



Contents

ACHA at the Summer Leadership Summit. 1

SLS Featured Informative Speakers 1

ACHA White Paper 3

Standardization Improved Safety: Is There Proof?. 3

Summit Leadership Summit Photos. 4

President’s Message 5

Calendar of Events 6

Mentor Opportunities 6

Join Us at the Annual Luncheon 6

ACHA at the Summer Leadership Summit

The 2015 Leadership Summit was held in Chicago on July 17-19. ACHA organized the conference in conjunction with the AIA’s Academy of Architecture for Health.

The opening session was at ACHA’s certificants luncheon. The presenter was Barbra Spurrier, administrative director for the Mayo Clinic’s Center for Innovation. The center’s job is to catalyze new ideas across the Mayo system. Spurrier described ways that Mayo Clinic has transformed both the delivery and experience of patient care.

The center’s motto is to: “Think big, start small, move fast.” New projects created by Mayo’s Innovation Center include: telemedicine and electronic specialist consults; a “Thriving in Place” program for senior care at home and new support groups including, “Living Past Cancer.”



Barbara Spurrier

SLS Featured Informative Speakers

“Innovation in Healthcare” was the theme for the 2015 Summer Leadership Summit (SLS). Speakers demonstrated numerous ways that their organizations had embraced and fostered innovative ideas and new programs.

James Gordon, MD with Massachusetts General Hospital spoke on the growing importance of simulation centers in hospitals. Dr. Gordon indicated how medical simulation taught new skills faster, in real-time simulated environments. He felt that the stress induced in simulation training was an important part



James Gordon

of ensuring expertise and competence in caring for real patients. Dr. Gordon felt that simulation training should take place in the hospital, as opposed to off-campus sim-centers, to increase accessibility and training time for residents and medical staff.

NEWSLETTER CO-EDITORS

Bill Sabatini, AIA, ACHA
Don McKahan, AIA, FACHA

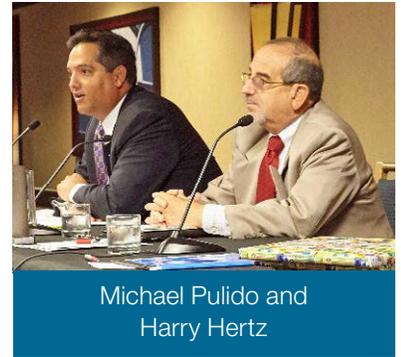
Summit Featured Informative Speakers

continued from Page 1

Mark Erath and **Harry Hertz** gave a fascinating talk on the Malcolm Baldrige Award's role in healthcare innovation. The award process has been used by many healthcare organizations as means to improve innovation and patient satisfaction. While few applicants actually win the Baldrige Award, all participants benefit through improving their customer care and creating new patient services.



Mark Erath

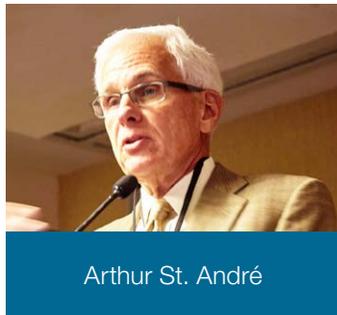


Michael Pulido and Harry Hertz

Dima Elissa demonstrated how she “prints body parts for a living.” After polling the crowd, it was clear that 3D printing “has found its time,” with more than two-thirds of attendees already using 3D printing in their work today. Why has 3D printing become so popular? Reasons include 1) convergence of technology; 2) open source collaboration opportunities; 3) DIY to vet ideas quickly; 4) software evolution; and 5) crowd-funding. 3D printing got its start by a software engineer who developed the technology to assist with the removal of his wife’s brain tumor. Value based outcomes for this new disruptive technology respond to productivity, improved quality of life and reduced cost. 3D printing is used for biomedical body parts, modeling and now full scale construction in some parts of the world. Although exciting and new, there are still some questions and concerns, mainly around quality and performance. How does the industry know that the product of 3D printing is good or not? Well established standards will be a very important component. We will have to wait and see how this amazing new technology will continue to evolve, but don’t blink ... it’s moving fast.



Dima Elissa



Arthur St. André

Kurt Rockstroh and **Arthur St. André** began by defining the FGI Guidelines as a springboard for innovation. The multidisciplinary volunteer FGI team does not want the guidelines to get in the way of innovation. They stressed that architects and designers need to fully understand the functional program, and bring in bedside clinicians early on to articulate hurdles. They stressed moving beyond the minimums, staying current and designing to mitigate stress. Clinicians and owners appreciate that the guidelines exist, and in an industry where evidence is key, expert opinion is considered evidence.

Historically, guidelines have been reactionary, and to address innovation the FGI involves futurists, AHJ’s, providers, administrators and patient advocates to become more proactive. While predicting the future is difficult, two driving forces are key: value-based reimbursement structures and patient engagement. In addition, challenges to owners and clinicians include the evolving medical knowledge, transition and keeping pace with patients’ needs. In the clinical arena, factors such as staffing, communication, technology interfaces, sensors and more preventive devices to keep patients safe play a greater role. For patients, direct care and simulating home in a hospital are drivers.

Innovation and Collaboration in Healthcare As architects leading the charge for discovering ideas that provide value to our clients, we know the necessity of employing a disciplined, rigorous and rational design process regardless of the amount of talent we can surround ourselves with. Brian Kolonick, general manager of the Global Healthcare Innovations Alliance with Cleveland Clinic Innovations and Larry Stofko, executive vice president at the Innovation Institute, a for-profit corporation, explained their collaborative partnership seeking innovation in healthcare. Their message was, “Innovation almost never fails due to a lack of creativity, it almost always fails due to a lack of discipline.”

With their mission to discover new revenue streams and growth through networking non-profits, they look for innovation opportunities such as traditional technology transfer, open innovation, partner participation, and facilitated, problem based innovation frequently focused on spatial improvement. With an innovation laboratory, an enterprise development group and a growth fund to invest in innovation they bring the discipline necessary to achieve meaningful solutions that ultimately result in lower costs and profit for the organization. They have an impressive scorecard. Of the innovations developed in 2014, 22% were in Therapeutics and Diagnostics, 2% in Healthcare Delivery, 23% in Healthcare IT and 50% in Medical Devices.



Brian Kolonick



Larry Stofko

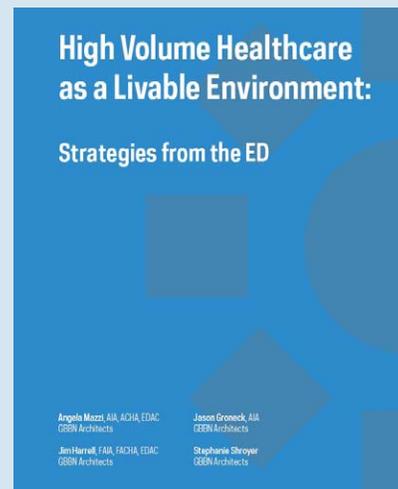
ACHA White Paper

High Volume Healthcare as a Livable Environment: Strategies from the ED

By Angela Mazzi, AIA, ACHA; Jim Harrell, FAIA, FACHA; Jason Groneck, AIA; Stephanie Shroyer

High volume emergency departments can be chaotic environments that are very stressful for patients, families and staff. There are several challenges that such a department faces: reducing wait times, providing a supportive and efficient work environment for staff, and maintaining a safe and secure environment. This paper recommends evidence-based strategies to improve the patient experience by promoting flow, quality of care, safety and security. From the importance of the first encounter experience, to the habitability of the waiting room and exam room, to ease of wayfinding; being able to reduce the cognitive load for patients and families helps to reduce stress. Staff well-being translates directly to the patient experience, influencing both quality and safety. Maximize staff safety and security is explored through strategies such as decentralization and arraying of spaces to promote flexibility and visualization.

To read the complete white paper, please visit the Resources page at www.healtharchitects.org.



Standardization Improved Safety: Is There Proof?

By Anthony J. Haas, FAIA, FACHA

I had the good fortune to present at the 2015 ASHE PDC Summit in San Antonio. My colleague, Bryan Burlingame, RN, MS, CNOR, from the Association of periOperative Registered Nurses (AORN) and I spoke on the very important subject of standardization within the surgery suite and how to apply what we have learned throughout healthcare to improve clinical outcomes and patient safety. John J. Nance, the author of "Why Hospitals Should Fly" estimated in his book that at least one in 10 patients admitted to hospitals are injured by things going wrong in their care.

Developing a protocol for tracking errors and minimizing their effects is key to reducing the number and severity of adverse events and reducing errors in surgery. Standardization methods have been found to improve new staff training and have resulted in fewer delays, fewer errors and identifying problems prior to or as they occur. Our presentation focused on how standardized protocols for communication and operations, supported by standardization of the design of each space will positively influence infection prevention and overall safety in surgery. This can be as simple as keeping supplies in the same place in order to prevent small oversights during the process of surgery that is underway.

Since our presentation, we have had conversations with professional partners about developing a strategic plan for research to document the outcomes of standardization in practice. Hospital acquired infections kill 75,000 people in the United States each year. It is important to consider all aspects of the process to force improvements in quality, and the built environment is a critical piece of the puzzle.



Anthony J. Haas

Summer Leadership Summit Photos



① Past Presidents: Rebecca Lewis, Don McKahan, Joe Sprague

② SLS Speakers Committee

③ Stryker representatives

④ Joan Saba and Dima Elissa

⑤ Anthony Haas and Barbara Spurrier

⑥ Sponsor – Assa Abloy

⑦ SLS Planning Committee

⑧ ACHA President Anthony Haas, AIA AAH President Tatiana Guimaraes

(Opposite Page)

① Jennifer Liebermann

② Sponsor – McCarthy

③ SLS attendees

④ AIA AAH President-Elect Joan Suchomel and ACHA President-Elect Mark Nichols



President's Message

Many healthcare architects continue to express doubt about the value of certification. Because certification is at the heart of ACHA's mission, it is imperative to change this perception. I have made demonstrating value a major focus in 2015 and the Board is working closely with me on the issue.

One of the first steps is to understand the client's perspective and I began with two highly regarded hospital administrators — clients of mine for many years. Each of them has interviewed dozens of architectural firms for major healthcare projects and overseen millions of dollars in construction. Last week, I asked them for their candid views of specialty certification of healthcare architects. While their responses represented different poles on the value spectrum, both acknowledged its increasing validity.

The first response came from the head of facilities for one of the leading healthcare institutions in the Houston region. "To date, I do not believe we have ever specifically included certification in a RFQ for architects. We do ask for relevant firm and individual experience, which allows for the responding firms to list key member credentials, such as ACHA Board certification."

The other respondent, who recently retired from another large healthcare system after many years, believes that certification is becoming an important factor in the architectural selection process. "Over the years of my experience in working with healthcare architects and being accountable for selecting an architectural team, the aspect of board certification was not a key factor in the selection process. However, that has been changing over the last several years." In the world of healthcare and medicine,

board certification is critical. His organization recently changed their by-laws and will not consider a physician for membership if they are not board certified. Further he believes "that enlightened healthcare architectural firms will begin to focus, encourage and perhaps demand that their architects pursue board certification."

I went on to ask how an ACHA certificant might demonstrate their value on a project. His response was brief and to the point: Expertise and Leadership! "As a client, if I know that certain architects on a project are board certified and I can see these two distinctions in action, then I would be highly influenced that board certification brings added value to the project."

Whereas the demand for certified healthcare architects may not be equivalent to physicians, the healthcare facilities environment is evolving. While my clients survey was far too small for sweeping generalization, the ACHA leadership and, I believe, our certificate holders know that healthcare facilities decision-makers are constantly looking for differentiators among the architectural firms they engage based on experience and leadership. Help us give them demonstrable proof that ACHA certification is the differentiator.

Anthony J. Haas, FAIA, FACHA
2015 ACHA President



Anthony J. Haas



NOVEMBER 14-17, 2015

Healthcare Design Conference 2015
Washington, DC

MARCH 20-23, 2016

PDC Summit
San Diego, California



**INTERESTED IN MENTORING
AND MAKING A DIFFERENCE?**

Contact the ACHA Executive Office at
913-895-4604 or ACHA-Info@goAMP.com.

Join Us at the Annual Luncheon

ACHA will hold its annual luncheon exclusively for certificate holders and candidates on Sunday, November 15, 2015 in conjunction with the Healthcare Design Conference in Washington, DC. The luncheon requires an advanced RSVP through the HCD registration system.

This year's luncheon will feature the Lifetime Achievement Award ceremony following by a presentation by Don Orndoff: "Managing the Tension between Innovation and Best Practices When Performance Really Matters." Orndoff is the senior vice president of National Facilities Services at Kaiser Permanente. National Facilities Services (NFS), a national organization of nearly 3,000 people, who provide products and services to support the complete facilities management life-cycle. Under his leadership, NFS is currently managing the delivery of eight new hospitals, 20 medical offices, and numerous data centers, distribution facilities and administrative spaces.

Make plans now to join us for this captivating speaker and memorable luncheon.

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