Metrics Most Important for Measuring Healthcare Facility Performance

THE DIRECT ANSWER

The metrics that matter fall into four buckets : reliability (PM completion rate, unplanned downtime hours, emergency-to-planned work ratio), compliance (life-safety testing completion, ILSM/ICRA documentation currency, survey findings), cost (energy use intensity, maintenance cost per square foot, deferred maintenance backlog), and service (work-order response and completion times, customer satisfaction). If a metric doesn't drive a decision in one of these buckets, it's decoration.

THE CORE DASHBOARD

- PM completion rate: % of scheduled preventive tasks completed on time — the single best predictor of future failures.
- Unplanned downtime: hours of clinical-impacting outages; trending down is the goal.
- Emergency work ratio: % of work that's reactive — high means the PM program is failing.
- Energy use intensity (EUI): kBtu/sq ft/year, benchmarked against peers.
- Deferred maintenance backlog: dollar value of needed-but-unfunded work; growing is a red flag.
- Compliance currency: % of required testing and documentation current — should be 100%, always.
- Response times: from request to acknowledgement to completion, by priority.

FIELD QUESTION

What is the most important facility metric?

PM completion rate — the best predictor of future failures and downtime.

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.