

## **Rx FOR SEEKING HEALTH CARE WORK**

One of the keys in seeking health care work is to understand the radical changes that have taken place in the health care environment, and the impact on the operations and facilities management issues that clients have to deal with. There are few facility types where this concern is so dominant. Clients give us their take on what firms need to do just to get into this market. They're top level CEO's , VP's of Facilities Services, Directors of Facilities Development, and Directors of Engineering, at top level public and private hospitals.

Since initial contact is often difficult, firms are not always sure of the best ways to introduce themselves. Here's suggestions from our clients.

"Send us information electronically. It's easier for us to manage and circulate it within our staff. Since we are looking for consistent relationships, the best way to break into that process, is to partner with firms, if you don't have the depth of experience that we need. We've made a commitment that we're not going to participate with firms that don't have extensive health care experience on their team."

For those private institutions who don't have to advertise, how does a firm contact them to see what's coming up? The best approach according to clients is to establish a relationship with the facility first. They may get over 150 e-mails a day, and the time they have is limited. They often turn to their facilities people to find out who is qualified to work on a particular project.

"E-mail, absolutely, I get hundreds a day. You don't know what's out there, so we invite people to send us information. Word of mouth is probably the best way, because it comes along with an implicit personal recommendation."

"We get the information one way or another, it all gets routed to me, since the goal of in-office mail is - get it off your desk. Do NOT send it to the CEO or COO, they're going to come to us with it. They have their own hell to deal with, as we deal with ours."

Bottom line; contacting the facilities folks first has always been the best place to start.

### **On Experience**

As far as your firm's experience, and your staff's experience, these clients are very explicit about what they want, and what they mean.

"If I'm looking for someone to do an OR, and you tell me that your firm has experience doing OR's, then we press you and find out that the people in your firm that had the experience are no longer with you, then I don't consider that you have that experience in-house. Also, someone who had that experience seven or eight years ago does not qualify for my OR work."

"Get that expertise in-house before you try to sell the job. Don't say, if we get this job, we'll get someone with this experience. Forget it. It's too risky from our end to pay for your learning curve. If you want to play in that arena, then get those resources on board, in a direct relationship, and don't let it come out later that it was some dotted-line relationship. If you get a solid job as having that stable of talent in-house, have it in-house. Don't have it sitting there at the ready. It's a risk that you take, but if it's an area that you want to get into, the risk falls back on you. We're not going to take that risk with you."

### **Incumbent firm's advantage**

Do incumbent firms really have the advantage if they continue to do the kind of work that clients expect of them? If so, does this preclude the firm with experience in other areas that may be applicable to health care from approaching them? Is persistence worthwhile, or just a waste of time? The client's answers are brutally realistic.

"We can't afford to pay for someone's education in health care. We've learned it the hard way. I need somebody I can trust. There are smaller jobs we've had to let out to smaller firms, because of the overhead in the larger firms, but we're not risk-takers. We can't afford to be risk takers. We like the small fees, but it's not worth it to farm this work out to someone trying to get their foot in the door."

### **Experience counts**

One client offered this suggestion on breaking into the business

"It's tough. We are very risk averse, because we can't afford a year after the job to be rebuilding it. Hire the experience, it's as much what the individuals in the firm has done, as what the firm has done. Or, take a minor partnering role with another firm, to get your foot in the door. You've got to get something on

your corporate resumes and on your personal resumes to indicate that you have definite experience in health care. If that doesn't show up, you're going to have a very difficult time getting anywhere."

Another client suggested a more positive approach.

"I think the curve would be to try you on ambulatory work, and then small in-patient projects, and then build up that experience curve with us in that fashion."

Another client added:

"What it comes down to, is the bench talent there? Are the skills there, are the systems there, is there a track record that we could rely on within the team? Even if the firm may not have done it, if the people on the team have a demonstrated track record, and the chemistry seems good, it could open the door. We've given smaller jobs to folks on campus to give them a shot, like a renovation, so they could demonstrate their ability to work in a high-tech environment."

### **On Proposals**

Once you get the opportunity to submit a proposal you must be absolutely careful, since not everyone on committees is an architect or engineer involved in facilities. You have to get it right, or your hard work to get this far will go out the window. Here's their advice.

"Read the PFP very carefully – study the questions that we want you to address in your proposal. If I have 55 proposals to look through, I'm not going to go through your entire book looking for the answers to those questions. I don't have the time.

You need to summarize all the information that we're looking for in the first two pages. If the information is there, and it's easily grasped, you'll get good grades. If we have to look for the information, it detracts from your score. I want to know what I want to know, and you know what I want to know, because it's in the RFP. Once I removed everything that I was not interested in, and sent the proposal back to the firm with a note indicating this is what I was looking for. Where I deal with 50 responses to RFP's – that's a lot of my time, and I don't have a lot of time. So, be succinct."

### **IT'S ABOUT THE CARE, NOT THE FACILITY**

Many of the things that are driving client's obligations in bringing projects in on budget, and on time, are the pressures riding on their shoulders to make correct decisions. Clients give us their take on what drives them internally. They're top level CEO's, VP's of Facilities Services, Directors of Facilities Development, and Directors of Engineering, at top level public and private hospitals.

### **Career-ending Opportunities**

"We always experience matters in selecting a professional, as in selecting a surgeon. If I make a mistake, it could be a career-ender, and we're looking at it with that same level of seriousness. We're looking for people who have done it many times. People who are not going to just say yes, but people who will push back and challenge us, people who are going to educate us. What I'm looking for is somebody who could also manage the expectations of my organization."

One client offered this perspective. "Early on when I got involved in this area, I was quoted a budget for construction, I went to the bank with it, and it turned out to be far less than what it needed to be. I got educated real fast."

A second client commented:

"Somebody who is administrative in nature, needs to have good information, needs to be able to rely on that information, and needs to know that that information, whether it's cost information, or will have an operational impact, that it comes from a reliable source, and the information is bankable."

A CEO added his take.

"When I first got the job, I'd build a space, then walk away, and the facilities people would have to maintain it, well now I own both. So I can't walk away from the problems anymore. Nobody calls to complain that the wall is 6 inches out from where it should be, nobody calls to complain about interior finishes, they call to say it's too hot, or too cold. You have only one opportunity to get that right."

Another client commented:

"I'm looking for a good strong relationship with our regulators. The department of health will respond to a certificate of need application, based on their knowledge of who is designing the job. If they had a bad track record with somebody, they'll let us know, and it will impact their decision, or the timing of their

decision, or how stringently they'll look at the application. We have to deal with financing and governmental agencies. They are bureaucrats, very opinionated, and their opinions count. They will hold up a project. They will cost us operational dollars, and capital dollars, and even interest rates in a decreasing interest market, because of their concern over who we may be working with. We have the local planning people we have to deal with, and there's always the fire marshall. There was a 1 inch clearance problem on a stairwell, we actually had to chop out an entire stairwell, and the riser system had to be replaced simply because the fire marshall required it."

### **Clients Have Clients Too**

Another client commented:

"When I talk about the team, I'm talking about our entity which ties back to operations. Just as you're working for a client in an institution, I also consider myself working for a client within the institution. The executive director of a hospital, is my client, and we have to be a partner to them as they plan and envision their facility. We can't just put our blinders on and focus on our problems, which is important, but we are really just a facilitator to the director of the hospital. We should be able to feed back information and challenge them on ways to change things."

Another client commented:

"We're looking to be educated, we're looking for supporting facts. We may build one or two OR's in the course of a career. You firms are designing them all the time in a lot of different places, so you should be able to educate us as to what works, what doesn't work, and why. If we have a high-ticket doctor who says this is what I want, this is the way I need it, your ability to manage and influence that individual to do something in a smarter way is something that's a lot of value to me. That's what I look for."

### **It's all about the care, not the facility**

Any good team will want to design the best possible life-cycle 40 year solution, which could be 60 percent of our project cost. What if we do something a bit less, and take those monies, and reserve them for patient care. One of the things I always use as a metric for my team is, if we run 75 –80,000 dollars over cost, my colleagues in operations have just had to lay off one nurse, and that's what it's all about, it's the medical care, not the facilities that's most important here."