
WHAT EVERY HEALTHCARE FACILITY LEADER SHOULD KNOW

The Hidden Costs of Getting Ready to Work

Why 40% of every repair happens before a technician touches a tool and what the best hospital facility teams do about it.

VLogic



TABLE OF CONTENTS

01	Every Work Order Starts With a Question
02	Why Maintenance Slows Down Before Work Begins
03	The Business Cost of That Delay
04	The Compliance Cost of That Delay
05	The Anatomy of a 30-Minute Repair
06	The Questions Healthcare Facility Leaders Must Answer
07	Everything You Need Is Already There
08	Great Facility Leaders See Problems Sooner
09	Four Stages of Maintenance Decision Making
10	Five Questions High-Performing Health Systems Can Answer Immediately
11	Self-Assessment
12	What Better Looks Like
13	Better Decisions Create Better Outcomes
14	The Maintenance Flywheel
15	Keep Maintenance Moving

CHAPTER 01

Every Work Order Starts With a Question

Long before a technician picks up a tool, someone in your department is trying to answer a question.

- *What exactly failed?*
- *Is it in a patient care area?*
- *Has this asset failed before?*
- *Is it under warranty or on AEM?*
- *Are the life safety drawings current?*
- *Is this urgent, or can it wait?*

None of those questions are difficult. But answering them often is. Not because the information doesn't exist, but because it's scattered across work orders, life safety drawings, equipment manuals, spreadsheets, emails, and the memory of the one person who's worked on that air handler for years.

The longer it takes to answer, the longer maintenance waits. Technicians spend less time maintaining. Supervisors spend more time tracking down information. And every delay happens inside an occupied building where clinical care never stops.

Eventually, small delays become larger problems. Preventive maintenance slips. AEM documentation falls behind. Emergency work increases. Backlogs grow. And when a surveyor asks for proof, the answer takes hours to assemble.

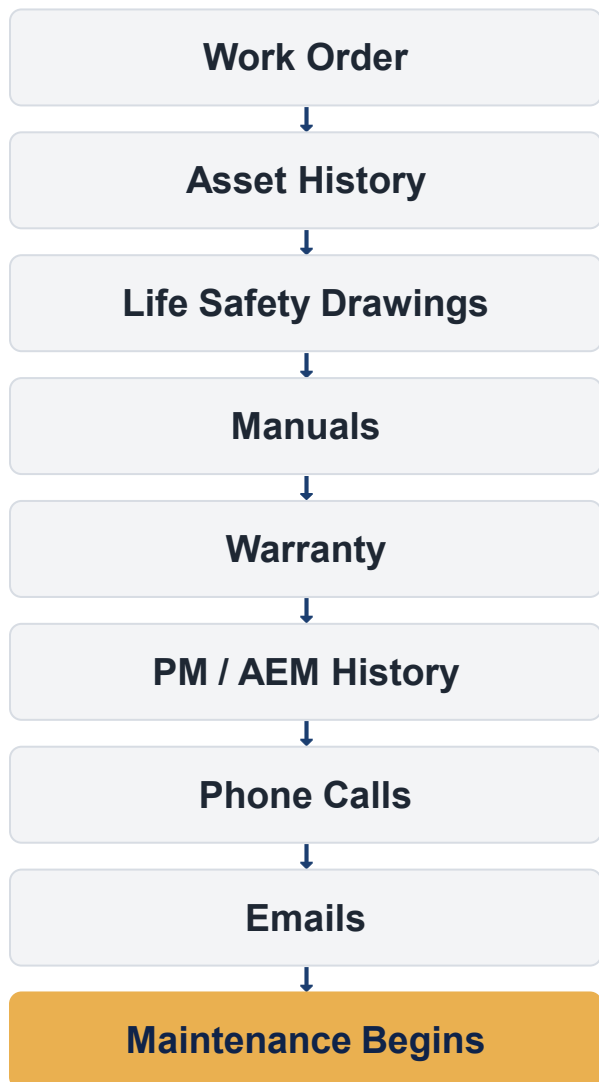
The highest-performing health systems don't necessarily have more technicians or more sophisticated maintenance programs. They've simply made it [easier for everyone to get the answers they need](#).

IN THIS GUIDE YOU'LL LEARN

- ✓ Why maintenance slows down before work begins
- ✓ The hidden productivity leak most health systems overlook
- ✓ What CMS and accreditation surveys require you to prove
- ✓ How leading hospital facility teams make better decisions
- ✓ A framework for evaluating your own maintenance maturity



Why Maintenance Slows Down Before Work Begins



Most maintenance delays don't begin in the mechanical room. They begin long before the work even starts.

A technician receives a work order. It explains what needs attention. It rarely contains everything needed to complete the job in an occupied clinical space. So, the search begins.

Every additional system, document, or phone call delays the work. The challenge isn't doing maintenance. It's gathering enough context to begin.

None of these activities improve the hospital. But every one of them consumes valuable time. Individually, those interruptions seem insignificant. Collectively, they become one of the biggest sources of lost productivity in healthcare facility operations.

THE HIDDEN DELAY

Most health systems measure how long work orders take to complete. Few measure how long it takes to gather enough information to begin. That's where maintenance — and survey readiness — falls behind.

If maintenance slows before the work even begins, what's that really costing your hospital?

The Business Cost of That Delay

Every minute spent searching is paid maintenance time not spent maintaining.

Every health system measures labor costs. Few measure how much of that labor is spent searching for information instead of maintaining the environment of care.

EXAMPLE



**Based on a fully burdened labor rate of \$50/hour.*

BUT WHAT IF THE SEARCH TAKES LONGER?

15 minutes/day

\$32,500

650 hours per year

30 minutes/day

\$65,000

1,300 hours per year

60 minutes/day

\$130,000

2,600 hours per year

**Illustrative example using a fully burdened labor cost of \$50/hour.*

AND LABOR COST IS ONLY PART OF THE STORY

- Fewer PM tasks completed
- Longer response times
- Growing maintenance backlogs
- More emergency repairs
- Deferred capital planning
- Lower technician productivity

***The biggest cost
isn't the time spent searching.
It's the maintenance work that never
gets done because of it.***

The highest-performing [healthcare maintenance organizations](#) don't simply work harder. They remove unnecessary friction, because every minute your team spends searching is one less minute spent maintaining the facilities that support patient care.

Calculate your organization's productivity leak:

technicians × minutes searching per day × workdays per year × fully burdened hourly rate.

The Compliance Cost of That Delay



CMS Conditions of Participation

42 CFR 482.41 · NFPA 101 · NFPA 99



Accreditation Surveys

Joint Commission · DNV · HFAP



Medical Equipment & AEM

Maintenance strategy on record



Emergency Power & Preparedness

NFPA 110 · CMS EP Rule

Compliance isn't a separate program.

It runs on the same information.

WHAT YOU MUST BE ABLE TO PROVE:

- ✓ Life safety drawings that match the building as it stands today.
- ✓ PM and AEM completion, with documented rationale.
- ✓ Utility system inspection and testing records under EC.02.05.01.
- ✓ Generator testing under NFPA 110, without gaps.
- ✓ Interim life safety measures, documented and closed out.

A surveyor doesn't ask whether the work was done.

They ask you to prove it.

Survey readiness isn't something you prepare for. It's a byproduct of how your team manages information every day.

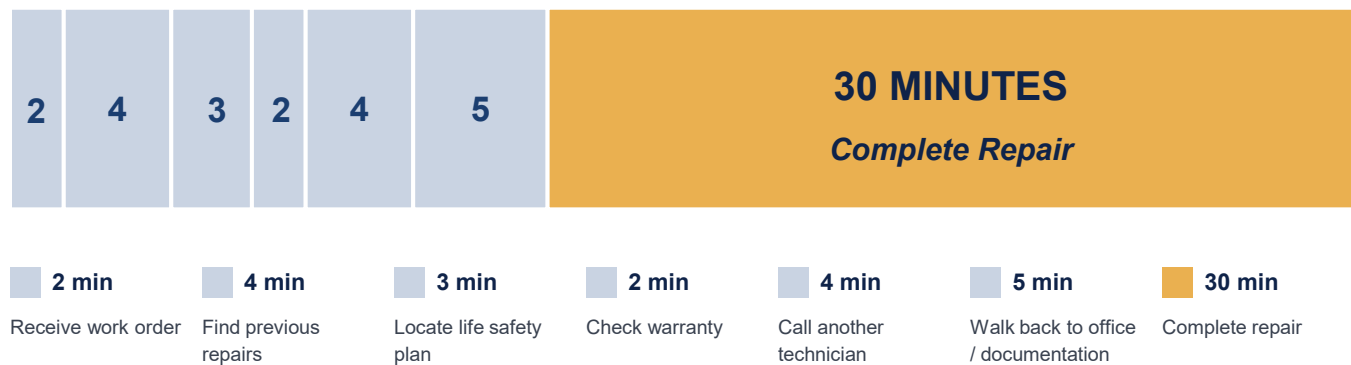
CHAPTER 05

The Anatomy of a 30-Minute Repair

30 minutes repairing the asset.

20 minutes getting ready to repair it.

THE TIMELINE — 50 MINUTES, START TO FINISH



40%

of the job is getting ready to do the job

60%

of the job is the repair itself

The repair isn't the problem. Everything before the repair is.

The same pattern repeats across thousands of work orders a year. The repair itself is rarely the bottleneck. The forty percent of the job spent preparing to do it is.

The Questions Healthcare Facility Leaders Must Answer

These aren't reporting questions. They're operational decisions that affect patient safety, budgets, survey readiness, and the daily experience of everyone who depends on your facilities.

01



Where is our backlog growing?

02



Which assets should we replace?

03



Which buildings drive the most work?

04



Where is PM or AEM falling behind?

As organizations mature, they don't just collect better information. They begin seeing operational and compliance risk before everyone else.

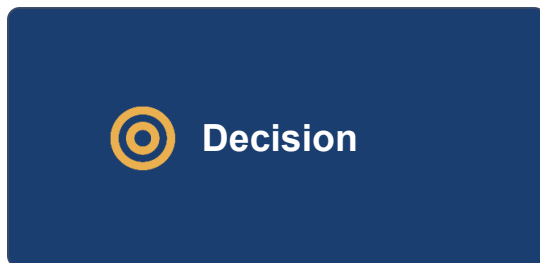
Everything You Need Is Already There

So how do great leaders see problems sooner? They're connecting maintenance history, life safety drawings, inspections, warranties, capital plans, and compliance documentation into [one complete picture](#).



Having the right information is only the beginning. The best health systems use it to identify problems before anyone else does — including the surveyor.

Great Facility Leaders See Problems Sooner



The best facility leaders don't react faster.

They see problems earlier.

THEY SEE:

- ✓ PM compliance slipping.
- ✓ Assets consuming disproportionate labor.
- ✓ Buildings generating repeat work.
- ✓ Capital needs before failures.
- ✓ Compliance gaps before the survey.

**The earlier you see operational risk...
the more options you have.**

Seeing problems sooner isn't luck. It's the result of building better operational habits over time.

Four Stages of Maintenance Decision Making



STAGE 1

Reactive

CHALLENGE

Information is scattered across people, emails, spreadsheets, and disconnected systems.

LEADERSHIP EXPERIENCE

"We spend more time finding information than acting on it."

OUTCOME

Maintenance is driven by emergencies.



STAGE 2

Organized

CHALLENGE

Processes become more consistent, but information is still disconnected.

LEADERSHIP EXPERIENCE

"We know the answer exists, it just takes too long to find."

OUTCOME

Maintenance becomes more predictable.



STAGE 3

Connected

CHALLENGE

Maintenance information begins working together instead of living in separate systems.

LEADERSHIP EXPERIENCE

"Our teams spend less time searching and more time maintaining."

OUTCOME

Decisions are faster and more consistent.



STAGE 4

Predictive

CHALLENGE

Very little. Information is trusted.

LEADERSHIP EXPERIENCE

"We can answer operational questions in minutes instead of days."

OUTCOME

Maintenance is proactive. Capital planning is strategic. Survey readiness is routine.

Regardless of where your organization is today, every healthcare facility leader is ultimately trying to answer the same questions.

CHAPTER 10

Five Questions High-Performing Health Systems Can Answer Immediately

1

Which assets fail repeatedly?

Recurring failures reveal where maintenance dollars should be invested, not just where repairs should continue.

2

Where is preventive maintenance falling behind?

Knowing this early lets teams correct course before reliability — or PM compliance — suffers.

3

Which buildings generate the most maintenance work?

Comparing facilities helps identify aging infrastructure, operational issues, and opportunities for improvement.

4

Which assets should we replace next?

Capital planning should be driven by maintenance history, lifecycle performance, and operational risk, not by the loudest equipment failure.

5

What should my team work on today?

The best maintenance organizations don't simply respond to the next work order. They understand which work will have the greatest operational impact.

IMAGINE THIS...

Your CFO asks:

“Which buildings need the most capital investment over the next three years?”

How long would it take your organization to answer?

- Five minutes?
- Five hours?
- Five days?

The answer says a lot about the maturity of your maintenance operation.

Better Questions Lead to Better Decisions.

When these questions can be answered quickly, maintenance shifts from reacting to planning. Teams spend less time looking for answers. More time keeping the environment of care running.





“Great maintenance doesn't begin with a wrench. It begins with understanding.”

Self-Assessment

Before you continue... How would your organization score?

Every healthcare facilities organization has maintenance information. The difference isn't how much information you collect — it's how quickly your team can turn that information into confident decisions. Use the questions below to evaluate how easily your organization moves from question to answer to action. There are no right or wrong scores. The goal is to identify where unnecessary friction slows maintenance today — and where your greatest opportunities exist tomorrow.

Question	Yes	Sometimes	No
Can technicians quickly access the information they need without searching multiple systems?	☐	☐	☐
Are asset history, life safety drawings, manuals, and inspections connected to your work orders?	☐	☐	☐
Can supervisors identify overdue PMs and maintenance trends without building manual reports?	☐	☐	☐
Can leadership quickly identify which assets are creating the greatest operational risk?	☐	☐	☐
Is capital planning based on maintenance history instead of equipment failures?	☐	☐	☐
Do technicians spend more time maintaining assets than searching for information?	☐	☐	☐
Can your team confidently prioritize work across multiple buildings or campuses?	☐	☐	☐
Could you produce PM, AEM, and life safety documentation for a surveyor on demand?	☐	☐	☐

YOUR RESULTS

7–8 Yes Confident

Your team can quickly answer operational questions and make informed decisions. Maintenance is proactive, leadership has visibility, and information supports day-to-day operations as well as long-term planning.

4–6 Yes Connected

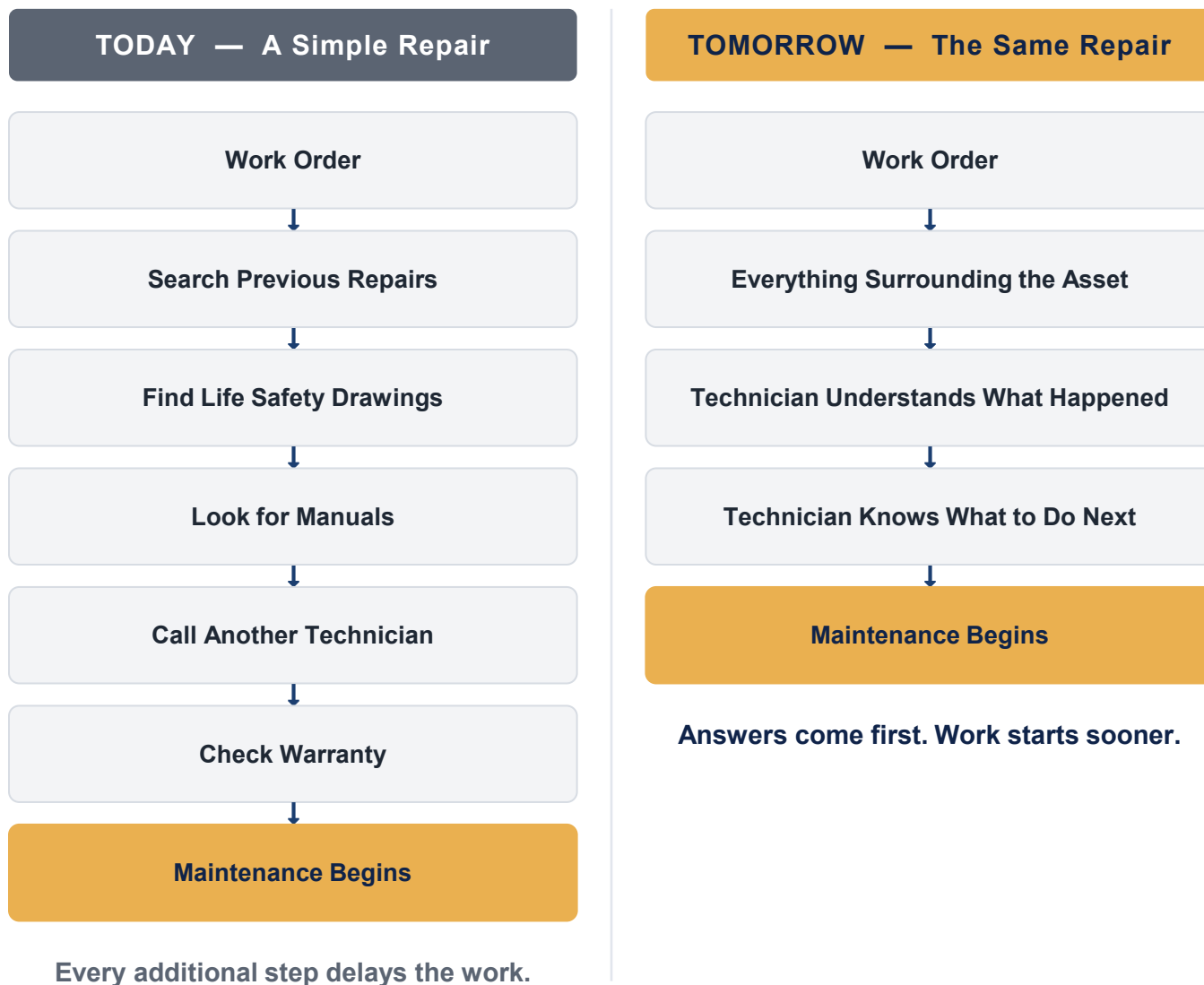
You have many of the right processes in place, but important information is still difficult to access or connect. Reducing the time spent searching can significantly improve productivity and decision-making.

0–3 Yes Reactive

Your team is likely spending more time gathering information than acting on it. Maintenance depends heavily on individual knowledge and manual processes, making it difficult to stay ahead of growing demands.

Maintenance maturity isn't measured by how much information you have. It's measured by how quickly your team can act on it.

What Better Looks Like



The goal isn't to eliminate maintenance challenges. It's to eliminate unnecessary searching. When technicians spend less time looking for information, they spend more time maintaining the facilities that support patient care.

That's when preventive maintenance improves. Response times improve. Backlogs shrink.

Survey readiness stops being a fire drill.

**What changes maintenance isn't one big decision.
It's thousands of better decisions made every day.**

Better Decisions Create Better Outcomes

Every health system wants the same outcomes.

- ✓ More PMs.
- ✓ Less downtime.
- ✓ Smaller backlogs.
- ✓ Better capital planning.

The difference isn't simply collecting more information.

It's reducing the time between a question and an answer.

That's what changes maintenance performance.



Faster answers create...

- ✓ More PM completion
- ✓ Lower backlog
- ✓ Smarter capital planning
- ✓ Faster response times
- ✓ Better technician productivity
- ✓ Continuous survey readiness

The Maintenance Flywheel: How Great Maintenance Organizations Keep Getting Better

Every maintenance decision creates information.

That information makes the next decision easier. Over time, every completed work order improves your understanding of the asset. That's why high-performing health systems continue improving year after year. Maintenance doesn't just happen. It compounds.

That's the flywheel.



**Better information creates better decisions. Better decisions create better maintenance.
Better maintenance generates even better information.**

Everything Compounds.

IN PRACTICE

Two Health Systems, One Source of Truth

These aren't hypotheticals. Both organizations started where most healthcare facility teams start — the information existed, but it lived in too many places to be useful.

4.5M



SQUARE FEET MANAGED

Albany Med Health System

Northeastern New York's largest locally governed, not-for-profit health system, operating across multiple campuses.

VLogic replaced legacy systems with centralized call center management, PM and CM work orders across thousands of assets, interactive floor plans, and mobile access for every technician.

Improved workflow efficiency, reporting accuracy, and operational visibility — with a tailored implementation that matched existing workflows.

2M



SQUARE FEET MANAGED

St. Joseph's/Candler

The largest healthcare provider in southeast Georgia, working from architectural drawings that no longer matched the building.

VLogic field-verified every space, corrected the CAD drawings, and layered fire and life safety components directly onto the architectural plans.

16 life safety drawings updated. A single source of truth for Joint Commission readiness — reachable from any device.

**Two health systems. Two starting points.
The same result — one place to find the answer.**

Most Maintenance Software Records What Happened.

VLogic Helps You Decide What Happens Next.

Legacy CMMS platforms document maintenance activity. Healthcare facility leaders need more than a system of record. They need one that connects maintenance, space, and life safety information, so they can prove what's been done and decide what happens next. That's why health systems replace legacy CMMS with VLogic.

The result isn't simply better maintenance software. It's a better way to operate healthcare facilities.

- ✓ Technicians spend less time searching. More time maintaining.
- ✓ Facility leaders make faster, more confident decisions.
- ✓ Survey readiness becomes continuous, not a fire drill.

Keep Maintenance Moving.

Ready to Keep Maintenance Moving?

Let's talk about how your health system can reduce maintenance friction, improve compliance visibility, and give every facility team faster access to the answers they need.

[Schedule a Discovery Call →](#)

