Best Practices for Managing Large Healthcare Campuses

THE DIRECT ANSWER

Large healthcare campuses run best on centralized standards with distributed execution : one system-wide facilities playbook (maintenance standards, capital planning criteria, emergency procedures, vendor qualifications) executed by empowered site teams who know their buildings. The practices that separate well-run campuses: unified asset data across all buildings, system-wide capital prioritization by risk rather than squeaky wheels, shared specialist resources (reliability engineers, energy managers, code specialists) that no single site could justify alone, and standardized emergency response so any site's team can support another's.

THE PLAYBOOK

- One asset registry: every building, system, and major component in a single CMMS with condition data — no site-level spreadsheets.
- Risk-based capital planning: prioritize by failure consequence (life safety, clinical impact, regulatory exposure), not by who lobbies hardest.
- Shared expertise: central reliability, energy, and compliance specialists serving all sites.
- Standard procedures: identical emergency, ILSM, and ICRA procedures everywhere — mutual aid only works if everyone's playbook matches.
- Benchmarking: energy, work-order, and compliance metrics compared across sites to spread what works.

FIELD QUESTION

Should large health systems centralize facilities management?

Centralize standards, data, and specialist expertise; keep execution local with empowered site teams.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.