through Surface Hub, students can simulate medical procedures. Sessions are recorded so students can spend time with a facilitator to discuss what happened: emotions, mistakes, how they could do better, what they did great, and how it can be reinforced. On the fly, the team can mark the video and debrief.
- A four-camera view of the healthcare environment is possible with Surface Hub. It can look like surgery, an office for a dietician, a PT environment, and more. The walls are magnetized and have slots that allow users to completely change out the environment and hang cameras anywhere.
- Among many other things, physicians can use the Surface Hub for conference Skype calls, to work with teams with wide-angle HC cameras and displays, to connect with patients who are miles away, to take notes on patients and have that sessions data wiped after the meeting ends.

## Future of New York's Healthcare Real Estate Market



(left to right) **Mike Hargrave**, Principal, Revista; **Steve Leathers**, Managing Director, Capital Markets JLL; **John Winer, Sr.**, Managing Director & Chief Investment Officer, Seavest Healthcare Properties

- MOB + Hospital market now totals 37,680 buildings, 2.9 billion square feet with a value exceeding \$1 trillion.
- Hargrave said the buyer landscape is changing to more investor/private and hospital and health systems owners instead of REITs (REIT investors dropped from 42 percent in 2017 to 8 percent in 2018). The REITs' cost of capital has gone up. Private equity firms that had money sitting on the sidelines have been waiting for this opportunity, and now private investors are the big players.
- Most active MOB construction markets: 1. New York-Newark-Jersey City, 2 Atlanta-Sandy Springs-Roswell, GA, 3. Chicago-Naperville-Elgin, IL-IN-WI.

- "Medical facilities are not necessarily in the center of town," Leathers said. "For most of these suburban locations, you have the tenant in tow. Seldom do they kick off a project without a tenant. That's why vacancy rate is very flat."
- "I would argue that in our space right now, there are no spec facilities," Winer said.
- "You're going to see home healthcare continue to grow. Procedures will move out of outpatient and into the home. It's coming and we're seeing the tip of the iceberg," Winer said.

## Building the Next Generation of Outpatient Care Facilities



**Christopher Zelisko**, Principal, Jack L. Gordon Architects



**Richard Alvarez**, VP & Construction Executive, Turner Construction

- There are pressures from mergers and acquisition to push your presence further out. Many health systems now do it by building smaller facilities just to have a presence in the community.
- Doing test-fits for clients as they scout new locations is an efficient way to help evaluate compatibility with needs, before a long-term commitment is made.
- When a clinician team wants to replicate what they did before, they can get to market faster by using prefab walls with all the amenities. "We have prefab bathroom pods, prefab corridors, or prefab mechanical rooms. Those are not seen heavily in the city yet," Alvarez said. "You can also speed up your schedule by simulating the buildout by using cardboard mockups. With mockups, surgeons and other end-users can come in and tweak it to avoid pitfalls showing up after construction."

## Tools, Tactics, and Technologies to Reduce Renovation Project Timelines



**Michael Reilly Jr.**, Project Manager, Facilities Design & Construction, New York - Presbyterian Hospital



**John Haught**, Project Executive, LF Driscoll Healthcare

- To reduce construction time on a new inpatient renovation, "We frontloaded before we even took over the space. By scanning ahead of time, while the floor was still occupied, popping ceiling tiles and scanning for early coordination drawings, we cut 12 weeks out of the schedule," Reilly said.
- "We brought everybody to the table before we got the space," Reilly said. "Engineers and subs and I ... we're all in a room, that way we were releasing the sheet metal drawings as we progressed through the space. Decisions were made at the time, cutting out idle review process that takes weeks."

- Mockups can help prepare adjacent users for what they can expect during construction. "How loud is a jackhammer going to be at 2 a.m.? Sometimes you have to go back to the drawing board. For one job, they were allowed to jackhammer for 15 minutes and then had to stop for 45 minutes, but the nurses and doctors knew it was coming up and then would let up," Haught said.
  - We do baseline particulate counts ahead of time. "Often our area is cleaner than [what's] around us," Haught said. "I don't think many people know their baselines."
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