



Mark Mochel, MBA, PMP, CSM, FCT, ACABE, CHFM 2022 Candidate for Associate Member Advisory Board Representative

Bio

Mark Mochel, MBA, PMP, CSM, FCT, ACABE is currently a Strategic Account Executive at Brightly Software. Before joining Brightly, he was a co-founder and Senior Vice President at Facility Health Inc., where he was instrumental in introducing new infrastructure investment solutions and benchmarking capabilities to the healthcare industry. Mark has a bachelor's degree in Mechanical Engineering from Purdue University, an MBA from The University of Michigan, and has held executive leadership roles in multiple industries, providing a unique perspective on the challenges facing healthcare facility management today. As an active speaker at both state and national conferences, Mark is passionate about sharing his experience with all who serve and are served through the environment of care.

CEU Speaking Experience:

- ASHE National Annual Conferences 2019, (Virtual) 2020, 2021
- MiSHE (Michigan) Annual Conferences 2016, 2018, (scheduled) 2022
- KHEA (Kansas) Annual Conference 2018
- ISHE/MWHCEC (Indiana) Annual Conferences 2018, 2019
- HESNI (Northern Illinois) Annual Conferences 2018, 2019, 2022
- ASHE Region 8 Annual Conference 2019
- NSHE (Nebraska) Annual Conference 2020
- ACE Summit and Reverse Expo (Virtual) 2021
- THEA (Tennessee) Annual Conference 2021
- WHEA (Wisconsin) Annual Conference 2021
- AAHE (Arkansas) Annual Conference, 2022
- AHA Rural Health Care Leadership Conference, 2022
- ACHE Annual Congress, 2022
- IFMA Facility Fusion Annual Conference, 2022

Candidate Questionnaire

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

Based on my experience and obvious focus on our aging healthcare infrastructure, I understand the need for prioritized investment in the environment of care. This is not a new challenge, but one that I think requires more intense discussion and new perspectives in the coming years. As an example, I am expanding my definition of "prioritized investment" to include both operational and capital budgeting and forecasting as equal priorities, whereas historically, capital investment was my primary concern. As a common challenge for our membership, the perpetual pressure to reduce costs at some point is not sustainable.

In that regard, we are living in a perfect storm. Mandatory/Regulatory workload is minimally the same, if not increasing year over year, yet both capital and operational budgets are entirely discretionary at the administrative level and are increasingly difficult to defend. Deferred maintenance is increasing, new assets are difficult to procure, and in parallel, we are losing the most tenured and experienced staff members that maintain the assets already in place today. Aging infrastructure increase risk for our patients, employees, and communities, particularly in underserved regions, rural and urban alike, so we must chart a new course.

2. What can ASHE do to ensure that the needs of all members are being met?

As a follow-up to the above question, I hope that we can all come together and communicate the strategic importance of our infrastructure needs, including staffing and recruitment, to and with our non-facility leadership. ASHE is in a unique position to lead this effort through the collective knowledge and experience of the national membership. That leadership can be exercised in two ways.

The first is continuing education, long a hallmark of the ASHE state and national organizations. We need to leverage the current educational framework within the membership, which is necessarily focused on the “how?” of facility management. And then, we need to increase our educational efforts outside of the organization with a focus on the “why?” so we can tell our story to the larger community.

This leads to the second opportunity, recruitment. By sharing our mission and promoting healthcare facility management as a career, we can recruit new talent from other verticals, expand our presence at colleges and universities and proactively take steps to grow our membership. Educate, recruit, educate, recruit, and so the cycle continues as we prepare for the next generation of leaders to take the reins.

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

Managing a facility is different than maintaining a facility. Simple words in concept but said here as a means of introducing a new perspective that I think will help address the challenges we are facing today. With a focus on the “business” of facility management, I would like to promote the following specific initiatives.

Communicate the Cost of Compliance. With the availability of benchmark data, I would like to create a platform where we can document, quantify, and forecast the cost of compliance in business and financial terms. If X% of our facility management workload is mandatory due to regulation, then why is it so difficult to defend staffing levels? Compliance is not “hard” in concept, but it can be nearly impossible to manage with insufficient resources.

Increase Business Acumen Training. Communicating facility needs to non-facility administrators and leaders can be challenging. Therefore, I believe that should create an accounting curriculum, built around facility needs, that will help our members understand, in financial terms, how to build a business plan, track the financial performance of the department, and generate meaningful ROI metrics to increase collaboration with the C-Suite.

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

The diversity of my past professional experience gives me a unique perspective on our industry. I did not grow up in healthcare, which might be perceived as a liability. But I see it as an opportunity to look at healthcare facility management in a new way.

As a mechanical engineer, I started my career in the automotive industry and quickly moved from traditional engineering positions into operational and financial management roles. That let me down the MBA path, and for the rest of my career, I have been drawn to national and international positions, organizations, and challenges where I can leverage my technical background to achieve better business outcomes.

“Healthcare is different.” I have heard this and know it to be true. But I also believe that we can look to other industries for guidance and best practices in operational areas that are similar, if not the same. With a renewed focus on operational excellence and using business terms to create a new dialogue with our executive leadership, I know that we can make a positive impact. For our members, our hospitals and health systems, and the communities that we serve.