ASHE Presidential Candidate Questionnaire

Michael D. Roberts, PE, CHFM, SASHE
Director, Corporate Infrastructure Support
Atrium Health
Charlotte, NC

1. As the health care landscape continues to change, what are some of the common challenges facing the entire ASHE membership?

ASHE members are still challenged with many topics that we continue to evaluate and improve. The aspect of first-cost construction vs. life cycle cost remains a major topic affecting healthcare facilities. Determining resiliency and redundancy risks, best value in systems performance, and the ability to maintain with affordable strategies continue to be topics at the top of our discussions. Realistic and affordable maintenance strategies need to continue to be developed.

The rising cost of healthcare with shrinking reimbursements are on a collision course and is a model that may not be sustainable. This puts additional pressure on departments to reduce expenses. There continue to be acquisitions and mergers. In this environment, we need to develop ways to partner better with our vendors, leverage labor, reduce variability and standardize processes to provide efficient operations.

We are challenged to look at different financial models that support healthcare in an era of dealing with infectious outbreaks along with the normal business model. Members will look at flexibility in planning, design, construction and operations to be able to easily modify systems to serve a variety of patients while maintaining a safe and efficient facility. Improving methods to provide services remotely should be further developed.
2. What can ASHE do to ensure that the needs of all members are being met?

ASHE should continue to seek input from all members. This should occur in a variety of ways – surveys to the membership, chapter leadership forums, attendance at chapter conferences and open discussion forums. ASHE needs to continue to hear from the Associate members, as they are a crucial membership group. The Associate membership covers varied aspects of healthcare that each may have its own need, including design professionals, suppliers, services and more. The latest Chapter leadership forums included breakout sessions with smaller groups that provide a wealth of information, as have the Associate member forums. ASHE should have a mid-year chapter leadership forum to hear from the chapter leaders midway through the year to discuss what is working and what could work better. Involvement of regional board representatives needs to continue to be supported and encouraged as the board members play a vital role in communication between the membership and the Board. Board representation at chapter conferences allows direct and easy communications with members. ASHE can further education by assisting chapters with presentations for conferences and webinars. An emphasis on varying levels of education, from entry-level to seasoned professional, should occur and more eLearning will need to be developed.

3. The ASHE Board sets the vision and strategic direction for the organization. What specific initiatives would you like to accomplish to help advance ASHE strategic plan?

The ASHE Board’s vision and strategic direction are excellent True North on the facilities management compass. During the recent pandemic, many highly respected organizations referenced ASHE documents during seminars and webinars. These are testaments to the professional reputation that ASHE and our members have. An initiative I have is to further our professional reputation in the C-suite through concerted efforts working with AHA to have facilities management highlighted within their organization and education.

I will also focus on operational excellence. Realistic and affordable maintenance strategies will be developed. The energy journey will expand, exploring and promoting flexible systems that are both energy efficient and allow for the safe care of surges of highly infectious patients. Along with this, code advocacy will be extremely important, ensuring code changes to handle infection patient surges are based on good science and defensible economics.
Succession planning continues to be an issue for many of our facilities and I plan to further engage our young professionals through targeted forums and education. I plan to work with the academic intuitions and student chapters to find out what is working and what can be improved and look to expand this into different regions.

4. **What professional or personal experiences have helped prepare you to serve as ASHE President?**

My entire career has been a buildup to this. I am very fortunate to have spent most of the last twenty-seven years working for diverse healthcare systems. I found my professional passion in creating and maintaining safe, healing environments for healthcare. I have worked in a variety of fields and stand-alone hospitals and small and large healthcare systems. My wealth of experience from outside of healthcare brings more perspective to the challenges we face. My work leading teams, as a state chapter president and as an ASHE Regional Board member have well prepared me for this next step. I have worked in fields that are included in the associate membership and many years as a full member, so I understand the perspectives of both. My recent experience helping lead a team to Energy Star Partner of the Year for three consecutive years showed the importance of leadership, vision and drive and the importance of teams as this involved our medical staff, clinical teams, infection prevention, design professionals, project managers, construction partners and vendors. This experience will help me further the ASHE strategic goals in all areas and closely relate to our full and associate membership.