

COVID-19 FACILITIES SURVEY, RESULTS

Number of replies: 56						
Survey Duration June 1 - June 24, 2020						
	Yes	No				
1) Has your facility experienced a COVID surge?	25	31				
	Surge passed	Still waiting for surge, based on the geographic location of facility a surge is expected	Waiting, but don't expect a surge based on geographic location of facility			
2) Describe the situation relative to COVID-19 at your facility.	18	8	30			
Additional Comments:						
We set up an external 'triage' tent in anticipation of a possible surge. We have had some suspect cases but not the volume we were prepared for.						
Concerned for second wave.						
	Yes	No				
3) At your facility, has facility department staff (skilled trades, generalists, or supervisor/management) been laid off due to COVID-19?	17	39				
	They are thankful for the opportunity to make a difference for patients	They are fearful	They would like more education/information on the virus	Business as usual for them	Waiting	
4. How would you describe the mindset of facility department employees, relative to COVID-19 and working in a healthcare facility? (Select all that apply)	23	20	23	21	2	
Additional Comments::						
Some don't understand the why.						
Every one is apprehensive, but as in other professions, this one hit healthcare, it is our chosen career, so it is our turn to step up.						
Majority thankful, some fearful						
	Mechanical	Electrical	Plumbing	HVAC	Retrofit Existing Space	Education
5. To prepare for an anticipated COVID-19 surge, did you/your facility spend money in any of the following areas? (Select all that apply)	18	10	6	25	24	17
Additional Comments:						
Added PPE						
Plexiglass protection						
Med gas support, portable HEPA units						
Portable ICRA panels for ante rooms.						
Differential pressure monitors.						
	100% or greater	At 75% - 99%	At 50% - 74%	At 25% - 49%	Less than 25%	N/A
6. What is your hospital's patient census relative to normal.	3	9	25	18	0	1
	More likely to stay	Less likely to stay	Not sure	Other		
7. Has the COVID-19 pandemic caused you to re-assess your future career in healthcare facilities and if so, are you more likely or less likely to remain in the discipline?	31	9	11	5		
Additional Comments:						
As mentioned before, we have to take on challenges daily. This will see resolution.						
This has been a great experience.						
8. How would you personally describe the impact of the COVID-19 pandemic on the healthcare facilities management discipline?						
Knowledge of airflow and our own HVAC systems is paramount. A heightened awareness in proper PPE and procedure has been brought to light.						
It highlighted new priorities in how we manage facilities. Increases use of PPE, changed equipment PM cycles, directed us						
It has made the interaction and the ability to work in partnership with infection control, patient care and facilities more crucial.						
It has increased the credibility and visibility of the department. C-Suite have had to lean on us a lot and, hopefully, that translates into long term investment and advancement of the field.						
Absolute game changer on how we assess our future strategies for preparedness for what may now be the norm. You must be able to react instantaneously to ever changing environment of the unknowns which was what experienced at the beginnings of the pandemic.						
A beating everyday to keep up with admin changes. New roles outside of all the other required work. Extremely heavy work load 7 days a week on salary.						
Required quick facilities solutions to new problems.						
It has made people more cautious but now it seems people in Facilities are getting annoyed and aggravated and just want to go back to normal and stop wearing masks						
Tremendous additional work load on top of existing responsibilities, long hours, achieved amazing cooperation from senior leadership.						
It has highlighted some of the important work we do, which is good. It has also revealed a number of vulnerabilities in our facilities, which will drive a lot of changes in the coming years.						
Can't imagine how a less seasoned FM could be handling the additional Covid load.						
Have had to explain many times how negative isolation works, educating medical staff and creating adhoc All rooms and suites.						
Preparing for the worse case scenario and then only a mild surge. peaked about 50+ Covid positive daily for several weeks.						
Discovering that Med Gas systems are inadequate for large numbers of ventilated patients. > 75% of covid ICU on vents. Then vents running 80-100% of design capacity versus usual 15% ICU patient on vent, and settings of 40-60% of ventilator capacity.						
I hope changes in code and patient room design in the future. Larger piping for med gas, minimal cost to construction. Dedicated exhaust from every patient head wall (probably value engineered out)						
	Trades/Generalist	Supervisor	Manager	Director	Vice-President	Other
Please list your job title	0	3	10	36	5	2