Health Facility Commissioning
GUIDELINES

A new approach to commissioning health care facilities

COMMISSIONING IS CRITICAL to the success of every health care facility project. Many buildings designed for high performance fail to achieve high-performance results. The ASHE Health Facility Commissioning Guidelines will enable health care organizations to achieve the results they expect from the facilities they build.

No other commissioning guide specifically addresses the complexities of commissioning health care facilities. The ASHE commissioning process—referred to as health facility commissioning (HFCx)—establishes a standard language and process for commissioning health care facilities that are cost-effective and efficient and deliver the desired return on investment.

The ASHE HFCx guidelines assign accountability for actual building performance to the entire project team, including the health facility commissioning authority. The collaboration this approach encourages among project participants improves the project delivery team’s ability to deliver a health care physical environment that meets the goals of the health care organization and the needs of its community. The HFCx guidelines provide the project team with a process and a robust set of tools to improve initial project commissioning collaboration, continuing commissioning behaviors, and retrocommissioning tactics.

Following the ASHE Health Facility Commissioning Guidelines will improve the performance of your facility’s next construction project. The guidelines include key steps not found in other commissioning processes to ensure a successful transition from construction completion to sustainable, high-performance building operation.

It is time to make commissioning a standard part of every health care facility project, regardless of its size or cost. Use the ASHE health facility commissioning process to optimize delivery of your next construction or renovation project!
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Preface

Throughout its life cycle, a modern health care facility will be met with changing occupancies, additional regulatory requirements, opportunities to upgrade technologies and efficiencies, and constantly evolving patient care, education, and research missions. To stay abreast of developments in the industry, health care organizations must carefully maintain and constantly refresh their facilities. When owners identify the need for a change, they engage professional designers and contractors to develop their concepts into structures, which the health care organization then owns and operates to meet the needs of its business.

Despite many changes in the approach to health care design and construction, health care organizations’ desire to achieve a suitable return on investment (ROI) from their facility projects has remained a relatively low priority for most project teams. A major obstacle to turning this situation around has been continuation of the interdisciplinary silos that have long existed throughout the facility life cycle continuum, from project inception through operation and maintenance of a completed facility. These silos interfere with collaboration among project participants that could improve the project team’s ability to optimize the health care physical environment.

The ASHE health facility commissioning (HFCx) process introduced in these guidelines is designed to provide the project delivery team with a robust set of tools to help improve initial project commissioning collaboration, continuing commissioning behaviors, and retrocommissioning tactics. The guidelines will assist facility professionals in their efforts to optimize the health care physical environment while achieving the ROI their organizations desire from their projects.

The introduction of this broader, more collaborative commissioning process may be met with some resistance, but change must happen to ensure a health care organization’s best interests are met in all phases of the facility life
cycle. When told their buildings require extra air exchanges, stringently controlled temperature and humidity, high color-rendering lighting, and sophisticated electrical distribution and backup systems, owners fund the work in the belief that the professionals they have engaged will optimize their investments. However, without project commissioning and a team focus on the full life cycle cost, the desired ROI is not guaranteed and generally not obtained. Protecting the owner’s ROI should be one of the primary purposes of health care facility professionals as they deliver a project that meets the owner’s project requirements.

Proper commissioning is only one factor in reaching the owner’s desired ROI from a project. First cost is also important, and commissioning will ensure a facility design does not create unnecessary first cost or value reduction from value engineering (VE) exercises. (Many refer to the VE process as “value eradication” because it can, if not used properly, reduce rather than increase project value.) Additional factors contributing to the ROI goal are owning and operating costs. These expenses and savings begin when the owner takes productive use of a facility, and they can have a profound impact on project performance. Because the O&M team is often given only a cursory role in the project delivery process, team members only get involved when a new or renovated project is completed and they take over its operation and maintenance. Without early involvement in a project, extensive training in efficient equipment and systems operation, and a clear understanding of the purposes of the health facility commissioning process, it is very difficult for the O&M team to balance the competing agendas of maintaining high customer service levels and focusing on the commissioning authority’s effort to obtain the ROI. These competing agendas have strong messages and the owner will not waver on either, which is what makes commissioning so important to health care projects.

It is time to broaden the scope of standard operating procedures in health care facility project management to make commissioning a normal part of every health facility project, regardless of project size or cost. ASHE is convinced that health facility commissioning is critical to the success of every project, and we anticipate these guidelines will bridge the gaps between the efforts of various stakeholders throughout a facility’s life cycle. This belief and our commitment to “optimizing the health care physical environment” were the genesis for the development of the ASHE Health Facility Commissioning Guidelines.

There are many excellent commissioning processes and guidelines in the marketplace already, but none of them specifically addresses the complexities of commissioning health care facilities. It was with this knowledge and after due diligence and research into existing products that the ASHE Research and Development Committee prioritized the goal of developing the HFCx
guidelines to complement the ASHE construction product portfolio. These guidelines are the first part of an ASHE HFCx lineup that will include a handbook, training for health care executives and facility professionals, and a health facility commissioning certification to be developed over the next few years. It is with this commitment that ASHE has developed these guidelines to support its members in their quest to bring home the ROI from their commissioning activities.

Development of these guidelines required much effort over many months. The draft was written by the following ASHE members:

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